Introduction/Background Advanced high-grade ovarian cancer (OC) treatment has recently evolved to include novel targeted agents such as PARP-inhibitors (PARPi). ESMO/ESGO guidelines recommend biomarker testing to guide treatment decision-making. Our survey explores current management of advanced OC in the UK.

Methodology This interim descriptive analysis used data collected between March-April 2023 from ongoing structured interviews with UK-based healthcare professionals (HCPs) involved in the secondary care management of advanced OC (OC-NOW).

Results The analysis included survey responses from 50 HCPs who treat patients with OC. Respondents were mainly based in England (84%; 42/50). HRD (100%; 41/41) and BRCA1/2 (98%; 40/41) were routinely tested before planning maintenance treatment. BRCA1/2 (90%; 37/41) were frequently ranked as the most important biomarkers for treatment decision-making. Most respondents (90%; 36/40) reported a turn-around time of 6 weeks for HRD test results. The median proportion (interquartile range [IQR]) of patients with a BRCA mutation (BRCAmut) was 20.0% (15.0–20.0%), while 25.0% (18.8–30.0%) were HRD (test positive) and BRCA wild type (HRD/BRCAwt), 49.0% (35.0–60.0%) were HRp (test negative) and 10.0% (5.0–11.2%) were HRnd (HR test failure/not determined/inconclusive). Inadequate tissue sampling (73%; 30/41) was the main reason for HRnd. Platinum-sensitive patients typically received PARPi maintenance therapy, irrespective of HRD status.

Conclusion These results provide an update on the evolving UK biomarker-driven practice in advanced OC. HRD and BRCA1/2 are now routinely assessed with adequate turn-around times to allow appropriate decision-making for the maintenance regimens of advanced OC. Platinum-sensitive patients typically received PARPi maintenance therapy, irrespective of HRD status. Most HCPs used DESKTOP-III criteria to determine secondary debulking candidates at first relapse.

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