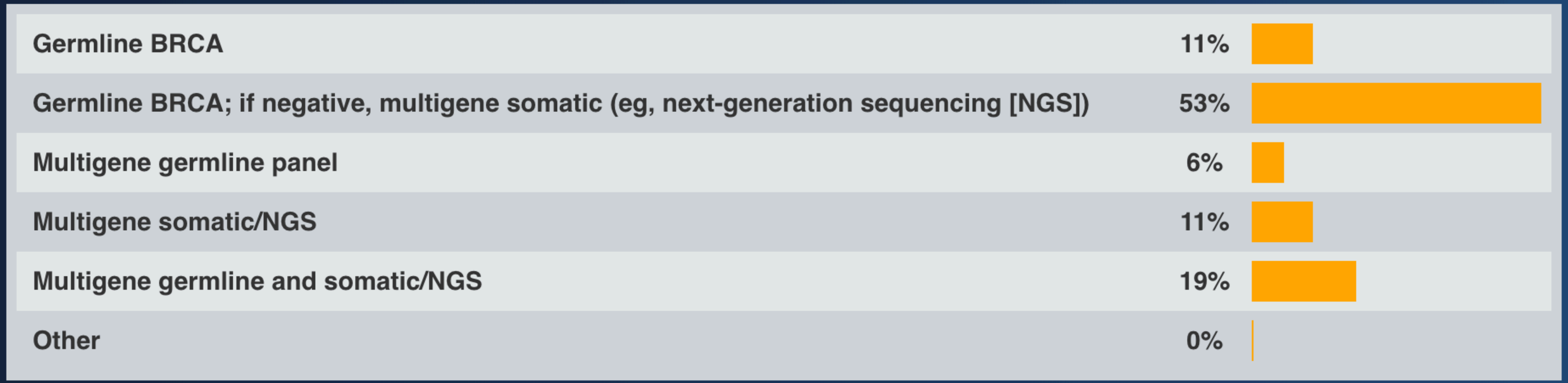
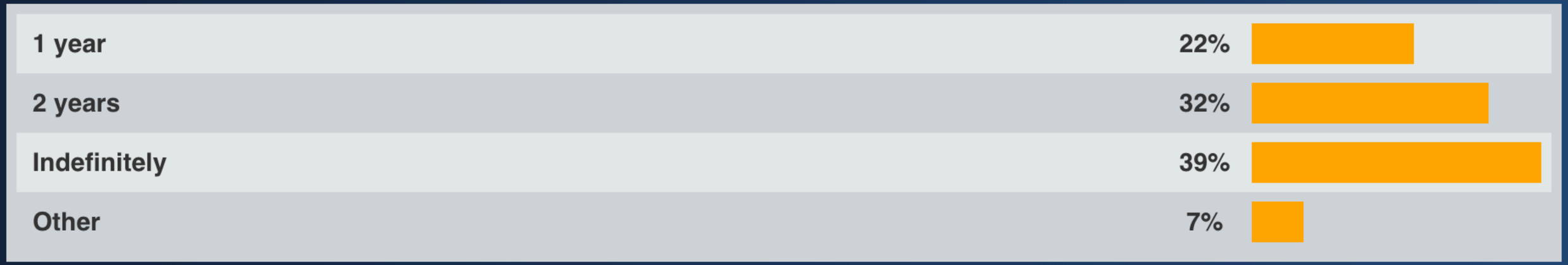
In general, what is the optimal approach to mutation testing for possible use of a PARP inhibitor for a patient with newly diagnosed ovarian cancer?



