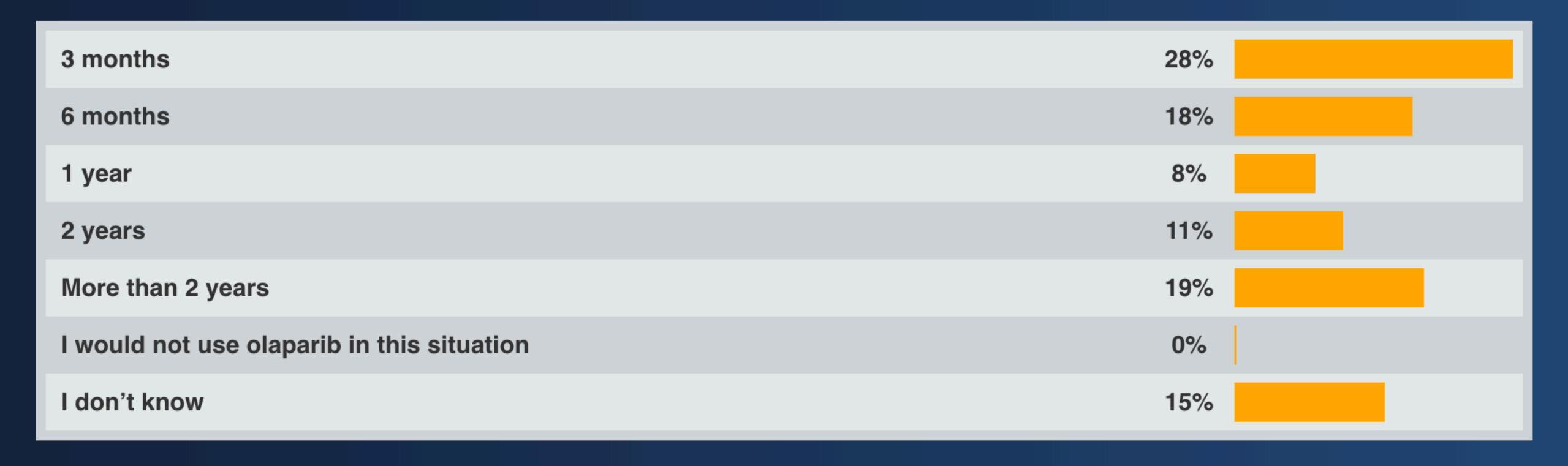
In general, what is the optimal approach to mutation testing for a patient with ovarian cancer who has just undergone initial debulking surgery and has no family history of breast or ovarian cancer?

BRCA germline	16%
BRCA germline; if negative, BRCA somatic	25%
Multigene germline panel	17%
Multigene somatic (eg, next-generation sequencing)	5%
Multigene germline and somatic	33%
Other	3%

A woman in her early 60s with Stage IIIC ovarian cancer and a BRCA germline mutation is s/p suboptimal debulking surgery. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?

Carboplatin/paclitaxel	0%
Carboplatin/paclitaxel → olaparib	51%
Carboplatin/paclitaxel + bevacizumab → olaparib	25%
Carboplatin/paclitaxel + bevacizumab → bevacizumab	18%
Carboplatin/paclitaxel + bevacizumab → bevacizumab + olaparib	6%
Other	0%

For a patient with high-grade serous ovarian cancer and a BRCA1 germline mutation who has undergone debulking surgery and received adjuvant carboplatin/paclitaxel, what is the longest period after completion of chemotherapy that you would initiate olaparib maintenance therapy?



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 and is then found to have a PALB2 germline mutation.

I have not and would not	25%
I have not, but I would for the right patient	68%
I have	7%

A woman in her late 60s presents with Stage IIIC high-grade serous ovarian cancer, and genetic testing reveals a BRCA1 Q780E (2457C>G) mutation of unknown significance. Would you offer this patient maintenance olaparib after initial debulking surgery and adjuvant chemotherapy?



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	27%
Carboplatin doublet/bevacizumab → bevacizumab + PARP inhibitor	12%
Carboplatin doublet → olaparib	17%
Carboplatin doublet → niraparib	23%
Carboplatin doublet → rucaparib	12%
Carboplatin doublet/bevacizumab → olaparib	4%
Carboplatin doublet/bevacizumab → niraparib	4%
Carboplatin doublet/bevacizumab → rucaparib	1%
Other	1%

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

Carboplatin doublet/bevacizumab → bevacizumab	5%
Carboplatin doublet/bevacizumab → bevacizumab + PARP inhibitor	12%
Carboplatin doublet → olaparib	46%
Carboplatin doublet → niraparib	14%
Carboplatin doublet → rucaparib	12%
Carboplatin doublet/bevacizumab → olaparib	4%
Carboplatin doublet/bevacizumab → niraparib	5%
Carboplatin doublet/bevacizumab → rucaparib	0%
Other	1%

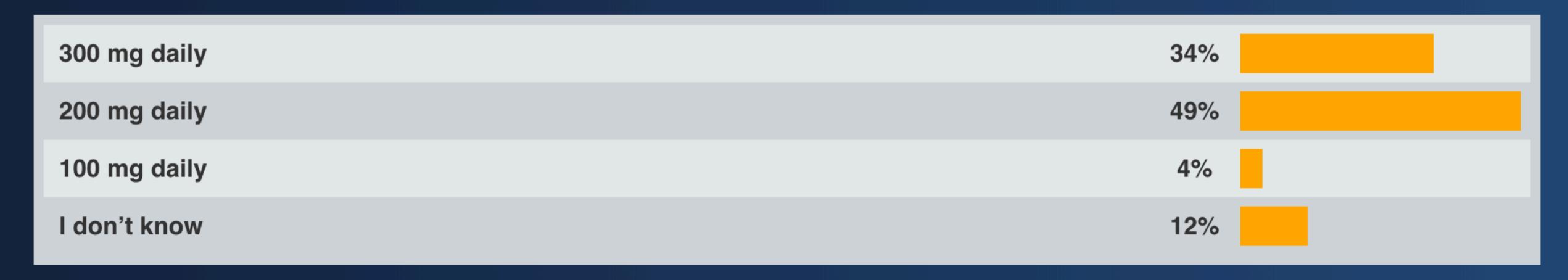
In general, would you administer a PARP inhibitor at some point in the treatment course for a patient with BRCA wild-type, HRD-negative advanced ovarian cancer?

