POST-TEST

Beyond the Guidelines: Investigator Perspectives on the Current and Future Role of PARP Inhibition in the Management of Ovarian Cancer

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. **According to the Society of Gynecologic Oncology (SGO) and the American Society of Clinical Oncology (ASCO) guidelines, all women diagnosed with epithelial ovarian, fallopian tube or primary peritoneal cancer should be considered for genetic testing and counseling even in the absence of a family history of the disease.**
   a. True
   b. False

2. **An analysis by Norquist and colleagues of primary ovarian, peritoneal and fallopian tube carcinoma cases found germline BRCA1 and 2 mutations in patients with which histologic subtypes?**
   a. High-grade serous ovarian cancer
   b. Low-grade serous ovarian cancer
   c. High-grade endometrioid cancer
   d. All of the above

3. **_____ is a PARP inhibitor that is currently FDA approved as maintenance therapy for adult patients with recurrent epithelial ovarian cancer who have experienced complete or partial responses to platinum-based chemotherapy.**
   a. Olaparib
   b. Rucaparib
   c. Niraparib
   d. All of the above
   e. Both a and b
   f. Both a and c
   g. Both b and c

4. **The results from the Phase III NOVA trial evaluating maintenance therapy with niraparib versus placebo for patients with platinum-sensitive ovarian cancer who have either germline BRCA mutations or a tumor with high-grade serous histology demonstrated a significant improvement in progression-free survival (PFS) with niraparib in which population of patients?**
   a. Patients with germline BRCA mutations
   b. Patients without germline BRCA mutations
   c. Both a and b
   d. Neither a nor b

5. **The Phase III SOLO-2 trial evaluating olaparib versus placebo as maintenance therapy for patients with platinum-sensitive, relapsed ovarian cancer and a BRCA1/2 mutation who had received at least 2 lines of chemotherapy demonstrated a statistically significant improvement in PFS with olaparib.**
   a. True
   b. False

6. **Which of the following statements is true about the FDA-approved PARP inhibitors olaparib, rucaparib and niraparib?**
   a. Gastrointestinal toxicities are common with all 3 approved PARP inhibitors
   b. Fatigue, insomnia and headaches are rarely associated with these PARP inhibitors
   c. All 3 approved PARP inhibitors are associated with hematologic toxicities
   d. All of the above
   e. Both a and b
   f. Both a and c
   g. Both b and c

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7. Grade 3 and 4 thrombocytopenia is most frequently observed during treatment with _____.

a. Niraparib
b. Olaparib
c. Rucaparib

8. Which PARP inhibitor is the ongoing Phase III PRIMA trial investigating as maintenance therapy for patients with advanced, high-risk ovarian cancer after response on front-line platinum-based chemotherapy?

a. Rucaparib
b. Veliparib
c. Talazoparib
d. Niraparib
e. Olaparib

9. In the updated analysis of data from the Phase I/II trial of olaparib alone or in combination with cediranib for recurrent platinum-sensitive ovarian cancer, Liu and colleagues at ASCO 2017 reported a statistically significant improvement in PFS with the combination in the subset of patients _____.

a. With germline BRCA mutations
b. Without germline BRCA mutations or with unknown BRCA status
c. Both a and b
d. Neither a nor b

10. The ongoing Phase III PAOLA-1 trial is evaluating the PARP inhibitor _____ versus placebo in combination with bevacizumab as maintenance therapy for patients with advanced ovarian cancer after first-line platinum-based chemotherapy with bevacizumab.

a. Pembrolizumab
b. Olaparib
c. Veliparib
d. Talazoparib
e. Rucaparib
f. Durvalumab