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**Table 13. FDA-Approved Indications for Bevacizumab and PARP Inhibitors in Ovarian Cancer**

Agent USPI Date	First-Line Chemotherapy	Maintenance After First-Line Chemotherapy	Recurrence Therapy	Maintenance After Recurrence Therapy
Bevacizumab September 2020 <sup>217</sup>	For epithelial ovarian, fallopian tube, or primary peritoneal cancer, in combination with carboplatin and paclitaxel, followed by bevacizumab as a single agent, for stage III or IV disease following initial surgical resection.	For epithelial ovarian, fallopian tube, or primary peritoneal cancer, in combination with paclitaxel, PLD, or topotecan, for platinum-resistant recurrent disease who received $\leq 2$ prior chemotherapy regimens.		
		For epithelial ovarian, fallopian tube, or primary peritoneal cancer, in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by bevacizumab as a single agent, for platinum-sensitive recurrent disease.		
Niraparib April 2020 <sup>218</sup>	None	For the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in CR or PR to first-line platinum-based chemotherapy.	For the treatment of adult patients with advanced ovarian, fallopian tube, or primary peritoneal cancer who have been treated with $\geq 3$ prior chemotherapy regimens and whose cancer is associated with HRD-positive status defined by either:	For the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in CR or PR to platinum-based chemotherapy.
			<ul style="list-style-type: none"> <li>▪ deleterious or suspected deleterious BRCA mutation<sup>a</sup>; or</li> <li>▪ genomic instability<sup>b</sup> and who have progressed <math>&gt;6</math> months after response to the last platinum-based chemotherapy.</li> </ul>	
Olaparib May 2020 <sup>219</sup>	None	For the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic BRCA-mutated <sup>c</sup> advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in CR or PR to first-line platinum-based chemotherapy.	For the treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated <sup>c</sup> advanced ovarian cancer who have been treated with $\geq 3$ prior lines of chemotherapy.	For the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in CR or PR to platinum-based chemotherapy.
Rucaparib October 2020 <sup>220</sup>	None	None.	For the treatment of adult patients with deleterious or suspected germline and/or somatic-associated epithelial ovarian, fallopian tube, or primary peritoneal cancer who have been treated with $\geq 2$ prior lines of chemotherapy.	For the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a CR or PR to platinum-based chemotherapy.

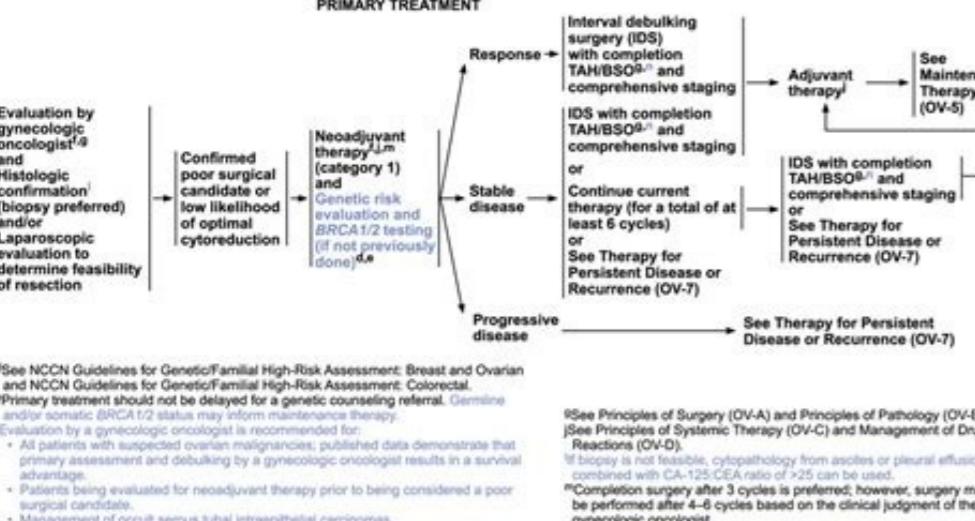
Abbreviations: CR, complete response; HRD, homologous recombination deficiency; PLD, pegylated liposomal doxorubicin; PR, partial response; USPI, US prescribing information.