Yes	67%
No	33%

Regulatory and reimbursement issues aside, for a BRCA wild-type patient who is s/p multiple lines of systemic therapy for relapsed ovarian cancer to whom you plan to administer PARP inhibitor monotherapy, do you have a preference as to which one?

Olaparib	27%
Rucaparib	15%
Niraparib	26%
No preference	32%

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?



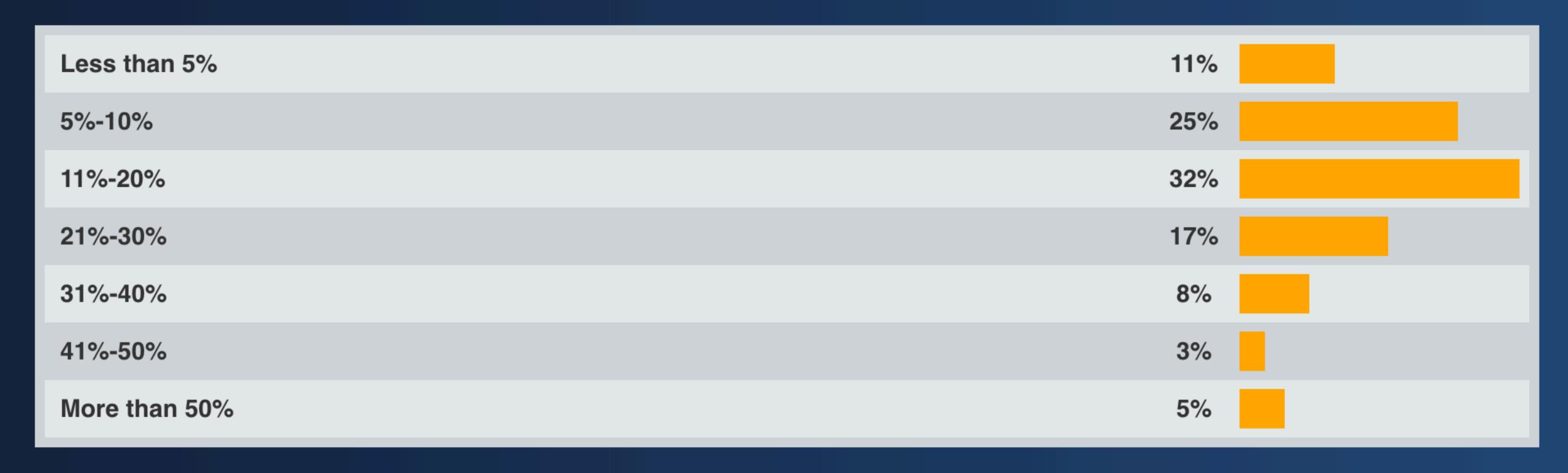
A woman in her late 50s with Stage IIIC ovarian cancer and a BRCA1 germline mutation undergoes primary debulking surgery and receives 6 cycles of adjuvant carboplatin/paclitaxel but 6 months later presents with a massive symptomatic malignant pleural effusion. What would you recommend?

Chemotherapy → PARP inhibitor maintenance	34%
Chemotherapy/bevacizumab → PARP inhibitor maintenance	37%
Chemotherapy/bevacizumab → bevacizumab maintenance	16%
Chemotherapy/bevacizumab → bevacizumab + PARP inhibitor maintenance	10%
PARP inhibitor monotherapy	1%
Other	1%

A woman in her early 80s without a BRCA germline mutation undergoes primary debulking surgery and receives 6 cycles of adjuvant carboplatin/paclitaxel for high-grade serous ovarian cancer but experiences disease recurrence 3 years later. She receives carboplatin/paclitaxel with further disease progression after 6 months. What would you recommend?

PARP inhibitor	24%
Chemotherapy	14%
Chemotherapy/bevacizumab → PARP inhibitor maintenance	14%
Chemotherapy/bevacizumab → bevacizumab maintenance	15%
Chemotherapy/bevacizumab → bevacizumab + PARP inhibitor maintenance	6%
Send the tumor for next-generation sequencing and then decide	21%
Other	6%

What would you estimate is the likelihood that a patient with ovarian cancer and a germline BRCA mutation who is receiving olaparib after debulking surgery and chemotherapy will require a dose reduction or delay due to nausea and vomiting?



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	8%
Continue rucaparib at the same dose	15%
Continue rucaparib at a reduced dose	28%
Hold rucaparib until creatinine returns to normal and restart at the same dose	9%
Hold rucaparib until creatinine returns to normal and restart at a reduced dose	32%
Other	8%

Is there any evidence to support the use of a second PARP inhibitor in a patient who has experienced clear-cut disease progression on a first?

Yes	35%
No	33%
I don't know	32%

In a patient with ovarian cancer and CNS metastases to whom you plan to administer a PARP inhibitor, do you have a preference as to which one?

