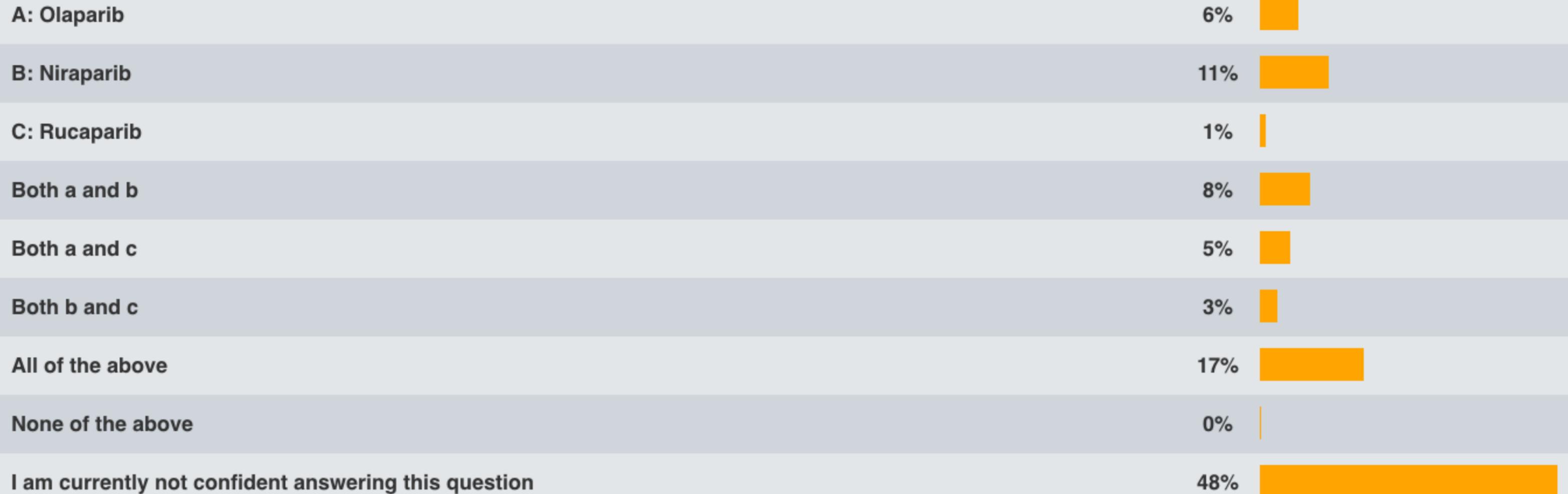


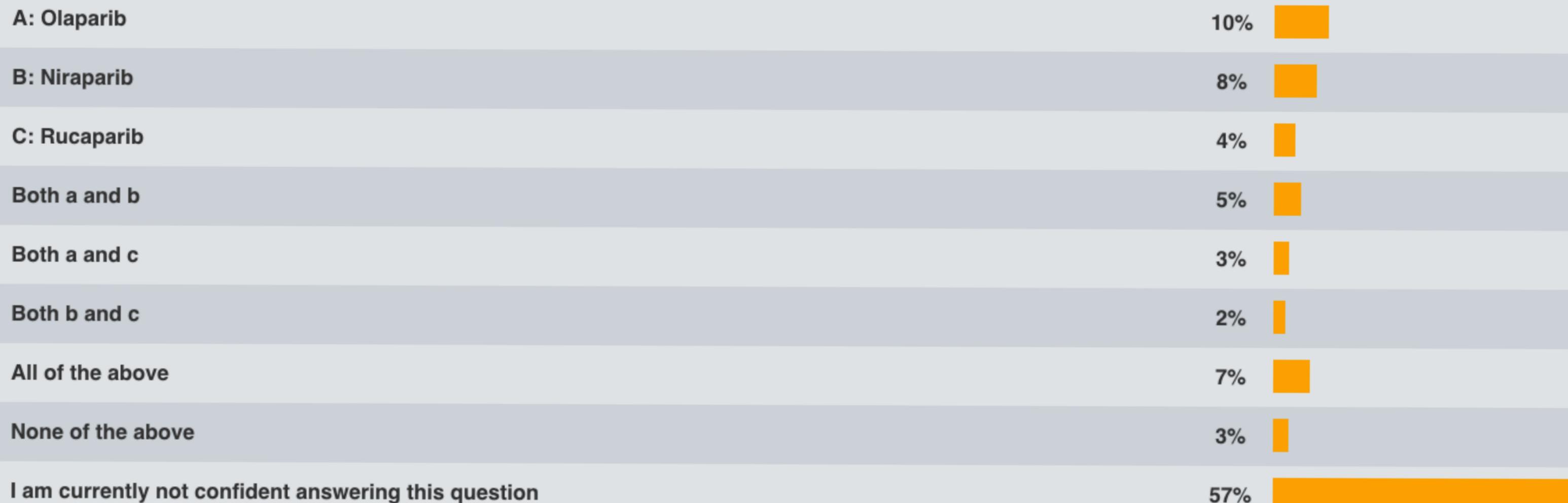
A patient with newly diagnosed Stage III ovarian cancer asks why it has been recommended that she undergo BRCA germline testing when she has no family history of cancer. You respond...



