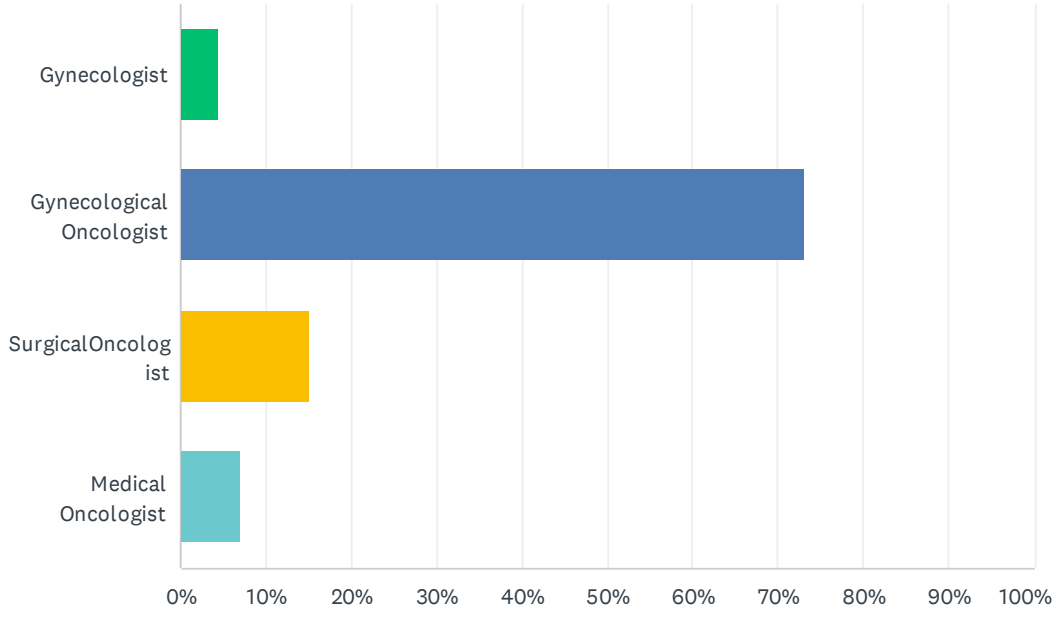
Q1 What is your Current Designation?

Answered: 197 Skipped: 6



ANSWER CHOICES	RESPONSES	
Gynecologist	4.57%	9
Gynecological Oncologist	73.10%	144
SurgicalOncologist	15.23%	30
Medical Oncologist	7.11%	14
TOTAL		197

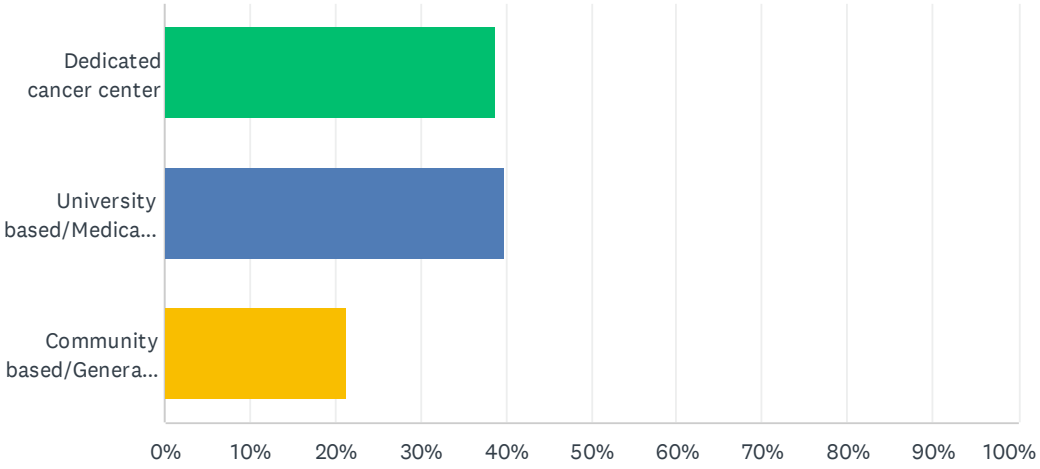
Q2 What is your country of practice?

Answered: 203 Skipped: 0

ANSWER CHOICES	RESPONSES	
Name	0.00%	0
Company	0.00%	0
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	100.00%	203
Email Address	0.00%	0
Phone Number	0.00%	0

Q3 What is your current place of work?

