|  |  |  |  |
| --- | --- | --- | --- |
| **Treatment plan** | **Round 1** | **Round 2** | **Round 3** |
| **Patient 1** |  |  |  |
| *Stable disease after NACT, patient declines CRS* |  |  |  |
| Continue systemic therapy | ✓ | ✓ | ✓ |
| Use PARPi | 53% | 47% | 56% |
| After futile laparotomy, continue systemic therapy | ✓ | ✓ | ✓ |
| Systemic therapy regimen | \* | \* | \* |
| *Progressive disease after NACT* |  |  |  |
| Refrain from CRS | ✓ | ✓ | ✓ |
| Continue systemic therapy | ✓ | ✓ | ✓ |
| Systemic therapy regimen | \* | \* | \* |
| **Patient 2** |  |  |  |
| *Stable disease after NACT* |  |  |  |
| No surgery | 65% | 74% | ✓ |
| Continue systemic therapy | ✓ | ✓ | ✓ |
| Systemic therapy regimen | \* | \* | \* |
| After futile laparotomy, continue systemic therapy | ✓ | ✓ | ✓ |
| After futile laparotomy, continue weekly or three-weekly platinum based chemotherapy cycles | 60% | 58% | ✓ |
| *Progressive disease after NACT* |  |  |  |
| Start best supportive care | ✓ | ✓ | N.A. |
|  |  |  |  |
| *Patient 1; WHO 1, HRD positive, 75y; Patient 2; WHO 3, HRD negative, 85y* | | |  |
| *✓ Consensus defined as >80%* |  |  |  |
| *\* No consensus, fragmented results* |  |  |  |
| *NACT; neoadjuvnt chemotherapy, CRS; cytoreductive surgery* | |  |  |
| *PARPi; poly ADP-ribose polymerase inhibitors, HRD; homologous recombination deficiency* | | | |

*Table 2: Consensus percentages*