

## CQ12

For patients with complete remission (CR) after chemotherapy following primary surgery, is maintenance therapy recommended?

Recommendations:

1. It is recommended that patients do **not** receive maintenance therapy involving chemotherapy drugs.

Grade 1 ( ↓ ↓ ); level of evidence: B; consensus: 100%

2. In cases of stage III/IV disease where complete remission is achieved by first-line chemotherapy with bevacizumab:

a. Bevacizumab + olaparib maintenance therapy is recommended for patients with homologous recombination deficiency (HRD).

Grade 1 ( ↑ ↑ ); level of evidence: B ; consensus: 100%

b. Bevacizumab maintenance therapy is recommended for patients with negative or unknown HRD status.

Grade 1 ( ↑ ↑ ); level of evidence: B; consensus: 91%

3. In cases of stage III/IV disease where complete remission is achieved by first-line chemotherapy without bevacizumab :

a. Olaparib or niraparib maintenance therapy is recommended for patients with *BRCA1/2* variants.

Grade 1 ( ↑ ↑ ); level of evidence: B; consensus: 100%

b. Niraparib maintenance therapy is recommended for patients without *BRCA1/2* variants but HRD-positive.

Grade 1 ( ↑ ↑ ); level of evidence: B; consensus: 100%

c. Niraparib maintenance therapy is suggested for HRD-negative patients.

Grade 2 ( ↑ ); level of evidence: B; consensus: 100%

## CQ13

For patients with persistent disease after first-line chemotherapy following primary surgery, is further treatment recommended?

Recommendations:

1. Bevacizumab maintenance therapy is recommended for patients with stage III/IV disease if first-line chemotherapy with bevacizumab results in stable disease or a partial response in cases of negative or unknown HRD status.

Grade 1 (↑ ↑); level of evidence: B; consensus: 82%

2. Bevacizumab + olaparib maintenance therapy is suggested for HRD-positive patients with stage III/IV disease if a partial response is achieved by first-line chemotherapy with bevacizumab.

Grade 2 (↑); level of evidence: B; consensus: 73%

3. In cases of stage III/IV disease where partial response is achieved with initial treatment without bevacizumab:

a. Olaparib or niraparib maintenance therapy is recommended for patients with *BRCA1/2* variants.

Grade 1 (↑ ↑); level of evidence: B; consensus: 100%

b. Niraparib maintenance therapy is recommended for patients without *BRCA1/2* variants but HRD-positive.

Grade 1 (↑ ↑); level of evidence: B; consensus: 100%

c. Niraparib maintenance therapy is suggested for HRD-negative patients.

Grade 2 (↑); level of evidence: B; consensus: 100%

4. For patients who fail to respond to first-line chemotherapy and those exhibiting tumor progression, another treatment (i.e., second-line chemotherapy or radiation therapy), participation in clinical trials, or best supportive care is suggested.

Grade 2 (↑); level of evidence: C; consensus: 100%

## CQ25

For patients with platinum-sensitive recurrence, what is the recommended chemotherapy regimen?

Recommendations:

1. Combination chemotherapy with a platinum agent is recommended.

Grade 1 (↑ ↑); level of evidence: A; consensus: 100%

2. The addition of bevacizumab to the combination chemotherapy followed by bevacizumab maintenance therapy is recommended.

Grade 1 (↑ ↑); level of evidence: B; consensus: 100%

3. Olaparib or niraparib maintenance therapy is recommended after a patient responds to platinum-based chemotherapy.

Grade 1 (↑ ↑); level of evidence: B; consensus: 91%

4. Niraparib monotherapy is suggested in HRD-positive patients of platinum-sensitive

recurrence with a history of three or more chemotherapy regimens.

Grade 2 ( ↑ ); level of evidence: B; consensus: 91%