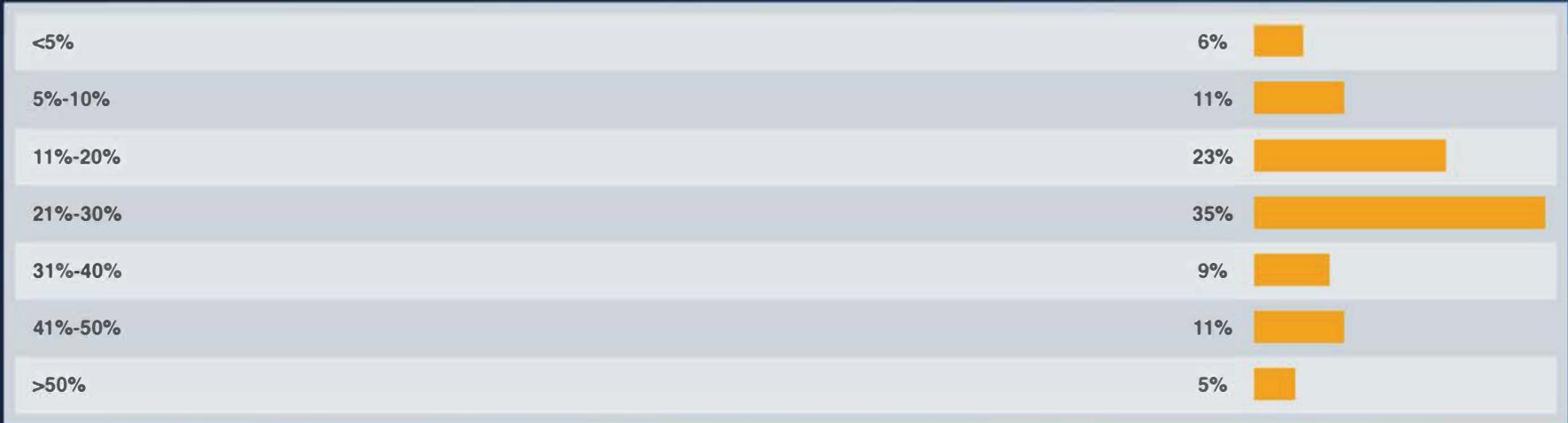
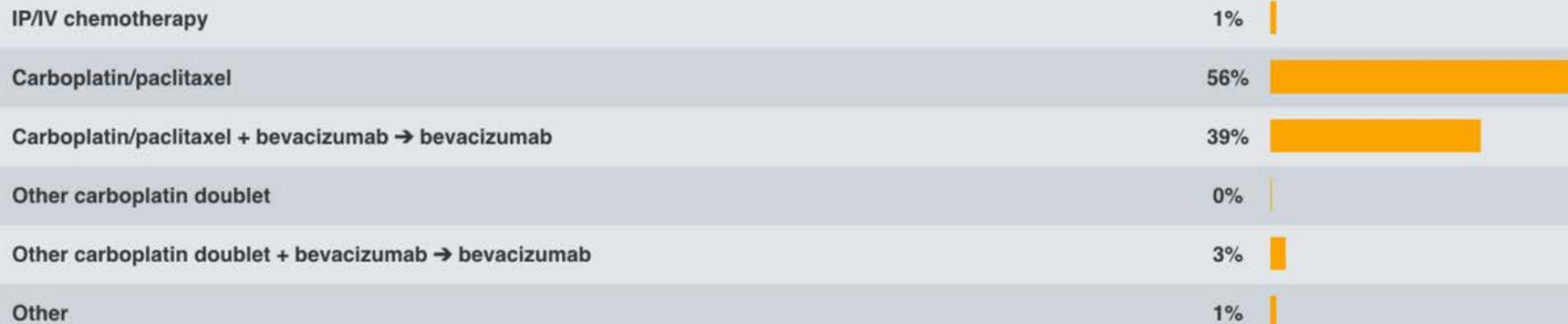