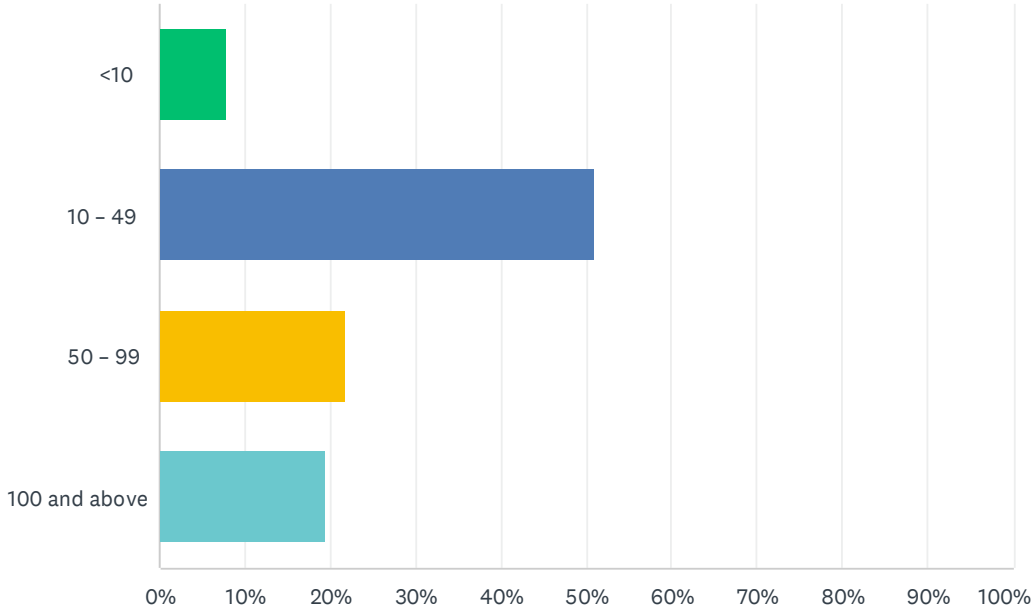
Answered: 193 Skipped: 10



ANSWER CHOICES	RESPONSES	
Dedicated cancer center	38.86%	75
University based/Medical college/school	39.90%	77
Community based/General hospital	21.24%	41
TOTAL		193

Q4 How many patients of ovarian cancer have you treated last year?

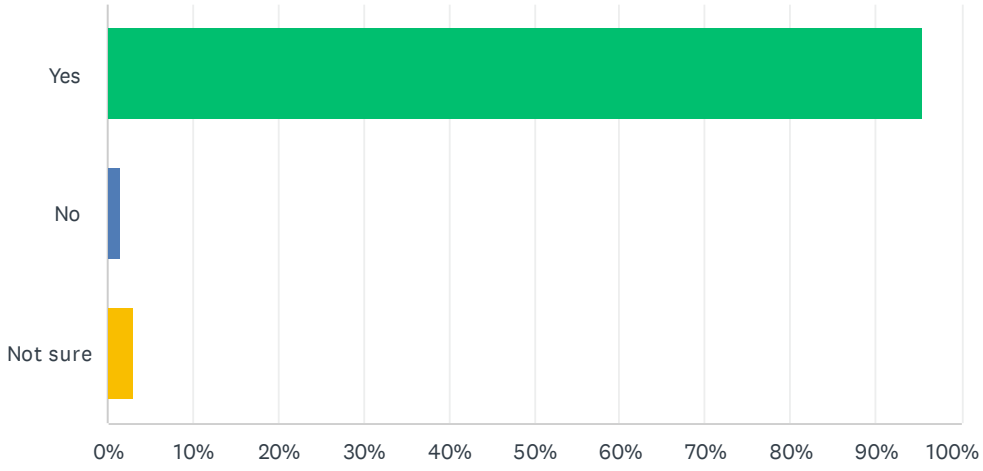
Answered: 202 Skipped: 1



ANSWER CHOICES	RESPONSES	
<10	7.92%	16
10 – 49	50.99%	103
50 – 99	21.78%	44
100 and above	19.31%	39
TOTAL		202

Q5 Do you think LOW-GRADE SEROUS CANCER of ovary (LGSOC) should be considered a distinct entity from HIGH-GRADE SEROUS CANCER (HGSOC) with regards to clinicopathological profile and treatment?