Which PARP inhibitors, if any, are approved as maintenance treatment after response to platinum-based chemotherapy for advanced ovarian cancer?



Which PARP inhibitors, if any, are approved as monotherapy for platinum-resistant recurrent ovarian cancer?



You have a patient who you would like to start on a PARP inhibitor in the maintenance setting, but you worry about compliance because she does not like taking pills. She has a BRCA1 germline mutation and had a complete response to platinum-based chemotherapy, so you think she will derive great benefit from a PARP inhibitor. What do you do?

Take a break from chemotherapy and do not administer a PARP inhibitor

3%



Administer bevacizumab as maintenance instead

4%



After counseling with the practice nurse and setting up a drug diary, start her on 300-mg olaparib QD

21%



After counseling with the practice nurse and setting up a drug diary, start her on 300-mg niraparib QD

21%



I am currently not confident answering this question

52%



How often should complete blood counts be monitored in patients who are receiving niraparib?

Weekly for the duration of treatment

12%



Monthly for the duration of treatment

8%



Weekly for the first month, monthly for the next 11 months and periodically thereafter

39%



Weekly for the first 6 months and monthly thereafter

6%

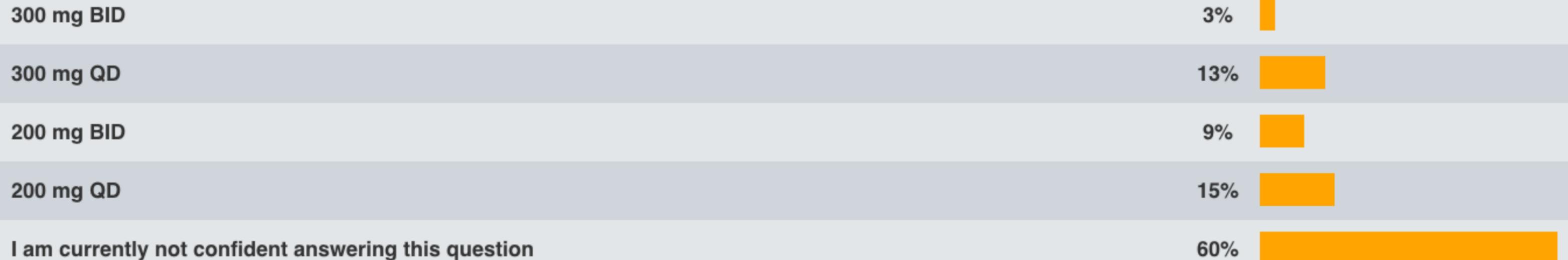


I am currently not confident answering this question

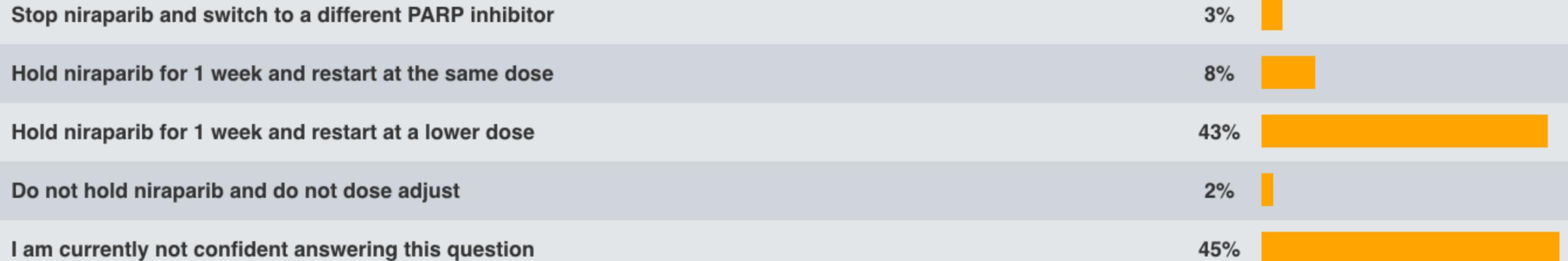
35%



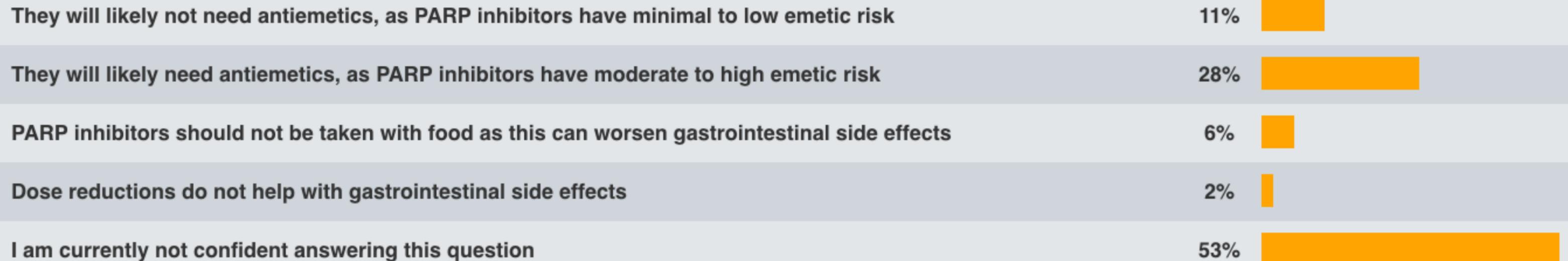
