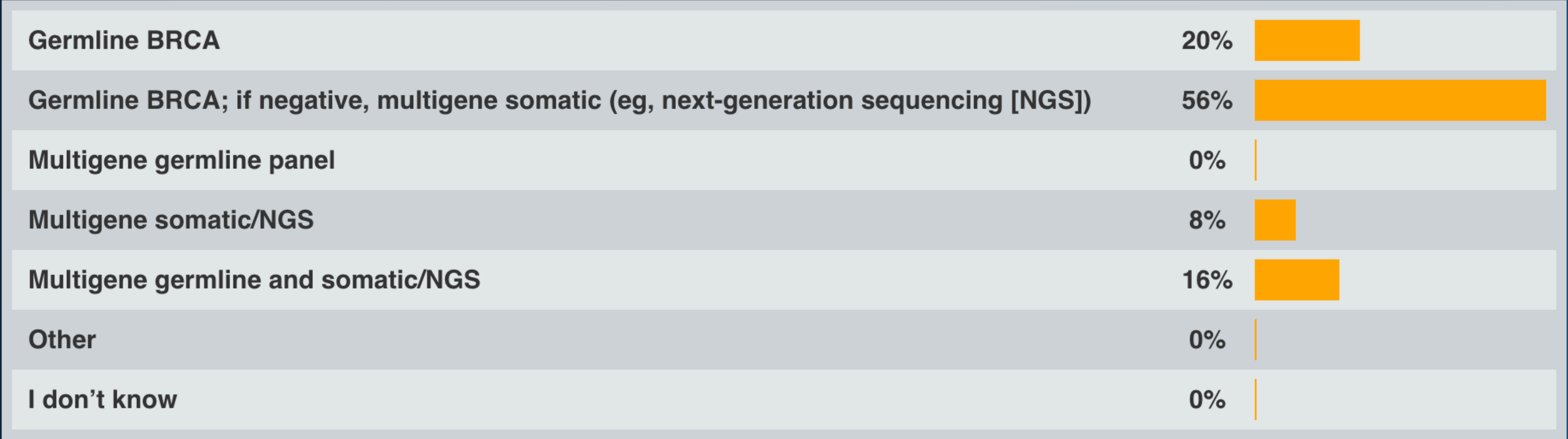


In general, what is the optimal approach to mutation testing for possible use of a PARP inhibitor for a patient with newly diagnosed ovarian cancer?



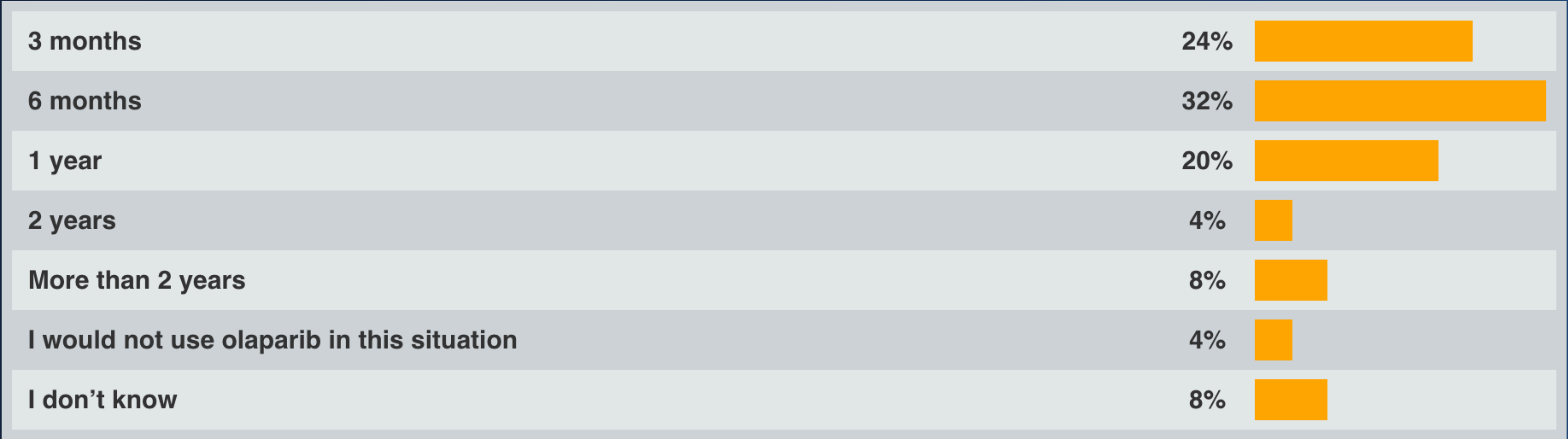
In general, what would you recommend as postoperative systemic therapy for a woman with Stage IIIC ovarian cancer and a germline BRCA mutation who is s/p suboptimal debulking surgery?



