In general, what is the optimal approach to mutation testing for possible use of a PARP inhibitor for a patient with newly diagnosed ovarian cancer?



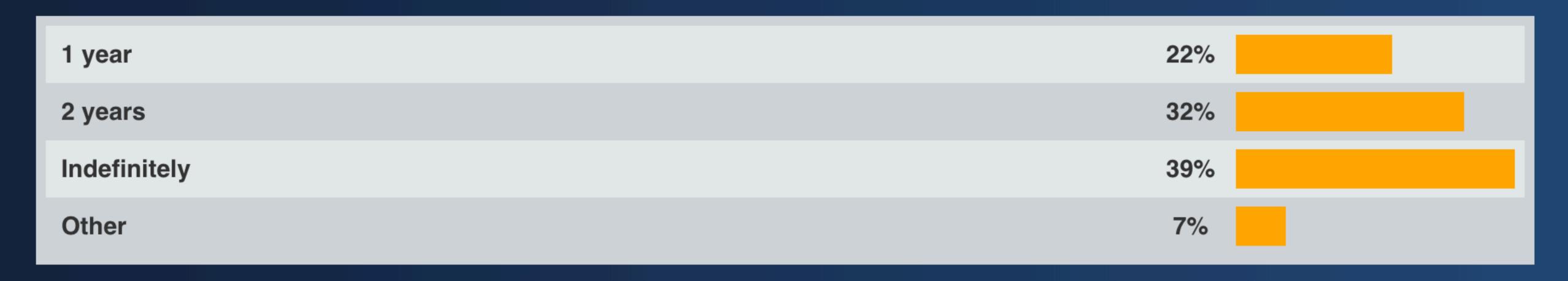
In general, what would you recommend as postoperative systemic therapy for a <u>50-year-old</u> woman with Stage IIIC ovarian cancer and a germline BRCA mutation who is s/p suboptimal debulking surgery?

IP/IV chemotherapy	0%
Carboplatin/paclitaxel	5%
Carboplatin/paclitaxel → olaparib	40%
Carboplatin/paclitaxel + bevacizumab → olaparib	38%
Carboplatin/paclitaxel + bevacizumab → bevacizumab	5%
Carboplatin/paclitaxel + bevacizumab → bevacizumab + olaparib	10%
Other	3%

In general, what would you recommend as postoperative systemic therapy for a <u>75-year-old</u> woman with Stage IIIC ovarian cancer and a germline BRCA mutation who is s/p suboptimal debulking surgery?

IP/IV chemotherapy	0%
Carboplatin/paclitaxel	13%
Carboplatin/paclitaxel → olaparib	46%
Carboplatin/paclitaxel + bevacizumab → olaparib	26%
Carboplatin/paclitaxel + bevacizumab → bevacizumab	3%
Carboplatin/paclitaxel + bevacizumab → bevacizumab + olaparib	10%
Other	3%

The patient in the previous scenario receives carboplatin/paclitaxel \rightarrow olaparib. How long would you typically continue the olaparib if the patient is tolerating it well?



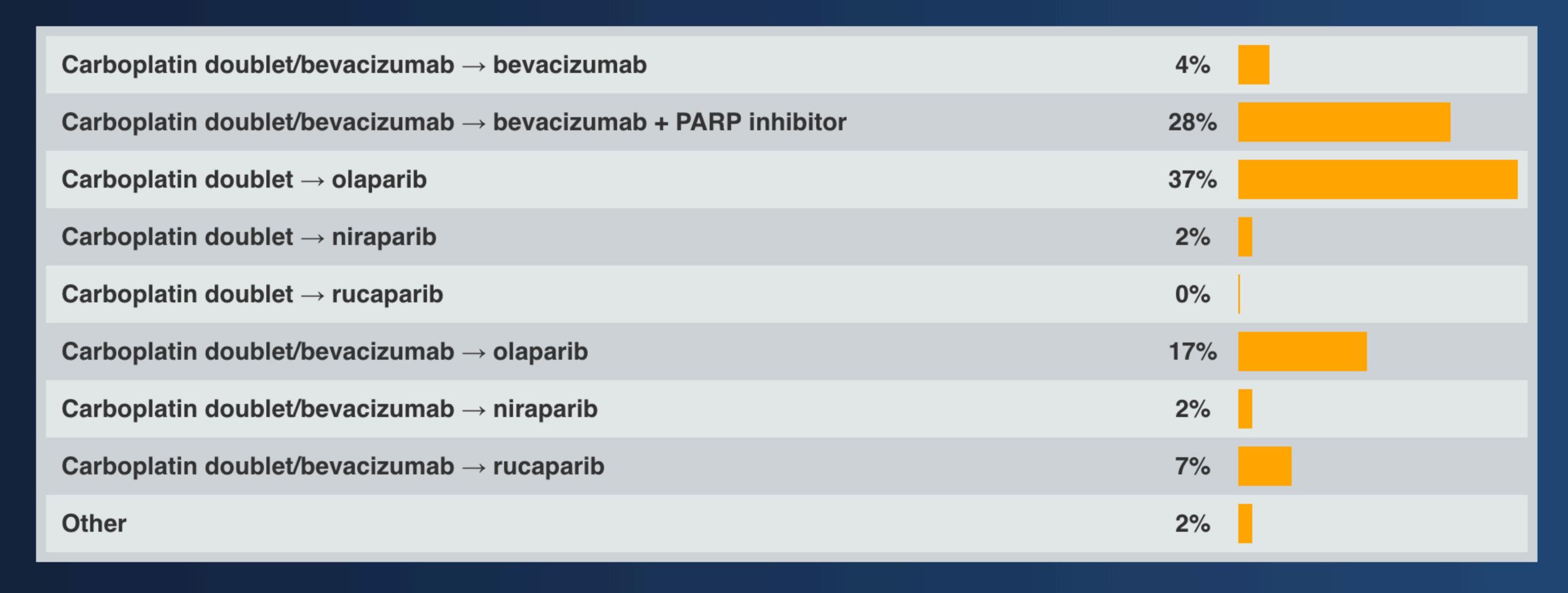
Regulatory and reimbursement issues aside, have you or would you attempt to access a PARP inhibitor for a patient who has undergone initial debulking surgery, achieved a response to carboplatin/paclitaxel and is found to have a germline PALB2 mutation?