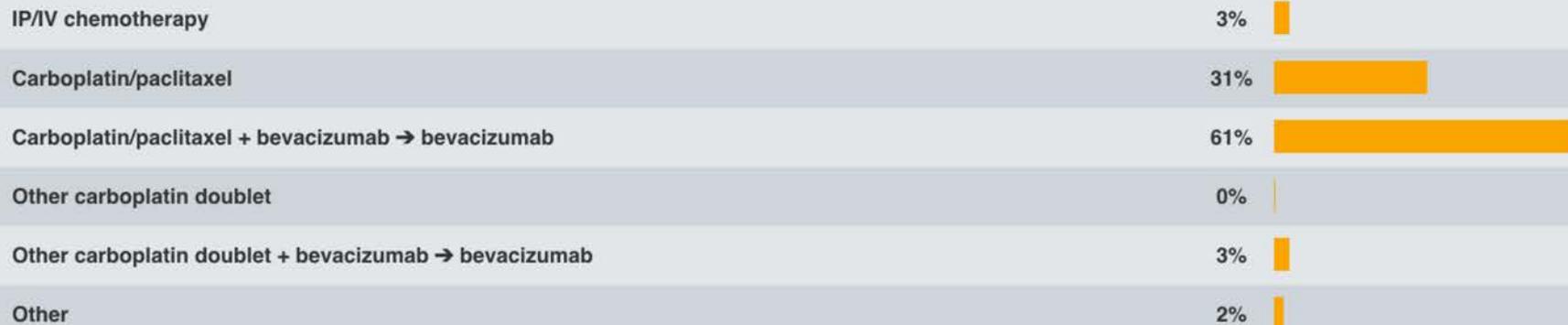
Globally in your practice, what proportion of patients with ovarian cancer at first diagnosis receive neoadjuvant systemic therapy (as opposed to postoperative adjuvant therapy)?



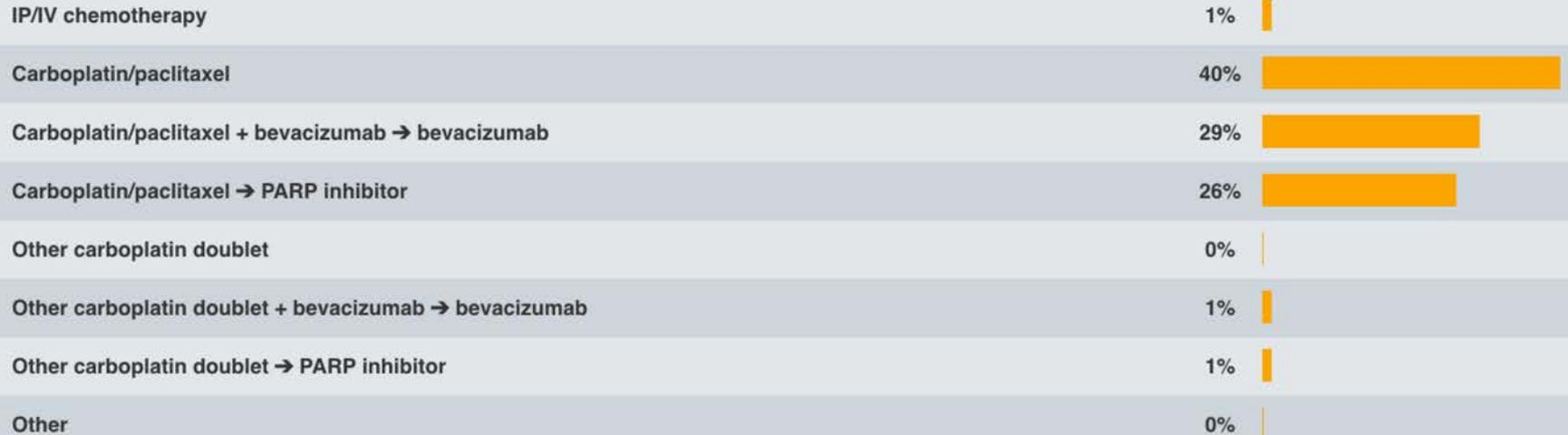
What postoperative systemic therapy would you recommend for a 60-year-old woman who is s/p suboptimal debulking surgery for Stage IIIC ovarian cancer (BRCA wild type)?