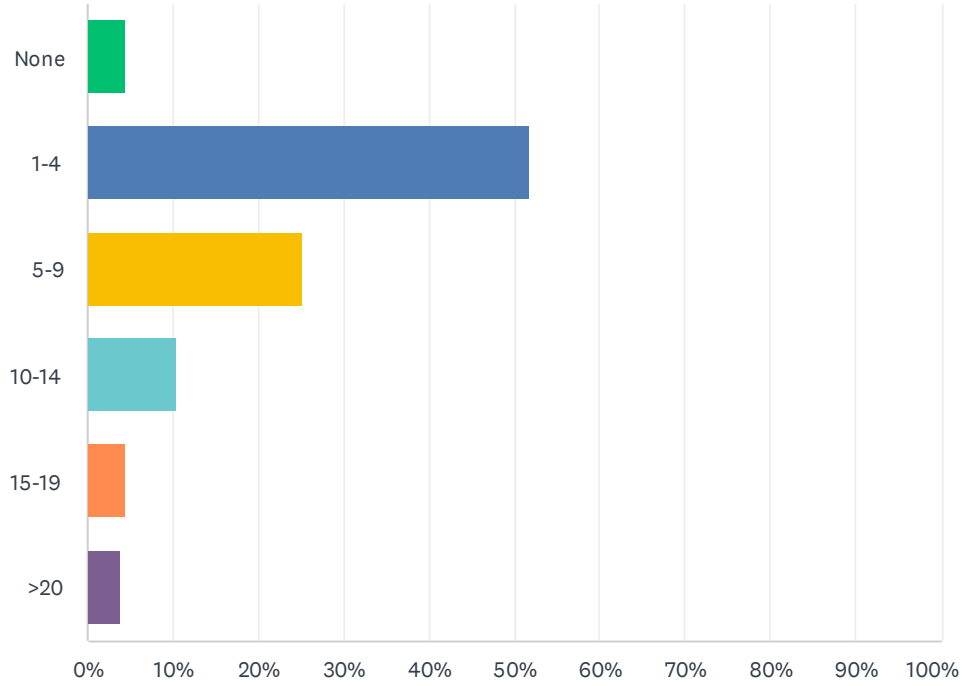
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	95.57%	194
No	1.48%	3
Not sure	2.96%	6
TOTAL		203

Q6 How many cases of LGSOC of ovary have you treated in last 1 year?

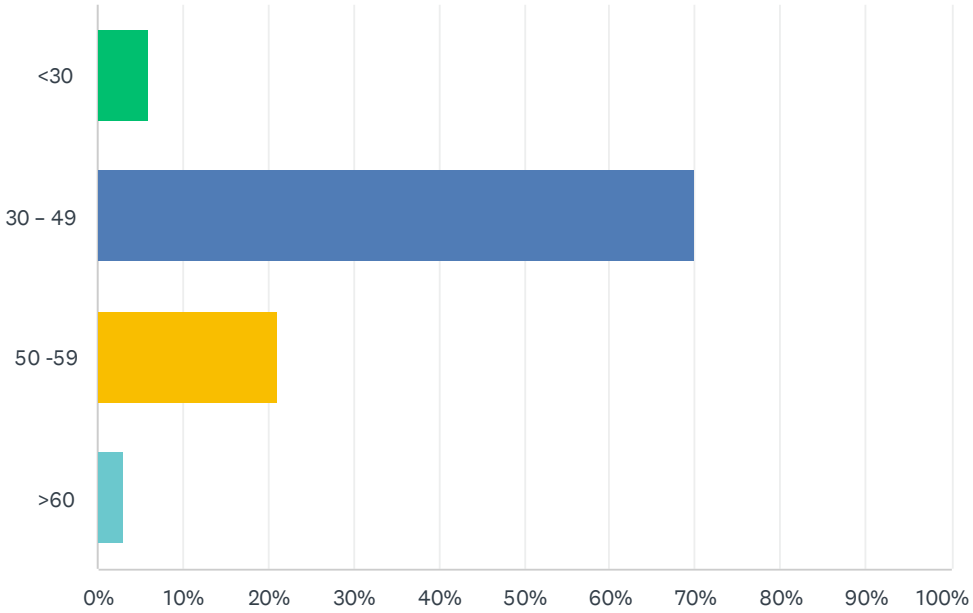
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
None	4.43%	9
1-4	51.72%	105
5-9	25.12%	51
10-14	10.34%	21
15-19	4.43%	9
>20	3.94%	8
TOTAL		203

Q7 What is the average age (in years) of presentation of patients diagnosed with LGSOC of the ovary in your practice?