I have not and would not	24%
I have not, but I would for the right patient	56%
I have	19%

In general, what treatment would you recommend for a woman in her mid-60s with ovarian cancer (BRCA wild type) who experiences disease relapse 10 months after receiving adjuvant carboplatin/paclitaxel following debulking surgery?

Carboplatin doublet/bevacizumab → bevacizumab	30%
Carboplatin doublet/bevacizumab $ ightarrow$ bevacizumab + PARP inhibitor	16%
Carboplatin doublet $ ightarrow$ olaparib	16%
Carboplatin doublet $ ightarrow$ niraparib	7%
Carboplatin doublet → rucaparib	5%
Carboplatin doublet/bevacizumab $ ightarrow$ olaparib	14%
Carboplatin doublet/bevacizumab → niraparib	5%
Carboplatin doublet/bevacizumab $ ightarrow$ rucaparib	5%
Other	2%

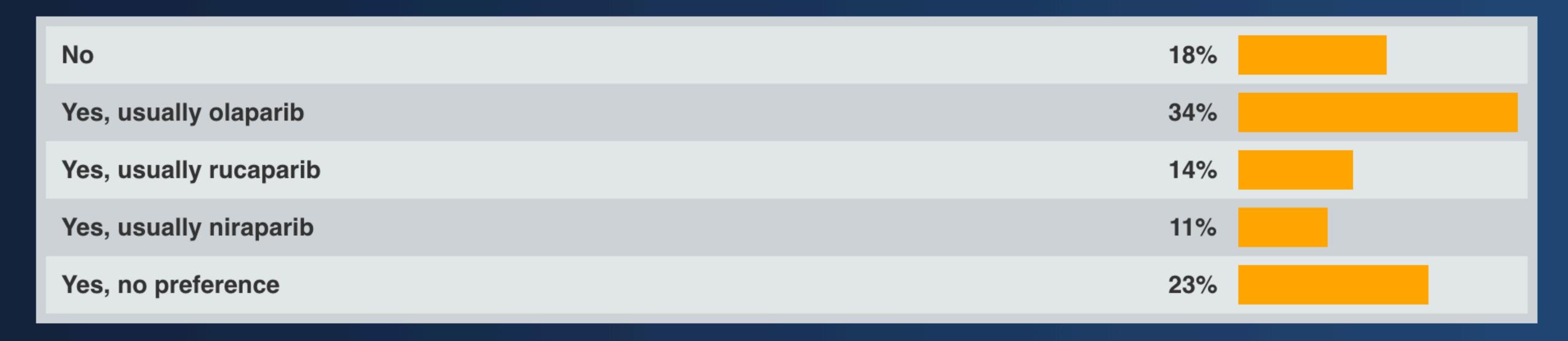
In general, what treatment would you recommend for a woman in her mid-60s with ovarian cancer and a germline BRCA mutation who experiences disease relapse 10 months after receiving adjuvant carboplatin/paclitaxel following debulking surgery?



What starting dose of niraparib would you use for a 125-lb patient with recurrent ovarian cancer who is still in response to platinum-based therapy with a platelet count of 200,000 for whom you are about to initiate niraparib maintenance?

300 mg daily	37%
200 mg daily	26%
100 mg daily	11%
I don't know	26%

For a patient who is s/p multiple lines of systemic therapy for relapsed BRCA wild-type ovarian cancer, in general, would you administer a PARP inhibitor?



A woman in her mid-60s with recurrent high-grade serous ovarian cancer is started on rucaparib monotherapy (600 mg BID). Within a few weeks, serum creatinine increases from 0.86 mg/dL to 1.6 mg/dL. What would be the optimal management approach?

Discontinue rucaparib	0%
Continue rucaparib at the same dose	9%
Continue rucaparib at a reduced dose	17%
Hold rucaparib until creatinine returns to normal and restart at the same dose	15%
Hold rucaparib until creatinine returns to normal and restart at a reduced dose	54%
Other	4%

Outside of a clinical trial, have you or would you use a second PARP inhibitor or continue the same PARP inhibitor for a patient with ovarian cancer who experienced disease progression on a PARP inhibitor?



In general, what is the optimal approach to mutation testing for possible use of a PARP inhibitor for a patient with newly diagnosed ovarian cancer?

