

## Visiting Professors: 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.

- Which of the following results was reported in the Phase III SOLO-3 trial of olaparib or single-agent chemotherapy for patients with relapsed or refractory ovarian cancer and a germline BRCA mutation who had received 3 or more prior lines of platinum-based therapy?
  - A significant improvement in progression-free survival with olaparib
  - No significant improvement in progression-free survival with olaparib
  - A similar rate of adverse events leading to treatment discontinuation between arms
- In the Phase II QUADRA trial investigating the safety and efficacy of niraparib in patients with advanced relapsed high-grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer who had received at least 3 previous chemotherapy regimens, which patient subgroup benefited more from niraparib therapy?
  - Patients with HRD-positive, platinum-resistant disease
  - Patients with HRD-positive, platinum-sensitive disease
- Which of the following PARP inhibitors is FDA approved as monotherapy with a dosing schedule of 600 mg twice daily in the third or later line of therapy for patients with ovarian cancer harboring a germline and/or somatic BRCA mutation?
  - Veliparib
  - Niraparib
  - Rucaparib
  - Olaparib
  - Talazoparib
- The ongoing PAOLA-1 trial is comparing the safety and efficacy of adding bevacizumab to either olaparib or placebo for patients with advanced ovarian cancer. In which setting have the investigators reported a progression-free survival advantage with bevacizumab/olaparib for patients with BRCA mutation-positive disease?
  - First-line maintenance after response to platinum-based chemotherapy
  - Second-line therapy after failure of platinum-based chemotherapy
  - Third-line therapy after failure of platinum-based chemotherapy
- In the Phase III PRIMA trial investigating niraparib maintenance therapy for patients with advanced ovarian cancer after response to first-line platinum-based chemotherapy, which of the following observations has been reported on the hematologic toxicities associated with an individualized dosing regimen?
  - Basing the dose on body weight and platelet count has no effect on the incidence of hematologic toxicities
  - Basing the dose on body weight and platelet count appears to increase the incidence of hematologic toxicities
  - Basing the dose on body weight and platelet count appears to reduce the incidence of hematologic toxicities