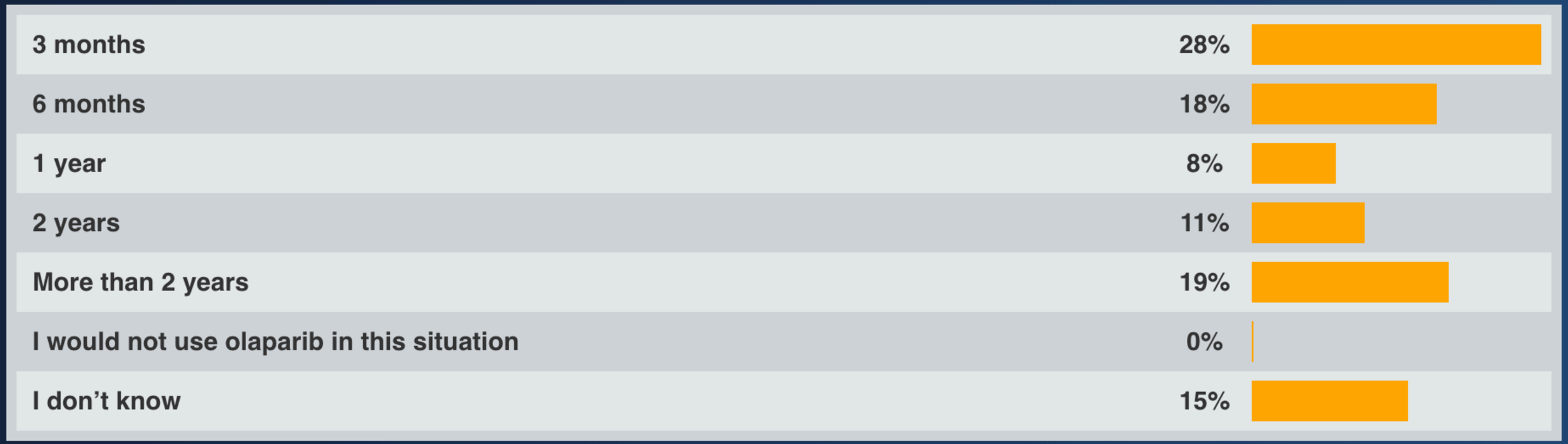
In general, what is the optimal approach to mutation testing for a patient with ovarian cancer who has just undergone initial debulking surgery and has no family history of breast or ovarian cancer?

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?