<sup>a</sup>Select patients for therapy based on an FDA-approved companion diagnostic for niraparib.

<sup>b</sup>Select patients for therapy based on an FDA-approved companion diagnostic for olaparib.

<sup>c</sup>Select patients for therapy based on an FDA-approved companion diagnostic for rucaparib.

NUCH SURGICAL CANDIDATE UNWILKINHOUD OF OPTIMAL CYTODIAGNOSIS  
MEASURANT THERAPY



\*See NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast and Ovarian and NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal. Patients with known deleterious BRCA1/2 status may inform maintenance therapy.

<sup>a</sup>Genetic testing should be performed in all patients with a family history of breast and/or ovarian cancer.

<sup>b</sup>All patients with suspected ovarian malignancy, published data demonstrate that the presence of a deleterious BRCA1/2 mutation is associated with an increased advantage.

<sup>c</sup>For patients evaluated for neoadjuvant therapy prior to being considered a poor surgical candidate.

<sup>d</sup>Monoclonal antibody to CA125 (e.g., CA125 test).

<sup>e</sup>Consideration of laparoscopy to determine feasibility of debulking surgery.

<sup>f</sup>Consideration of laparoscopy to determine feasibility of debulking surgery.

<sup>g</sup>See NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast and Ovarian and NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal. Patients with known deleterious BRCA1/2 status may inform maintenance therapy.

<sup>h</sup>See Principles of Surgery (OVS) and Principles of Pathology (OVS).

<sup>i</sup>See Principles of Systemic Therapy (OVS) and Management of Ovarian Cancer (OVC).

<sup>j</sup>All patients with suspected ovarian malignancy, published data demonstrate that the presence of a deleterious BRCA1/2 mutation is associated with an increased advantage.

<sup>k</sup>Complete surgery #2 is not required; however, surgery may be performed after 4–6 cycles based on the clinical judgment of the surgical candidate.

<sup>l</sup>Monoclonal antibody to CA125 (e.g., CA125 test).

<sup>m</sup>Hypomethylating chemotherapy (HPEC) with cisplatin (100 mg/m<sup>2</sup>) can be considered at the time of OVS for stage II disease.

<sup>n</sup>See NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast and Ovarian and NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal. Patients with known deleterious BRCA1/2 status may inform maintenance therapy.

<sup>o</sup>See NCCN Guidelines for Pancreatic Adenocarcinoma. The patient must be considered for genetic counseling and often genetic testing and management.

<sup>p</sup>For patients with a family history of breast and/or ovarian cancer, the guidelines, invasive and ductal carcinoma on the same side of the breast.

<sup>q</sup>Close blood relatives include first-, second-, and third-degree relatives on the same side of the breast.

<sup>r</sup>Breast cancer and ovarian cancer are associated with epithelial, non-mucinous histology. Lynch syndrome can be associated with both non-mucinous and mucinous epithelial tumors. It is important to distinguish between these two types of cancer in the absence of a family history typical of such syndromes (does not apply for de novo pathogenic variants). Patients should also have pre-test education regarding the importance of family history (e.g., monozygotic twins, first-degree relatives, etc.) and the importance of testing the entire family (e.g., paternal grandfather's mother or sister). If the affected first-degree relative underwent genetic testing and is negative for deleterious mutations and there is no other evidence of inheritance, then the next closest relative should undergo genetic testing.

<sup>s</sup>Meeting one or more of these criteria warrants further personalized risk assessment, genetic counseling, and often genetic testing and management.

<sup>t</sup>If a first-degree relative has a pathogenic variant, however, disease is highly aggressive and the option to test the affected relative may not be available in the future. Thus, there may be significant benefit to family members in testing these patients near the time of diagnosis, in order to provide pre-test education and counseling for the family member, as well as, if a pathogenic variant may direct use of targeted therapies for patients with pancreatic cancer (See NCCN Guidelines for Pancreatic Adenocarcinoma). (Heller S, Borgida A, Dodd A, et al. J Clin Oncol 2015;33:3124-3129; Shendo K, Yu J, Sheng M, et al. J Clin Oncol 2015;33:3890-3895; Golen T, Hammett P, Rein M, et al. N Engl J Med 2015;361:381-387.)

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