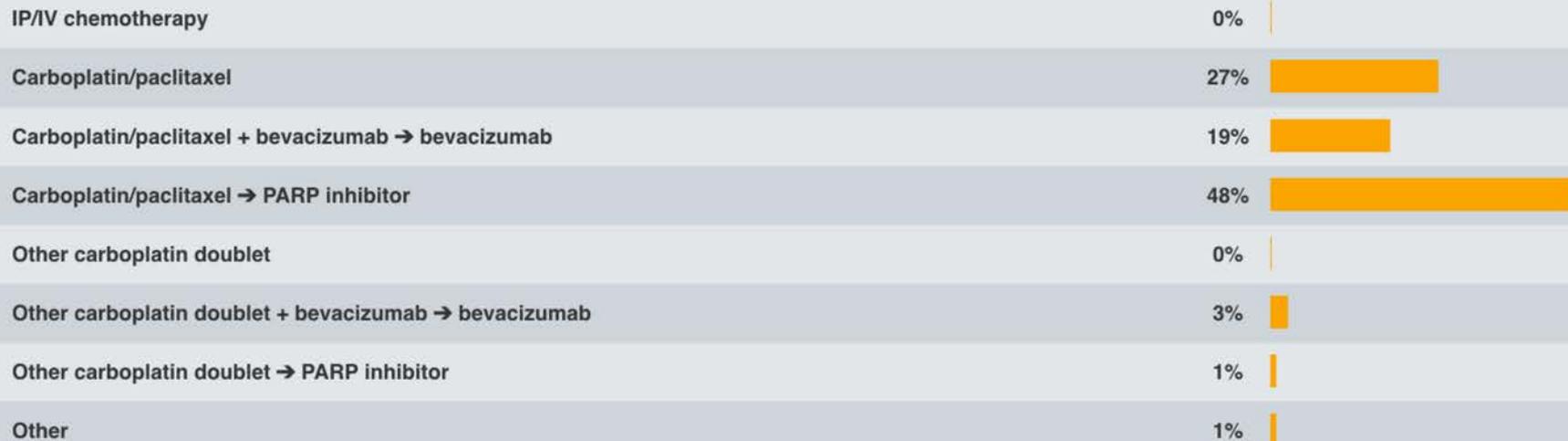
Regulatory and reimbursement issues aside, what do you believe is the optimal postoperative systemic therapy for a 60-year-old woman who is s/p suboptimal debulking surgery for Stage IIIC ovarian cancer (BRCA wild type)?