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

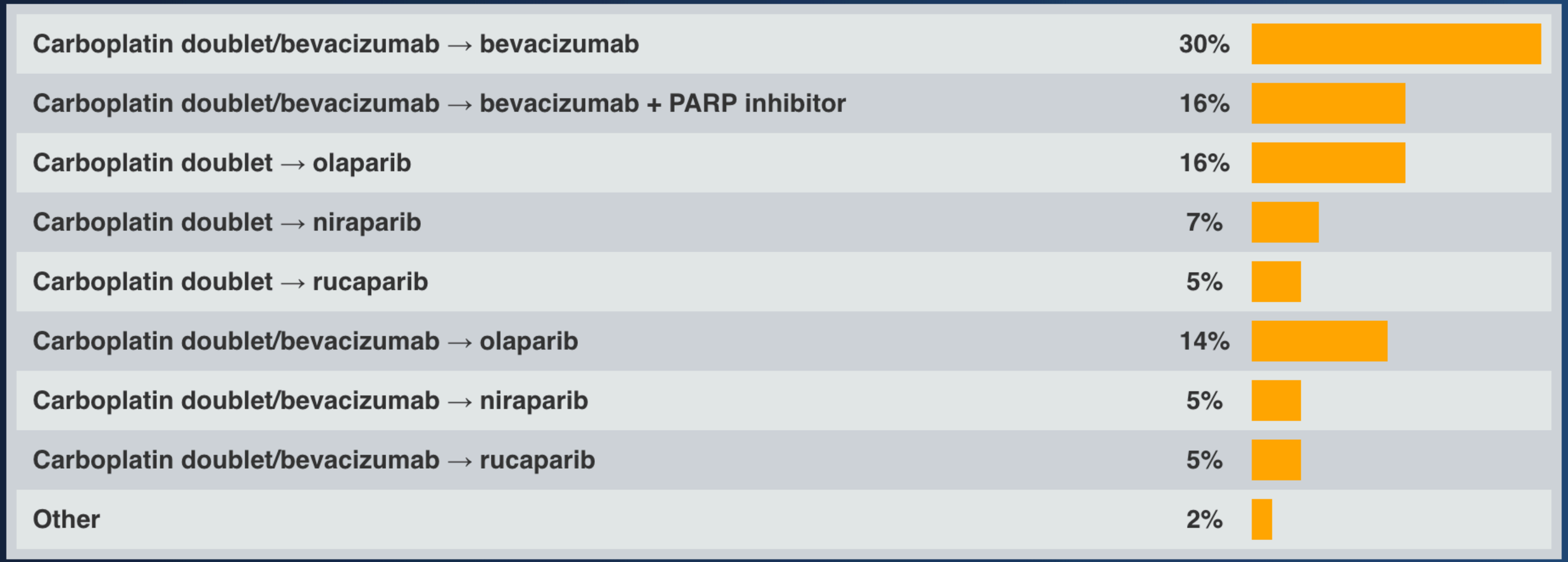
In general, what would you recommend as postoperative systemic therapy for a 75-year-old woman with Stage IIIC ovarian cancer and a germline BRCA mutation who is s/p suboptimal debulking surgery?