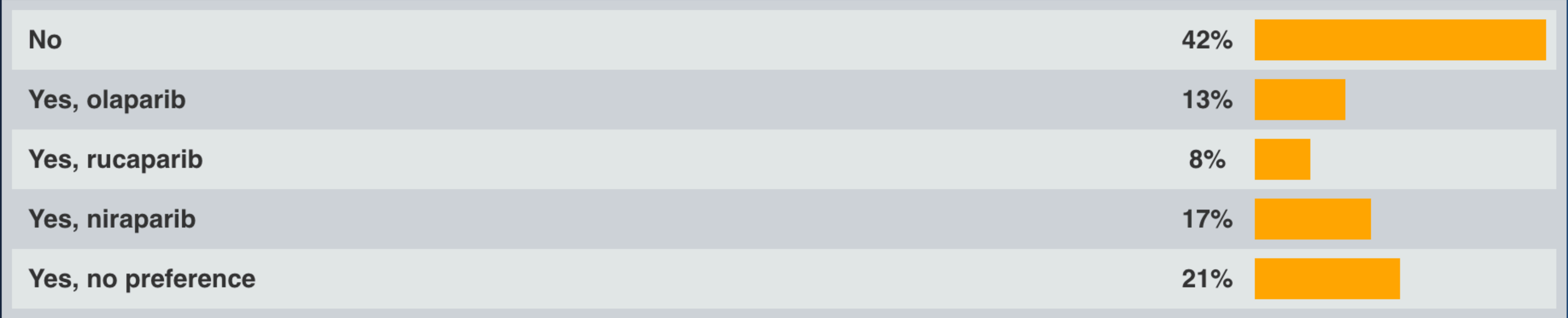
In general, what would you recommend as postoperative systemic therapy for a woman with Stage IIIC ovarian cancer and a somatic BRCA mutation who is s/p suboptimal debulking surgery?



For a patient with high-grade serous ovarian cancer and a germline BRCA1 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?



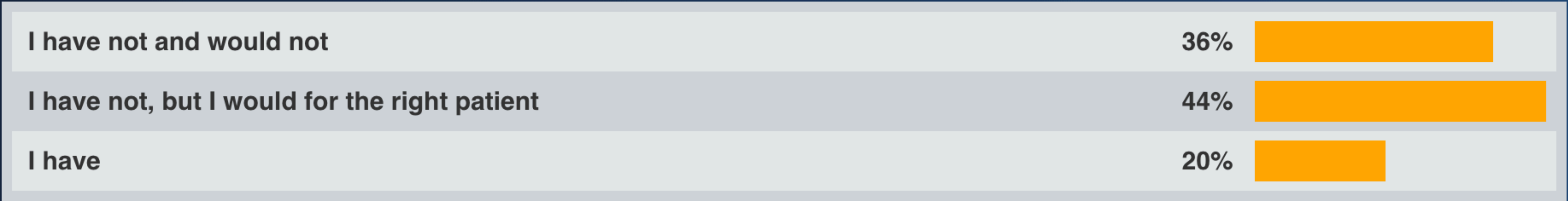
For a patient who is s/p multiple lines of systemic therapy for relapsed BRCA wild-type ovarian cancer, in general, would you administer a PARP inhibitor?