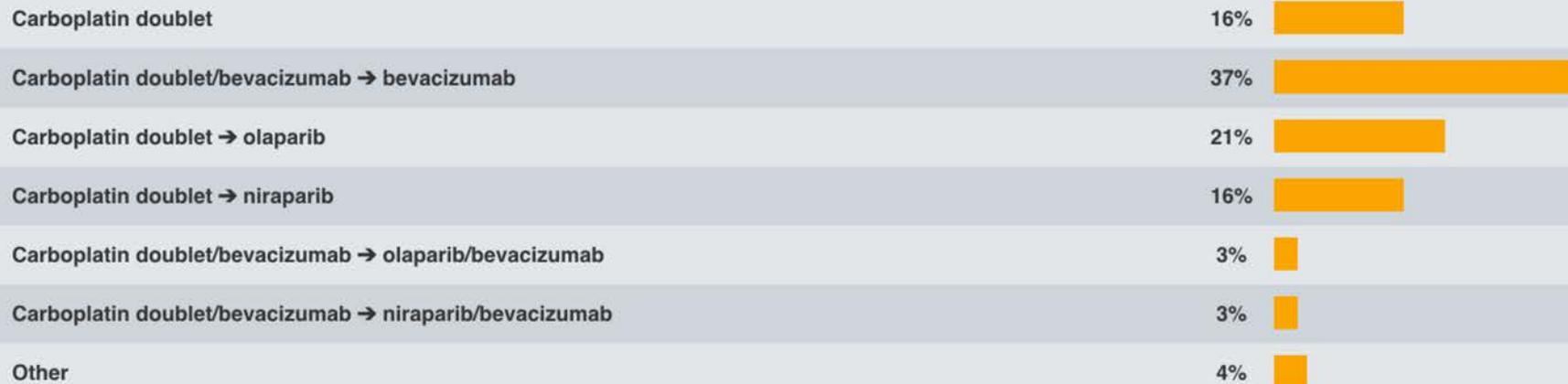
What postoperative systemic therapy would you recommend for a 60-year-old woman who is s/p suboptimal debulking surgery for Stage IIIC ovarian cancer (BRCA germline mutation)?



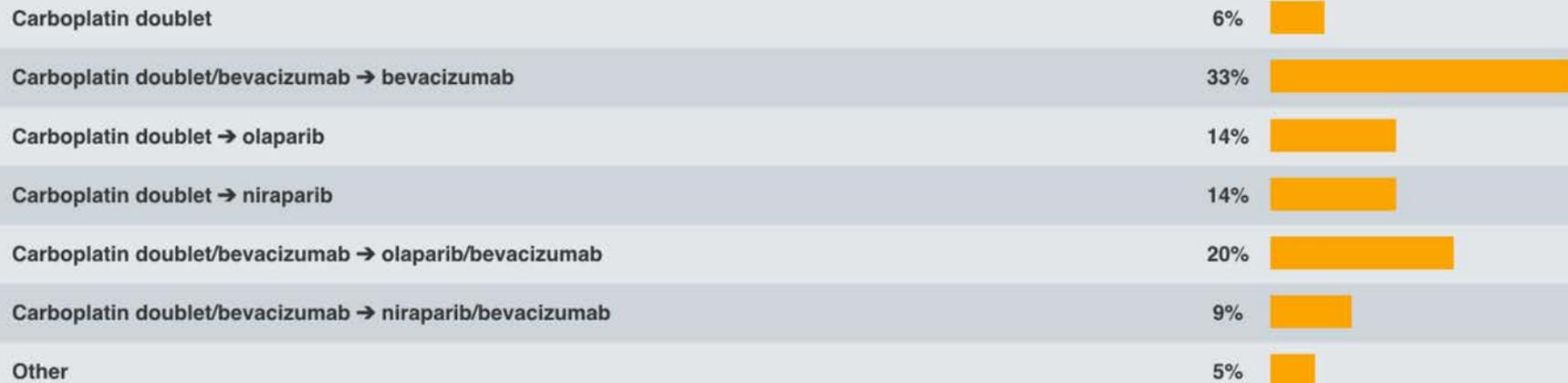
Regulatory and reimbursement issues aside, what do you believe is the optimal postoperative systemic therapy for a 60-year-old woman who is s/p suboptimal debulking surgery for Stage IIIC ovarian cancer (BRCA germline mutation)?



A patient is s/p R0 debulking surgery and 6 cycles of carboplatin/paclitaxel for ovarian cancer (BRCA wild type). Twelve months later she experiences disease progression. In general, what would you recommend?



If the patient in the previous scenario were 50 years old and wanted to have the most aggressive treatment possible provided there were no major risks, what would you recommend?



A patient is s/p R0 debulking surgery and 6 cycles of carboplatin/paclitaxel for ovarian cancer (BRCA germline mutation). Twelve months later she experiences disease progression. In general, what would you recommend?



