Introduction/Background* Poly(ADP-ribose) polymerase inhibitors (PARPi) have been approved for several tumor entities including epithelial ovarian cancer (EOC). The purpose of the study is to analyze the current implementation of BRCA testing and PARPi therapy for EOC in Germany.

Methodology The questionnaire contained 40 questions covering real life data of genetic testing and the use of PARPi. It was divided into three main parts: 1. basic demographics of the respondents, 2. indication, counseling and selection of genetic testing, 3. approach of PARPi treatment. The questionnaire was distributed via mail from 14th August 2020 until 3rd May 2021. Statistics were descriptive. We present a sub-analysis focusing on results concerning the approach of PARPi therapy.

Result(s)* 316 physicians participated in the survey. 54.9 % were specialized in the field of gynecologic oncology and worked in a certified breast center (65.7 %) and/or a gynecological cancer center (68.2 %). 62.1 % declared to apply PARPi on a regular basis. The majority of the respondents had practical experience with olaparib (97.3 %), followed by niraparib (81.9 %) and rucaparib (33.0 %). Criteria for selection of the appropriate PARPi were the side-effect profile (78.7 %), efficacy (71.3 %), approval status (52.7 %) and the guidelines (51.1 %). Only 11.17 % considered the patients’ wish as relevant. Nausea/vomiting (53.2 %), thrombocytopenia (53.2 %), fatigue (43.1 %), anemia (38.3 %) and leukopenia (30.3 %) were considered the most relevant side effects in daily clinical practice. For maintenance therapy of a primary, BRCA-mutated EOC, 66.5 % of the respondents would make use of a combined therapy with olaparib and bevacizumab, 23.9 % would prefer olaparib only and 9.6 % would choose niraparib. When deciding which PARPi to choose for maintenance therapy of a BRCA-mutated relapse of EOC, most respondents declared olaparib and bevacizumab as their first choice (43.6 %), followed by olaparib only (33.0 %) and niraparib (22.9 %).

Conclusion* PARPi have established as a standard approach for the maintenance therapy of newly diagnosed and recurrent high grade ovarian cancer. Nevertheless, education programs should be established to intensify the use of PARP-inhibition in EOC.