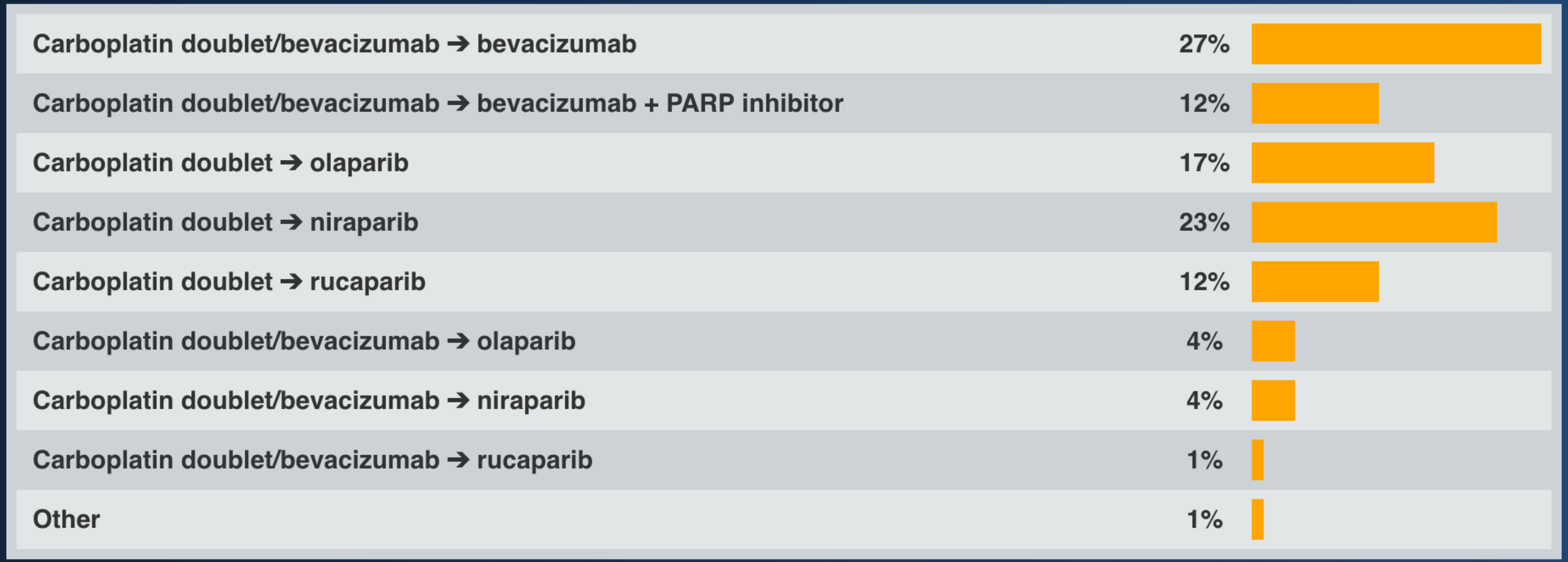
For a patient with high-grade serous ovarian cancer and a BRCA1 germline mutation who has undergone debulking surgery and received adjuvant carboplatin/paclitaxel, what is the longest period after completion of chemotherapy that you would initiate olaparib maintenance therapy?



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.

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?