A 72-year-old otherwise healthy woman with recurrent ovarian cancer is about to start maintenance niraparib, but her bone marrow has not quite recovered from chemotherapy. Her HGB is 9.2, platelets 123 and ANC 1.4. What dose of niraparib should be administered?



After 2 weeks of niraparib maintenance, the patient in the previous scenario is noted to have a platelet count of 23. What would you recommend?



When counseling a patient who is about to begin treatment with a PARP inhibitor, which of the following statements is true?



A 56-year-old woman who has just started treatment with maintenance rucaparib comes to your office for follow-up with a facial rash and a blister on her lips. It has finally been nice outside and she has been enjoying playing tennis and taking her grandchildren to the park. What would you recommend?

Hold rucaparib and refer her to dermatology

7%



Hold rucaparib and start steroid ointment

22%



Swab the lip blister for HSV

14%



Continue rucaparib and take no action

2%



I am currently not confident answering this question

54%



An 83-year-old woman who is receiving rucaparib at 600 mg BID presents to your office for routine follow-up with a creatinine of 1.2 mg/dL (baseline 0.8 mg/dL). She denies any recent nausea or changes to her PO intake and otherwise appears well. What would you recommend?

Give gentle IV hydration and have her kidney function reassessed

33%



Hold rucaparib until resolution and restart at a lower dose

6%



Send her for a renal ultrasound

2%



No action needed; continue to monitor

7%



I am currently not confident answering this question

52%