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

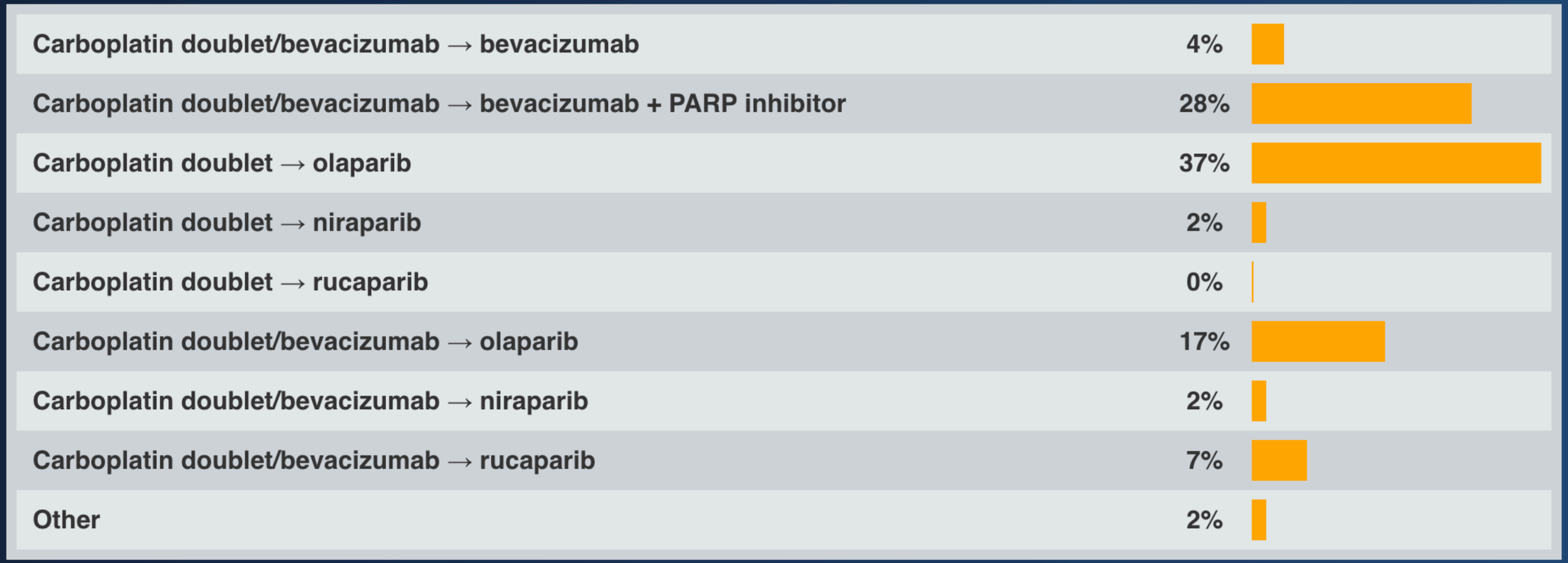


Regulatory and reimbursement issues aside, have you or would you attempt to access a PARP inhibitor for a patient who has undergone initial debulking surgery, achieved a response to carboplatin/paclitaxel and is found to have a germline PALB2 mutation?

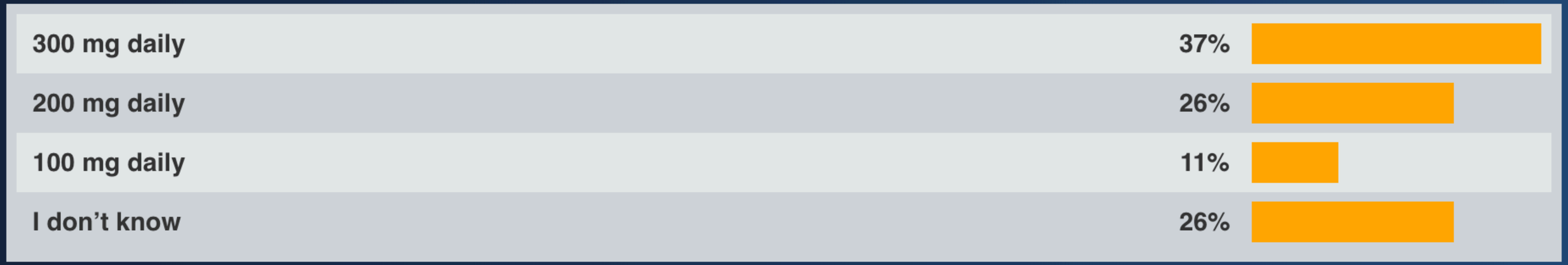
In general, what treatment would you recommend for a woman in her mid-60s with ovarian cancer (BRCA wild type) who experiences disease relapse 10 months after receiving adjuvant carboplatin/paclitaxel following debulking surgery?