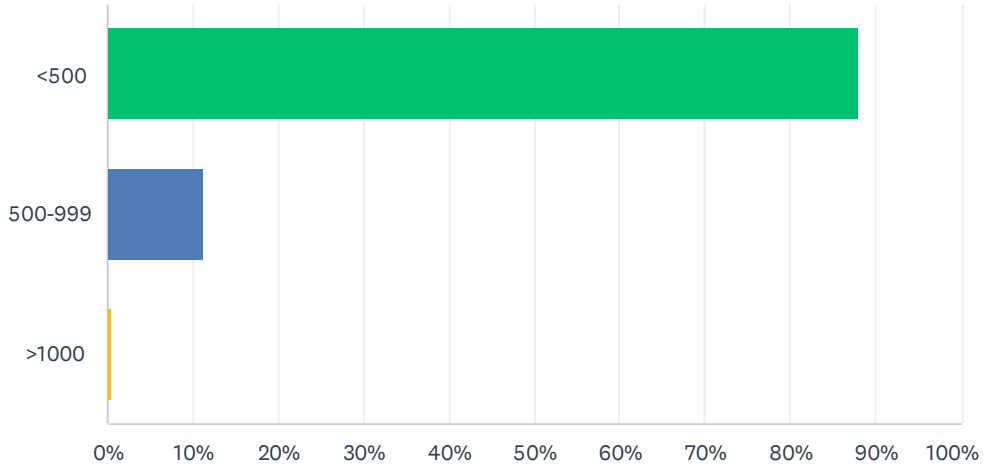
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
<30	5.91%	12
30 – 49	69.95%	142
50 -59	21.18%	43
>60	2.96%	6
TOTAL		203

Q8 What is the median CA-125 level (U/L) at presentation to the best of your knowledge?

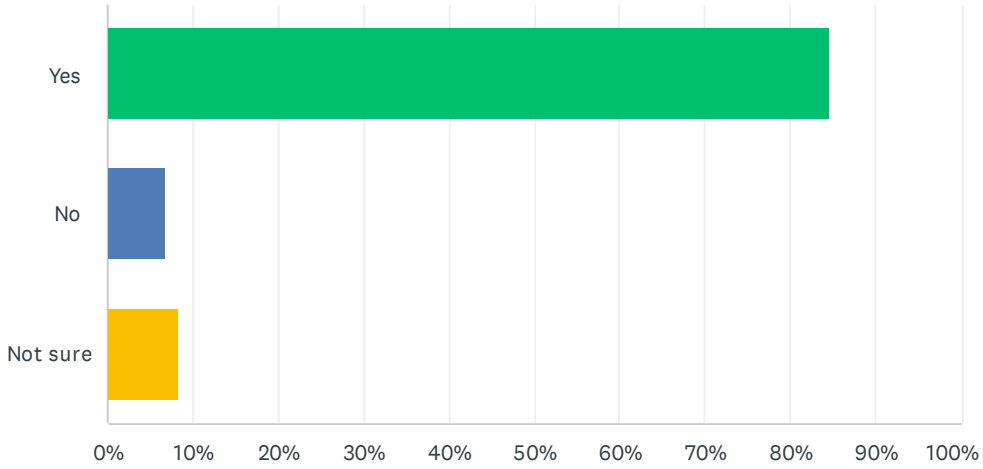
Answered: 202 Skipped: 1



ANSWER CHOICES	RESPONSES	
<500	88.12%	178
500-999	11.39%	23
>1000	0.50%	1
TOTAL		202

Q9 Do you feel that the newly diagnosed patients of LGSOC of ovary seem to have a better performance status as compared to stage-matched HGSOC?

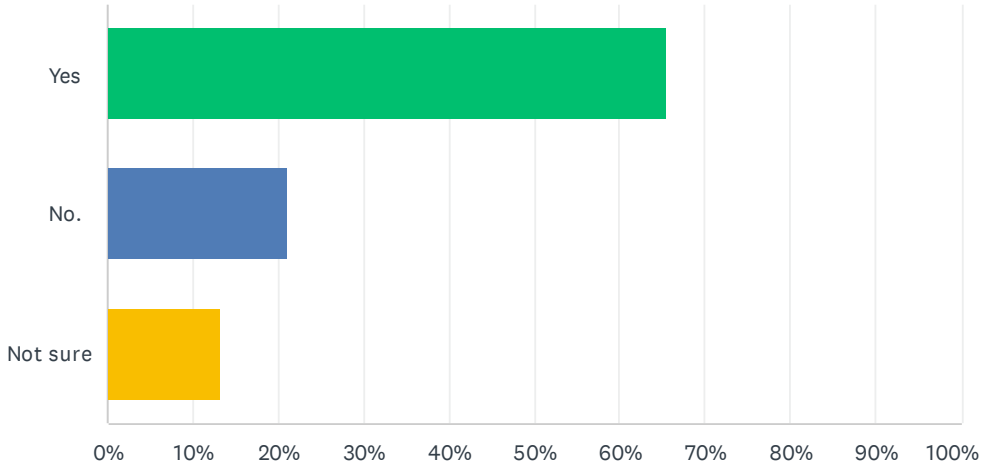
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	84.73%	172
No	6.90%	14
Not sure	8.37%	17
TOTAL		203

Q10 Do you consider a pathology review, if a serous ovarian carcinoma does not respond to standard 3 cycles of platinum-based doublet neoadjuvant chemotherapy, suspecting it might be LGSOC?