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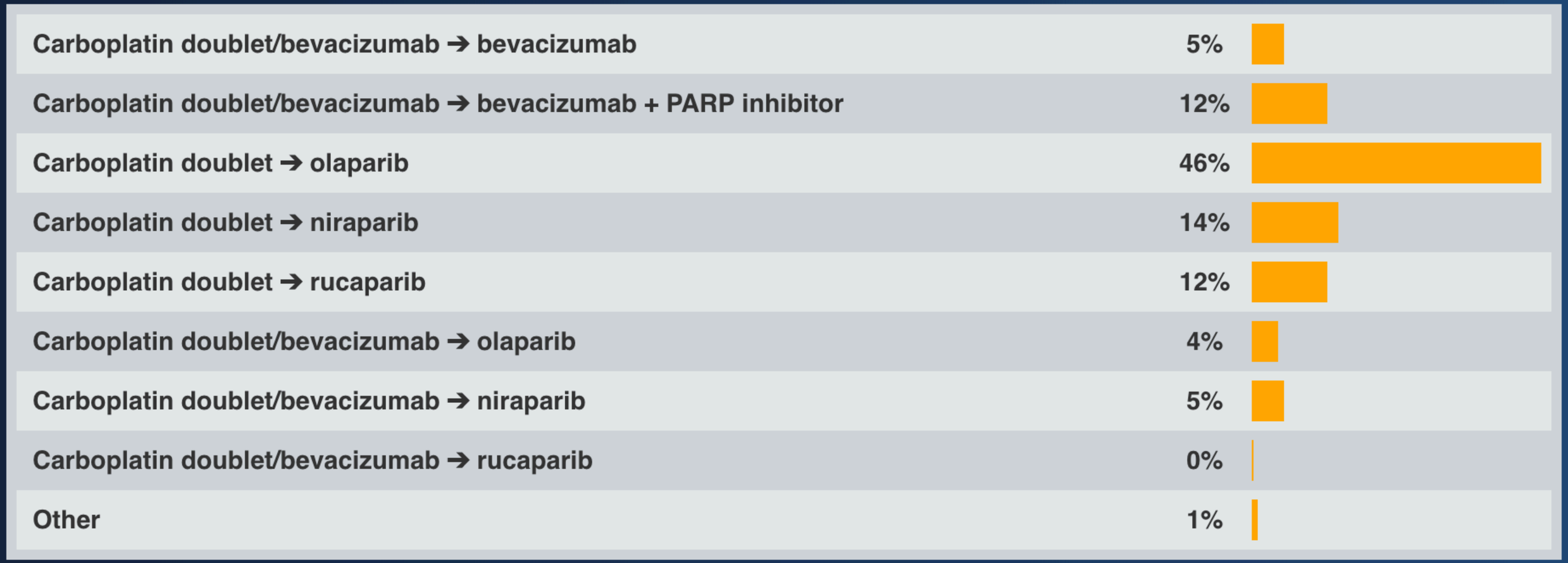
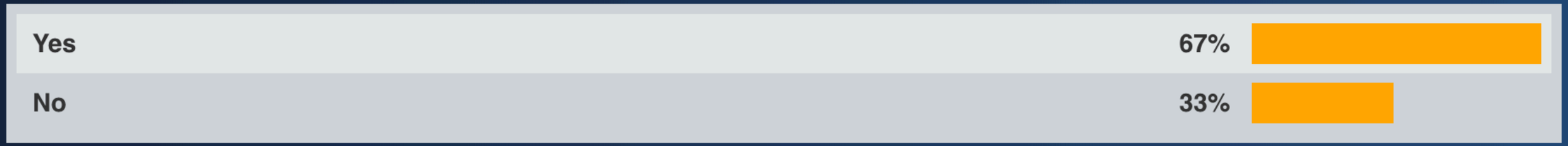
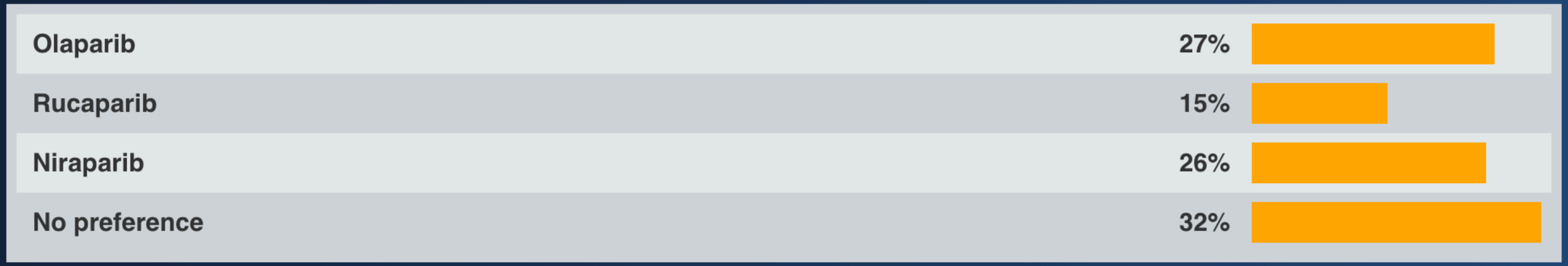


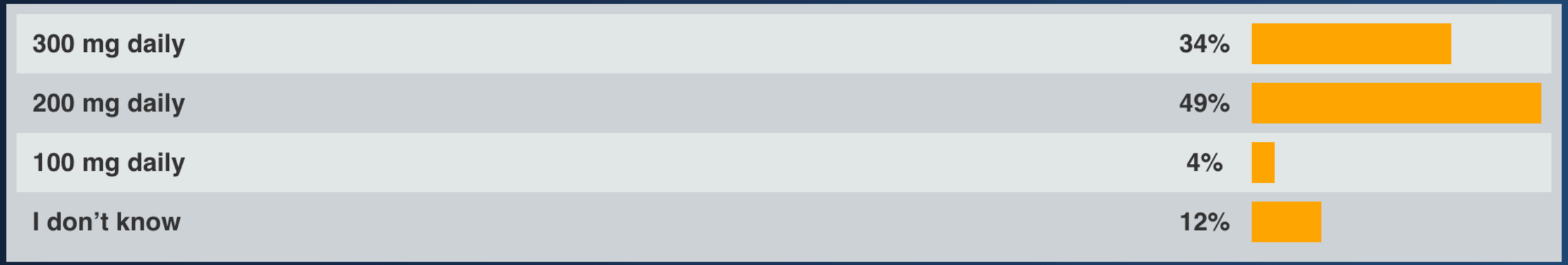
In general, would you administer a PARP inhibitor at some point in the treatment course for a patient with BRCA wild-type, HRD-negative advanced ovarian cancer?