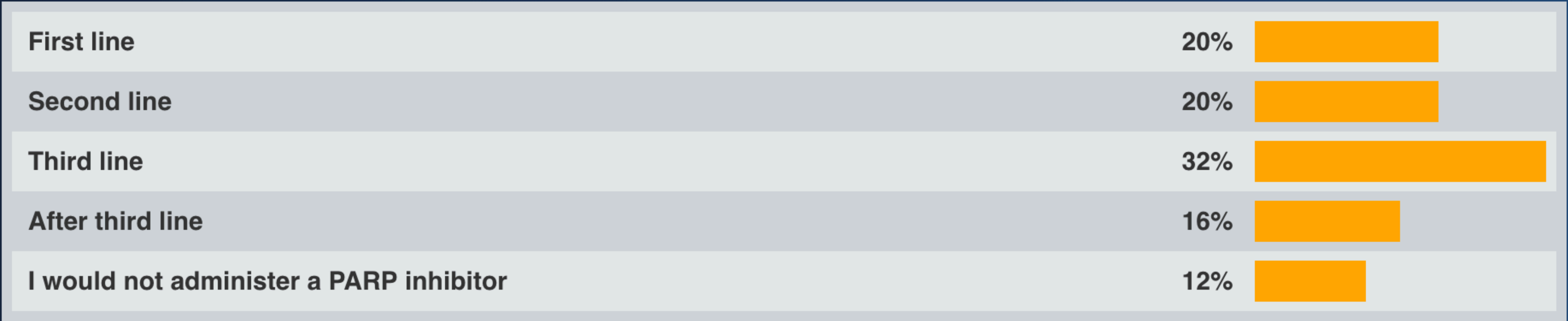
How would you compare the efficacy of PARP inhibitors in patients with ovarian cancer and a germline BRCA mutation versus those with breast cancer and a germline BRCA mutation?



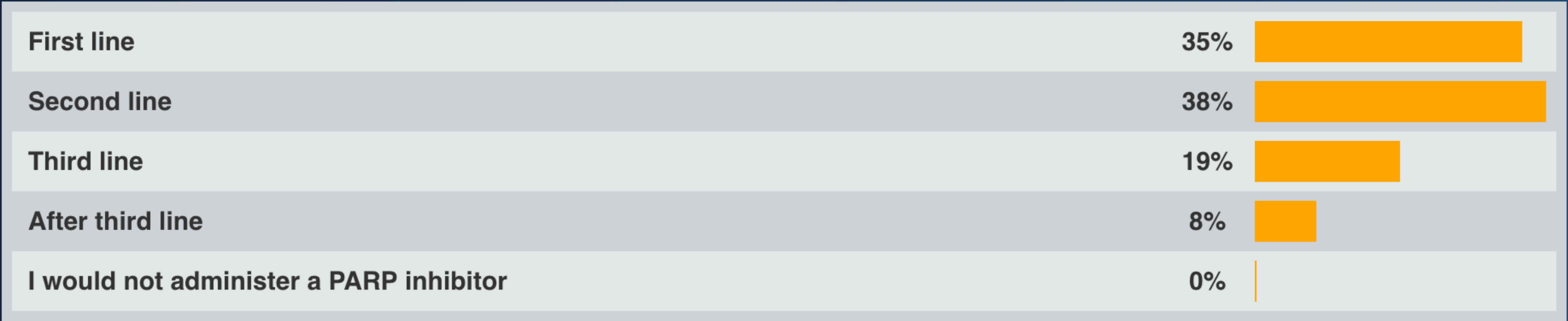
Have you or would you administer a PARP inhibitor to a patient with metastatic breast cancer and a somatic BRCA mutation?