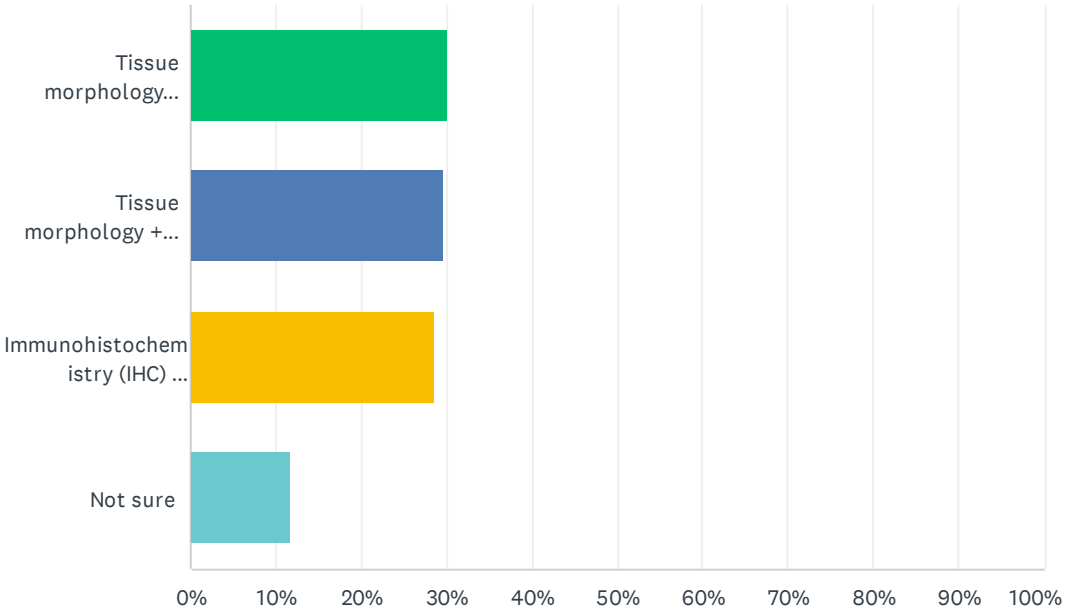
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	65.52%	133
No.	21.18%	43
Not sure	13.30%	27
TOTAL		203

Q11 What are the standard criteria for diagnosing LGSOC in your institution?

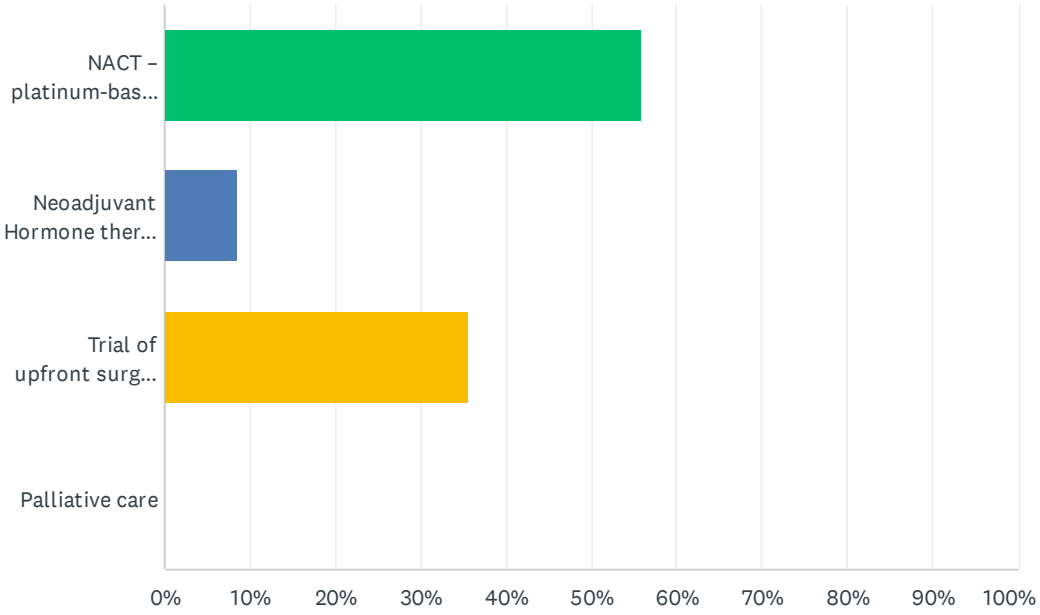
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
Tissue morphology (Mild to moderate nuclear atypia and ≤ 12 mitosis/10 high power fields)	30.05%	61
Tissue morphology + Immunohistochemistry (PAX -8,WT 1, P 53 etc)	29.56%	60
Immunohistochemistry (IHC) for Estrogen receptor and Progesterone receptor in addition to above IHCs in option “b”	28.57%	58
Not sure	11.82%	24
TOTAL		203

Q12 How do you like to treat a patient with newly diagnosed apparent Stage III C LGSC of the ovary in your setup, if deemed inoperable?