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?

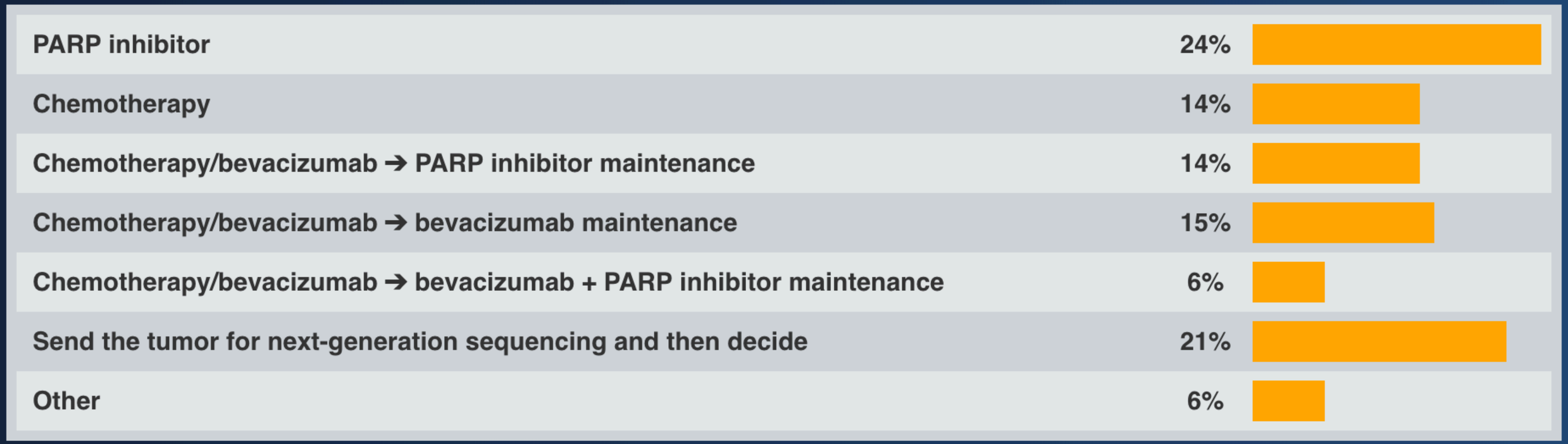


What starting dose of niraparib would you use for a 125-lb patient with recurrent ovarian cancer who is still in response to platinum-based therapy with a platelet count of 200,000 for whom you are about to initiate niraparib maintenance?