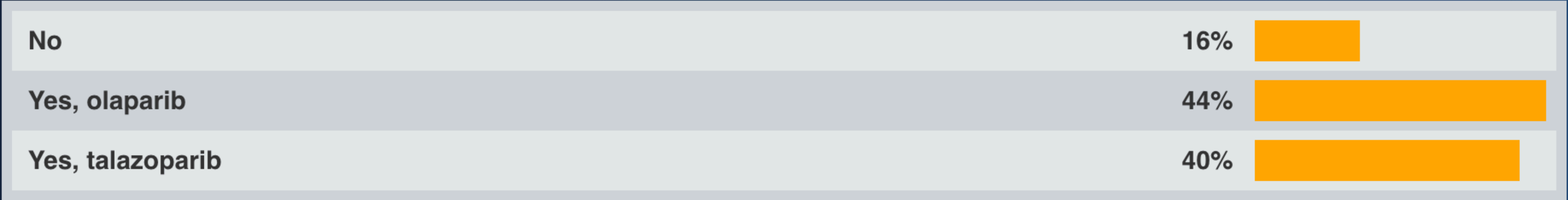
At what point, if any, would you likely recommend a PARP inhibitor for a woman who presents with ER-positive, HER2-negative metastatic breast cancer (no prior systemic treatment) and a germline BRCA mutation?



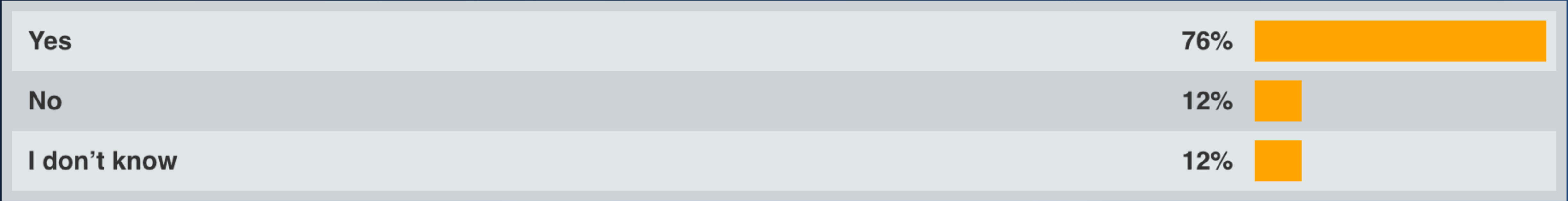
At what point, if any, would you likely recommend a PARP inhibitor for a woman who presents with triple-negative metastatic breast cancer (no prior systemic treatment) and a germline BRCA mutation?



In a patient with metastatic breast cancer to whom you’ve made the determination to administer a PARP inhibitor, do you have a preference as to which one?



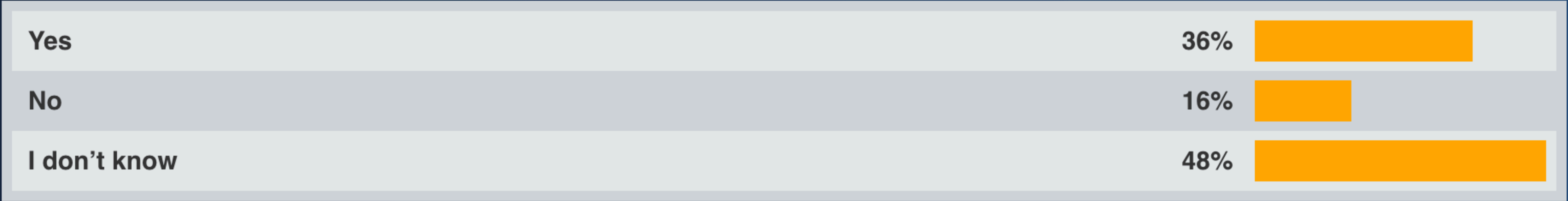
A patient with metastatic gastric adenocarcinoma is found to have a germline BRCA1 mutation. Regulatory and reimbursement issues aside, would you consider using a PARP inhibitor?



