

Ovarian Cancer Treatment Algorithmic Tests

- I. Ovarian cancer treatment algorithmic tests are considered **medically necessary** when:
 - A. The member has a diagnosis of ovarian cancer, **AND**
 - B. The member is being considered for PARP inhibitor therapy.
- II. Ovarian cancer treatment algorithmic tests are considered **investigational** for all other indications.

RATIONALE AND REFERENCES

Ovarian Cancer Treatment Algorithmic Tests

National Comprehensive Cancer Network (NCCN): Ovarian Cancer including Fallopian Tube Cancer and Primary Peritoneal Cancer (3.2025)

This guideline recommends molecular analysis for alterations that might impact clinical decision making. This testing should include *BRCA1/2* status, as there are specific post primary treatment recommendations based on *BRCA1/2* status (OV-1, 2, 3, and 5; OV-B 1 of 3).

National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer 3.2025
https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf

American Society of Clinical Oncology (ASCO)

In 2020, ASCO issued a guideline for the use of PARP inhibitors in the management of ovarian cancer, which they updated via a targeted literature review in 2022. Per their updated recommendations, PARPi maintenance therapy “should be offered” to all patients with newly diagnosed stage III-IV EOC (epithelial ovarian, tubal, or primary peritoneal cancer, high-grade serous or endometrioid type), whose disease is in complete or partial response to first-line, platinum-based chemotherapy (p. 3879).

Tew WP, Lacchetti C, Ellis A, et al. PARP Inhibitors in the Management of Ovarian Cancer: ASCO Guideline. *J Clin Oncol*. 2020;38(30):3468-3493. doi:10.1200/JCO.20.01924

Tew WP, Lacchetti C, Kohn EC; PARP Inhibitors in the Management of Ovarian Cancer Guideline Expert Panel. Poly(ADP-Ribose) Polymerase Inhibitors in the Management of Ovarian Cancer: ASCO Guideline Rapid Recommendation Update. J Clin Oncol. 2022;40(33):3878-3881. doi:10.1200/JCO.22.01934