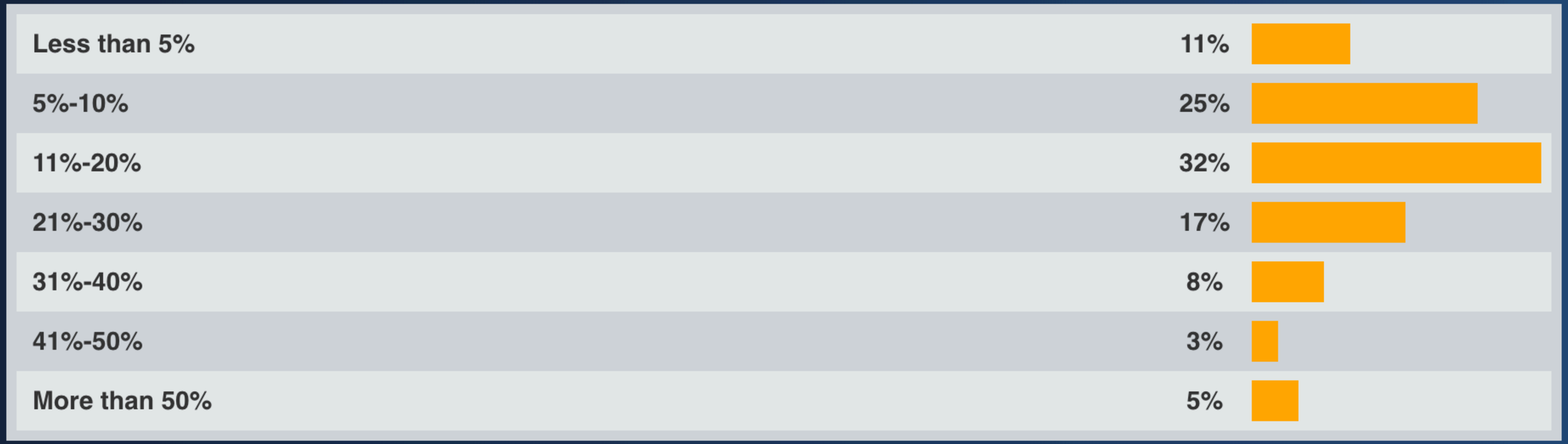


A woman in her late 50s with Stage IIIC ovarian cancer and a BRCA1 germline mutation undergoes primary debulking surgery and receives 6 cycles of adjuvant carboplatin/paclitaxel but 6 months later presents with a massive symptomatic malignant pleural effusion. What would you recommend?

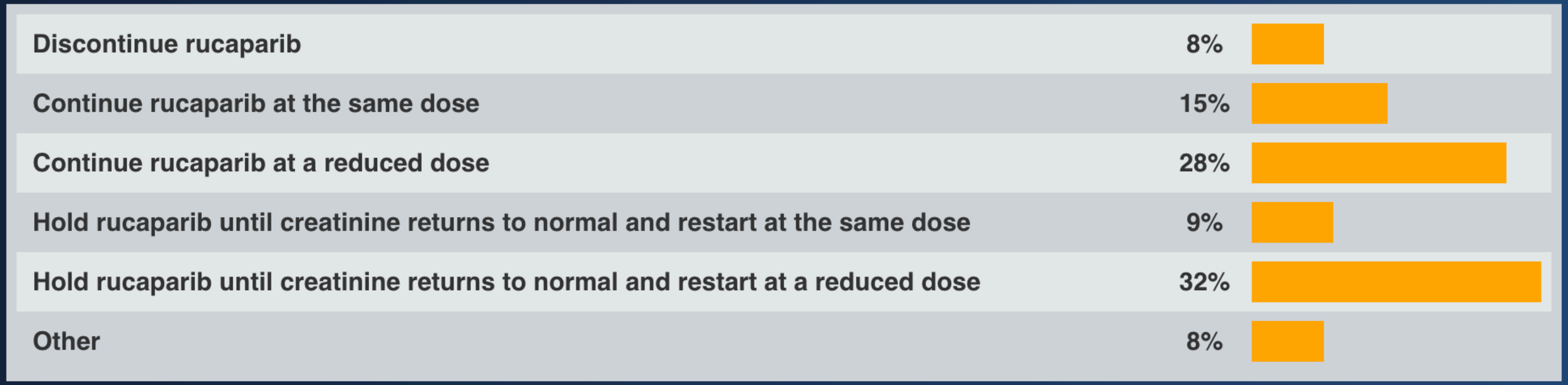
A woman in her early 80s without a BRCA germline mutation undergoes primary debulking surgery and receives 6 cycles of adjuvant carboplatin/paclitaxel for high-grade serous ovarian cancer but experiences disease recurrence 3 years later. She receives carboplatin/paclitaxel with further disease progression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



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?



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?

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?