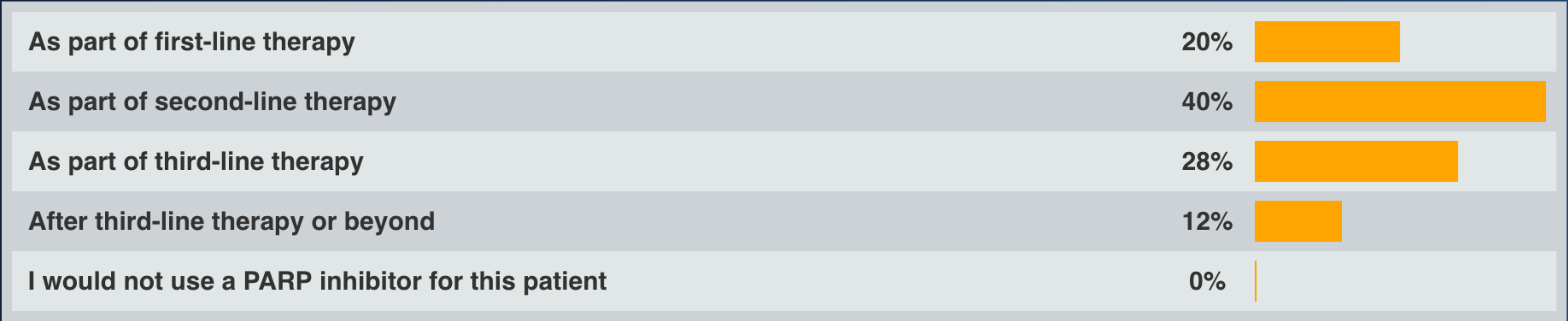
Regulatory and reimbursement issues aside, would you generally administer a PARP inhibitor to a patient with metastatic pancreatic cancer and a germline BRCA mutation at some point?



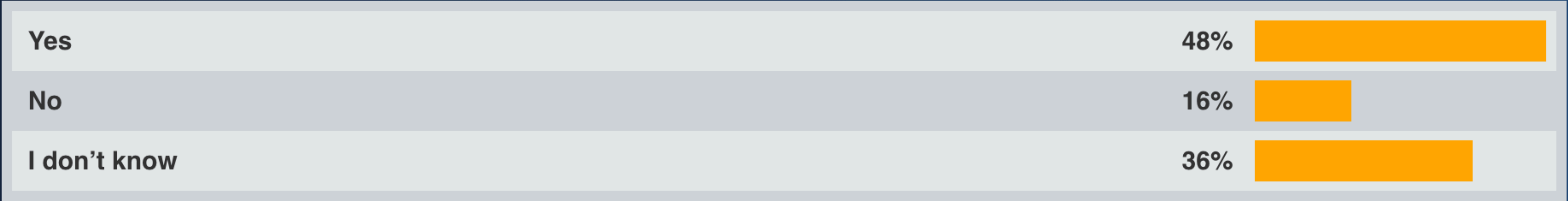
Regulatory and reimbursement issues aside, would you generally administer a PARP inhibitor to a patient with metastatic pancreatic cancer and a germline CHEK2 mutation at some point?



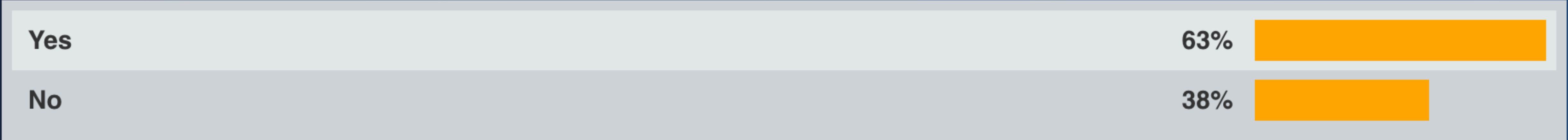
For a patient with metastatic pancreatic cancer and a germline BRCA mutation to whom you would administer a PARP inhibitor, in which line of therapy would you most likely do so?