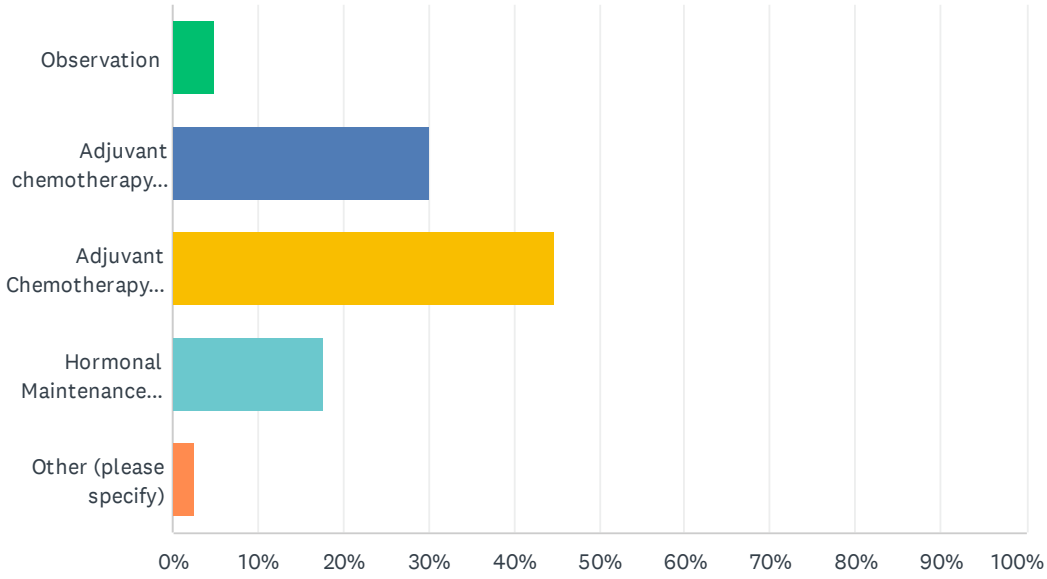
Answered: 199 Skipped: 4



ANSWER CHOICES	RESPONSES	
NACT – platinum-based doublet chemotherapy and reassess response after 3 cycles	55.78%	111
Neoadjuvant Hormone therapy and asses response after 2 months	8.54%	17
Trial of upfront surgery due to relative chemoresistance of these tumours	35.68%	71
Palliative care	0.00%	0
TOTAL		199

Q13 What adjuvant treatment do you prefer for a patient of stage IIIC LGSOC of ovary after optimal cytoreduction ?

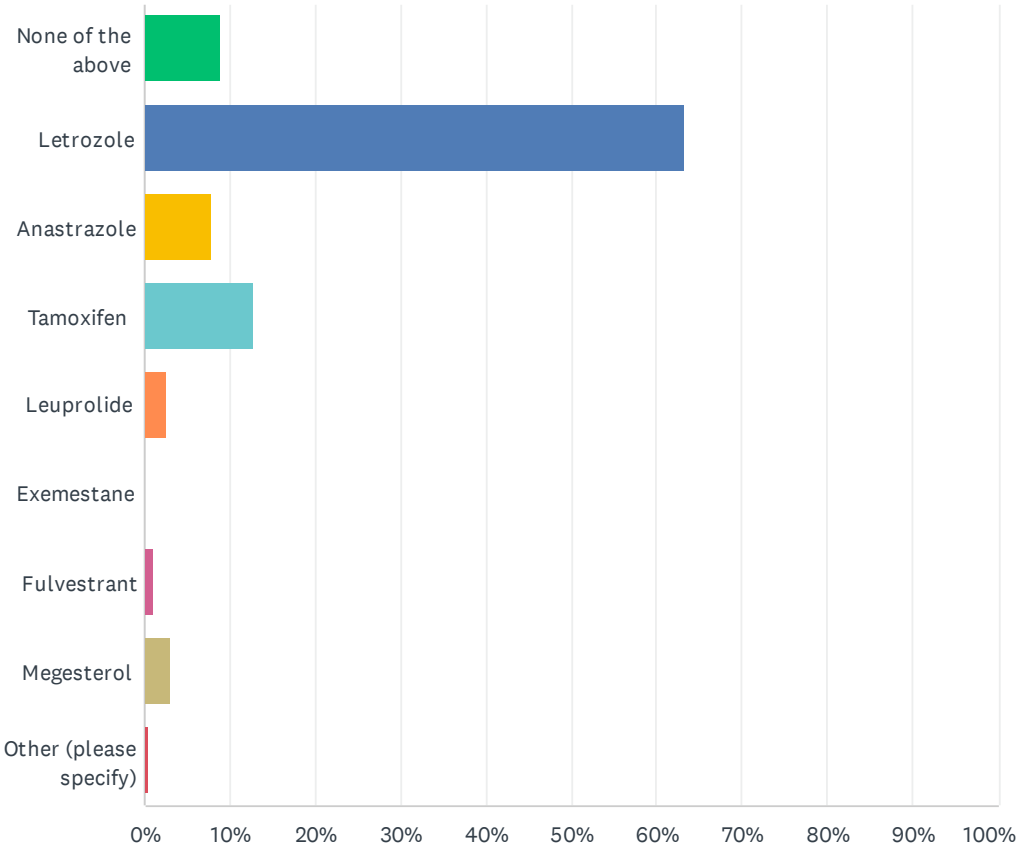
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
Observation	4.93%	10
Adjuvant chemotherapy alone (+/-Bevacizumab)	30.05%	61
Adjuvant Chemotherapy (+/-Bevacizumab)followed by hormonal maintenance	44.83%	91
Hormonal Maintenance alone without any adjuvant chemotherapy	17.73%	36
Other (please specify)	2.46%	5
TOTAL		203