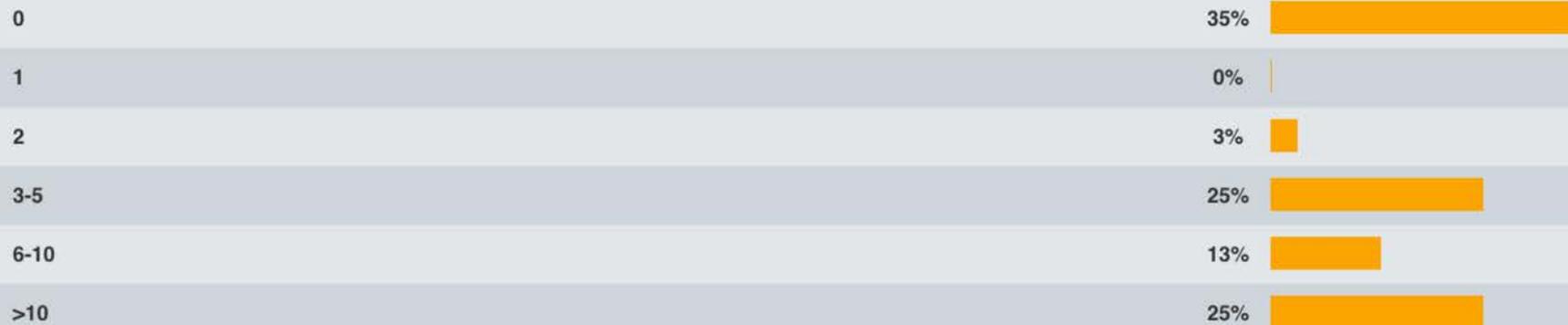
If the patient in the previous scenario were 50 years old and wanted to have the most aggressive treatment possible provided there were no major risks, what would you recommend?



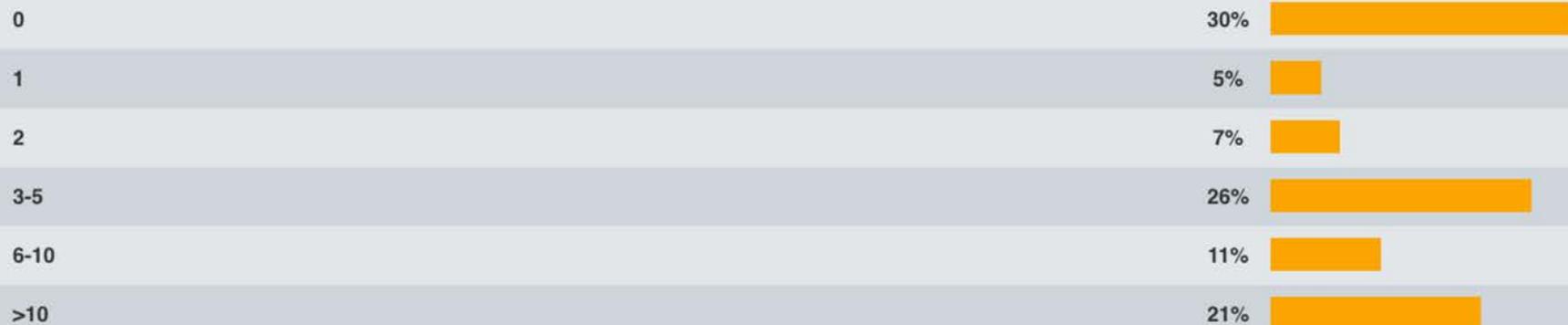
A 68-year-old woman is s/p multiple lines of systemic therapy for recurrent ovarian cancer, which is now platinum resistant. BRCA germline testing is negative. Would you order multiplex testing such as next-generation sequencing?



How many patients with advanced ovarian cancer in your practice have you treated with bevacizumab monotherapy?