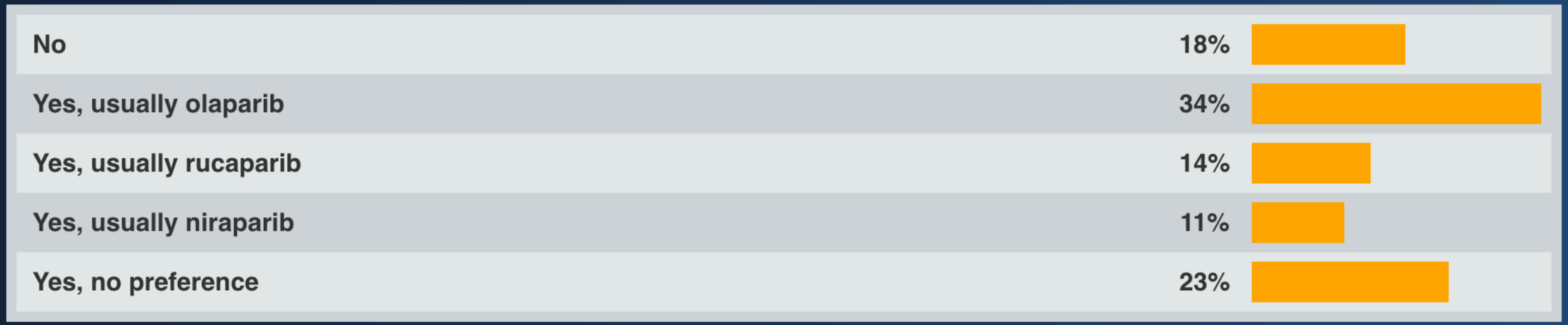
In general, what treatment would you recommend for a woman in her mid-60s with ovarian cancer and a germline BRCA mutation who experiences disease relapse 10 months after receiving adjuvant carboplatin/paclitaxel following debulking surgery?



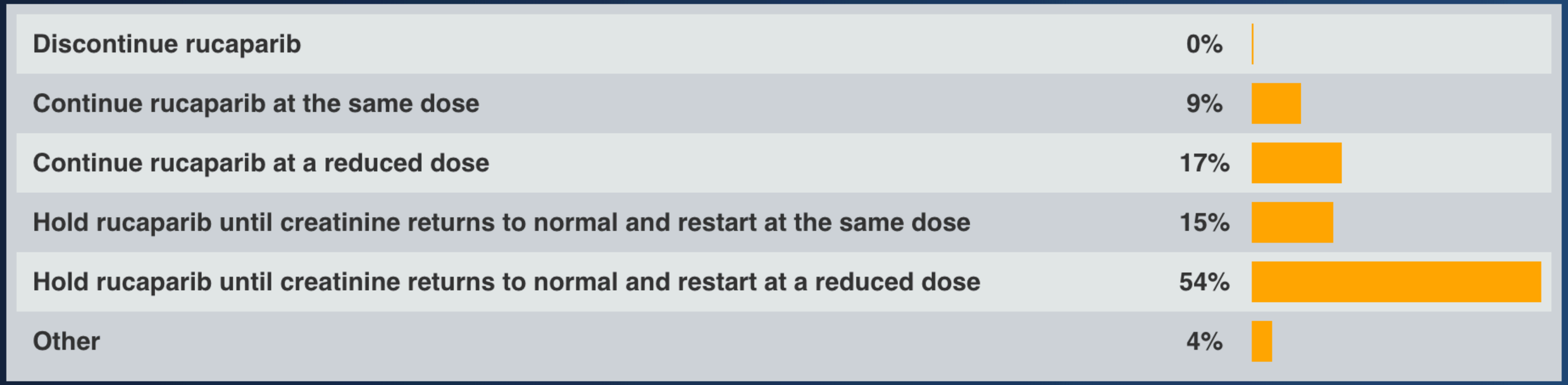
What starting dose of niraparib would you use for a 125-lb patient with recurrent ovarian cancer who is still in response to platinum-based therapy with a platelet count of 200,000 for whom you are about to initiate niraparib maintenance?



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?



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?