Q14 What hormonal treatment do you prefer for adjuvant or maintenance therapy of LGSOC, to begin with?

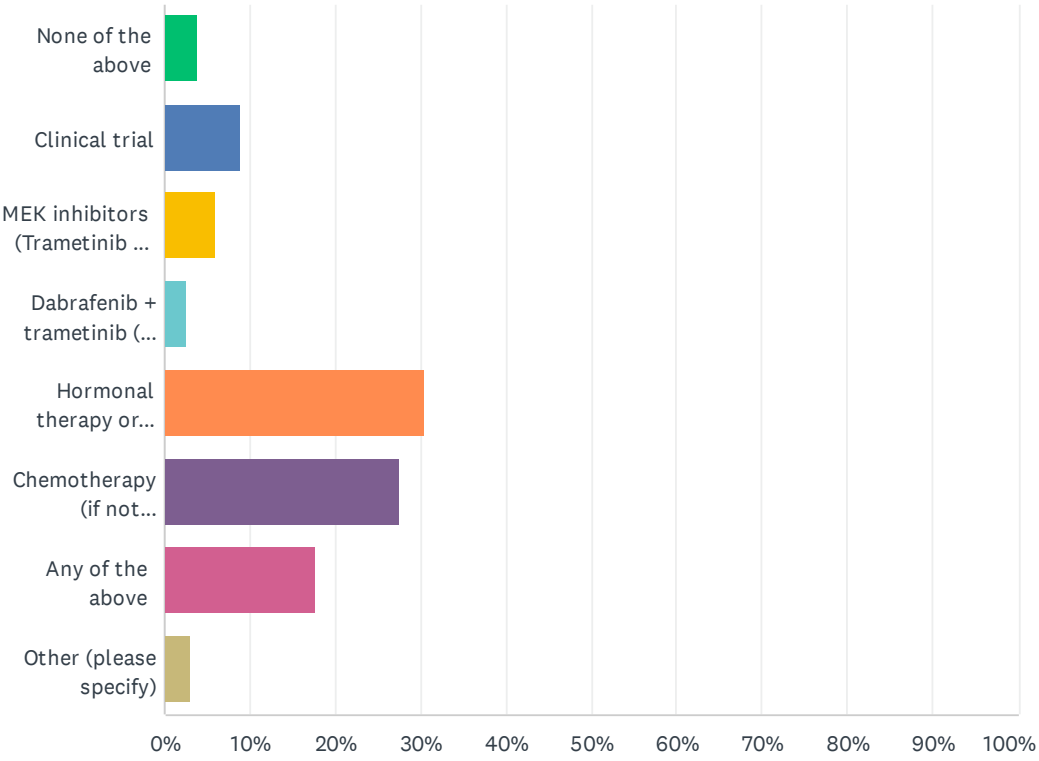
Answered: 202 Skipped: 1



ANSWER CHOICES	RESPONSES	
None of the above	8.91%	18
Letrozole	63.37%	128
Anastrazole	7.92%	16
Tamoxifen	12.87%	26
Leuprolide	2.48%	5
Exemestane	0.00%	0
Fulvestrant	0.99%	2
Megesterol	2.97%	6
Other (please specify)	0.50%	1
TOTAL		202

Q15 What treatment due to prefer in a recurrent setting if it is not feasible for secondary cytoreduction?