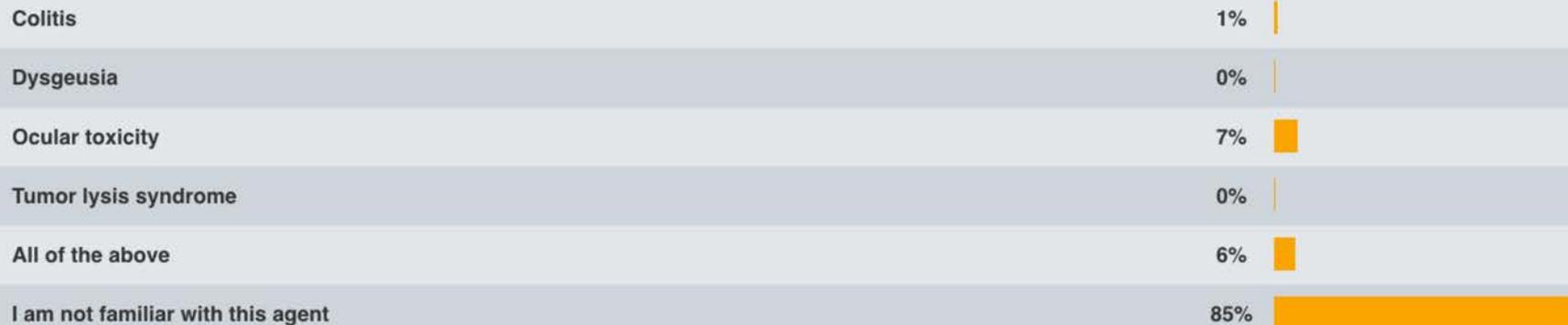
How many patients with advanced ovarian cancer in your practice treated with bevacizumab monotherapy have had significant clinical improvement in ascites?



A relatively nontoxic novel therapy is shown to result in a 25% objective response rate, some responses being for extended duration, in extensively pretreated ovarian cancer. Do you believe the benefits of this treatment need to be documented in a Phase III randomized trial prior to it being made available?



Which of the following toxicities has been observed with mirvetuximab soravtansine?



Do you order MSI testing for your patients with ovarian cancer?

Yes

47%

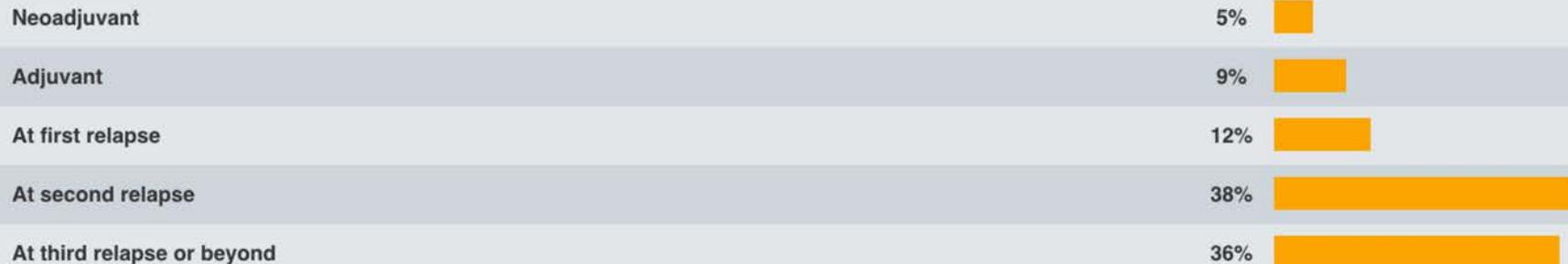


No

53%



A patient with ovarian cancer is found to have an MSI-high tumor. Outside of a clinical trial and reimbursement and regulatory issues aside, what is the earliest point that you would introduce an anti-PD-1/PD-L1 antibody into the patient's treatment?



Have you or would you use a checkpoint inhibitor outside of a clinical trial for a patient with advanced microsatellite-stable ovarian cancer?