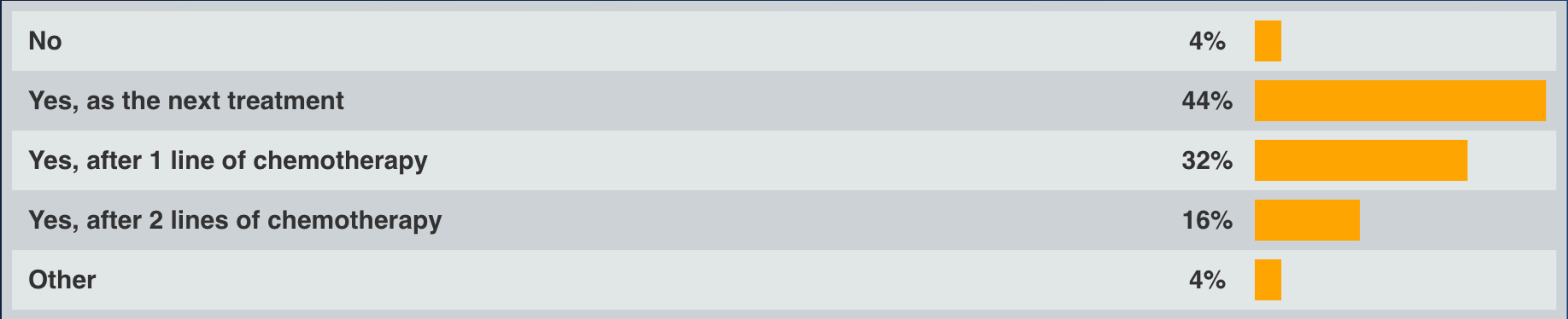
Is there evidence that patients with metastatic pancreatic cancer and a germline BRCA mutation who have experienced disease progression on a platinum agent or regimen respond to subsequent PARP inhibitor therapy?



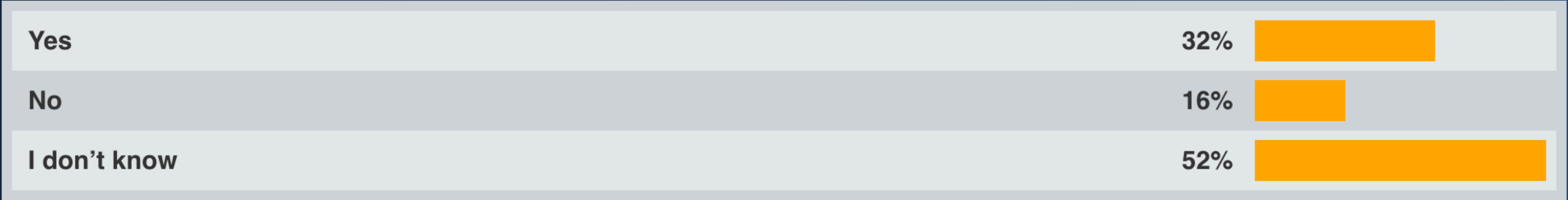
In general, would you administer a PARP inhibitor to a patient with PSA-only (M0) prostate cancer and a germline BRCA mutation who has developed resistance to androgen deprivation therapy and secondary hormonal therapy?



A 60-year-old man with metastatic prostate cancer and a germline BRCA mutation has experienced disease progression on androgen deprivation therapy, enzalutamide, abiraterone and sipuleucel-T. Reimbursement and regulatory issues aside, would you administer a PARP inhibitor to this patient?



Do you believe cytopenias associated with PARP inhibitor use are more common in patients with metastatic prostate cancer who have extensive bone metastases?



Patients with germline BRCA mutations experience greater toxicity from PARP inhibitors than those without germline BRCA mutations.

