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| **OV-1/OV-4** External request: Submission from AztraZeneca to consider the following modifications to recommendations for tissue testing and genetic evaluation:  
- Inserting “Tissue testing” under Primary Treatment category following Clinical Stages IB (fertility desired) and IA-IV, surgical candidate (fertility not desired) and Bulky stage III-IV or poor surgical candidate. (OV-1)  
- Moving “All patients with ovarian cancer, fallopian tube cancer, or primary peritoneal cancer should be referred for genetic risk evaluation” and place in between Workup and Clinical Stage, so that HCPs consider testing earlier. (OV-1)  
- Adding a third bullet for “Tissue testing” under Primary Chemotherapy/Primary Adjuvant Therapy following Stage II, Stage III, Stage IV under -Completion Surgery (OV-4) | Based on a review of data and discussion, the panel did not use the language proposed in the submission. However, the panel supported adding the following language:  
- After primary treatment on OV-1: “All Patients with ovarian cancer, fallopian tube cancer, or primary peritoneal cancer should be referred for have a genetic risk evaluation and BRCA1/2 testing (if not previously done)”  
- At the time of primary treatment for those receiving neoadjuvant therapy on OV-2: “Genetic risk evaluation and somatic BRCA 1/2 testing (if not previously done)”  
- OV-1, OV-2, and OV-3, Footnote e: “Primary treatment should not be delayed for a genetic counseling referral. Germline and somatic BRCA1/2 status informs maintenance therapy.”  
| **OV-4/OV-5/OV-7** External request: Submission from AztraZeneca to consider including olaparib as an option for:  
- Primary Chemotherapy/Primary Adjuvant Therapy for stage II-IV ovarian cancer. (OV-4)  
- Maintenance therapy for those with partial or complete remission for stage II-IV ovarian cancer, post-primary treatment. (OV-5)  
- Disease status “stable or persistent disease on primary chemotherapy” and “Stage II-IV with partial response”. (OV-7) | Based on the data in the noted reference and discussion, the panel consensus supported the addition of olaparib as a maintenance therapy option for stage II-IV ovarian cancer (including epithelial ovarian, Fallopian tube, and primary peritoneal cancers), if partial or complete remission following platinum-based first-line chemotherapy. This has been added as a:  
- Category 1 recommendation for patients with germline BRCA1/2 mutations  
- Category 2A for patients with somatic BRCA1/2 mutations  
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<td><strong>OV-5</strong> Internal request: Institutional Review comment to consider removing pazopanib as a maintenance therapy option for stage II-IV ovarian cancer.</td>
<td>The panel consensus supported the removal of postremission pazopanib as an option for maintenance therapy for stage II-IV ovarian/Fallopian tube/primary peritoneal cancer and complete clinical remission following first-line chemotherapy without bevacizumab, due to limited available data and better alternative therapies.</td>
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<td><strong>OV-5</strong> Internal request: Institutional Review comment to consider adding bevacizumab as a maintenance therapy option for patients with stable disease following first-line chemotherapy with a bevacizumab-containing regimen.</td>
<td>The panel consensus supported the addition of bevacizumab as a maintenance therapy option for stage II-IV ovarian/Fallopian tube/primary peritoneal cancer in patients with stable disease following first-line chemotherapy with a bevacizumab-containing regimen.</td>
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