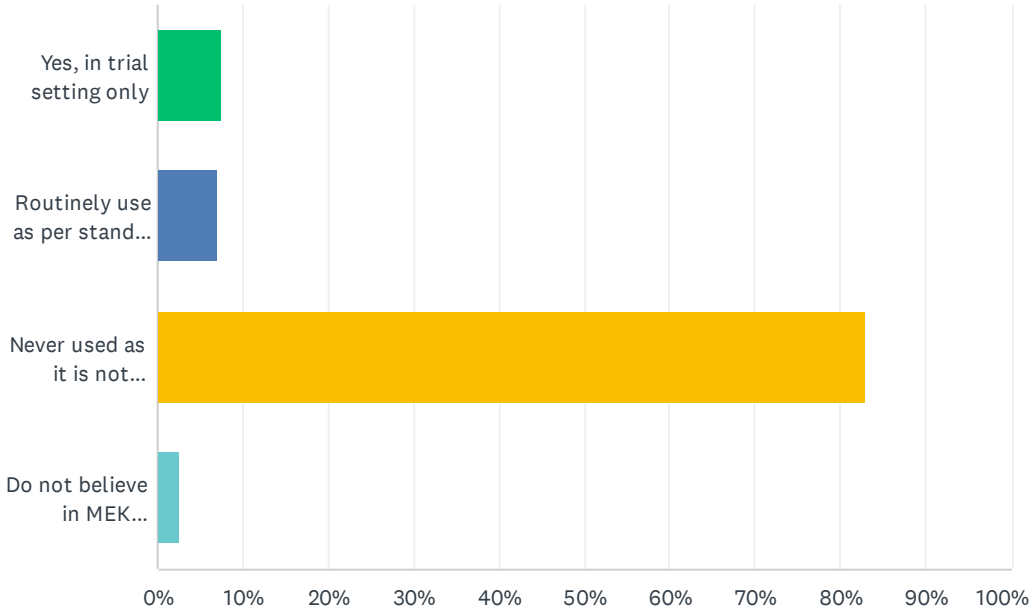
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
None of the above	3.94%	8
Clinical trial	8.87%	18
MEK inhibitors (Trametinib or Binimetinib)	5.91%	12
Dabrafenib + trametinib (for BRAF V600E-positive tumors)	2.46%	5
Hormonal therapy or change of hormones if on previous hormonal maintenance	30.54%	62
Chemotherapy (if not previously used)	27.59%	56
Any of the above	17.73%	36
Other (please specify)	2.96%	6
TOTAL		203

Q16 Have you ever used ANY Mitogen-activated protein kinase (MEK) inhibitors(Trametinib or Binimetinib etc) in your practice?

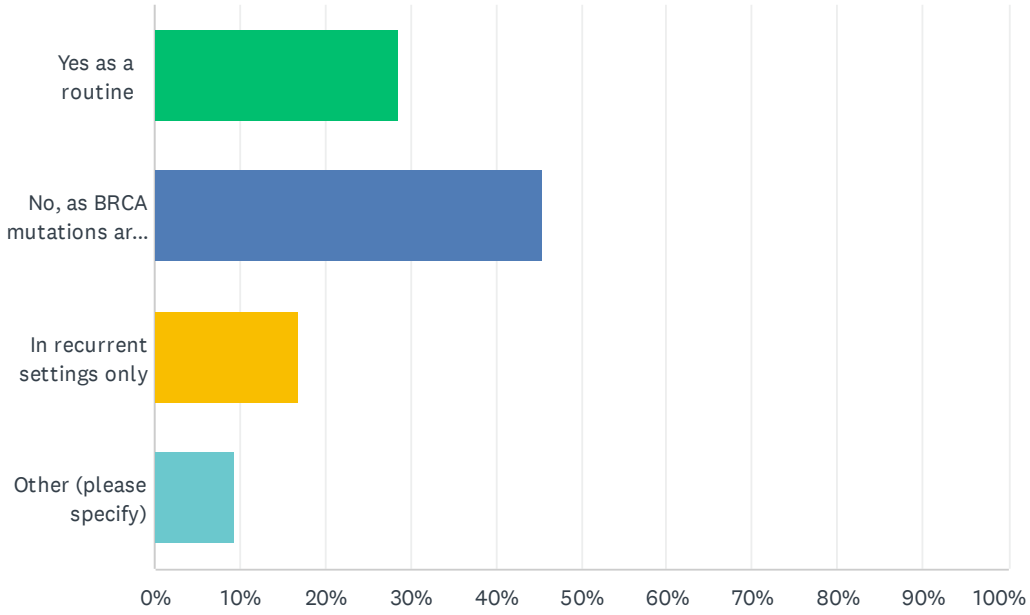
Answered: 200 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes, in trial setting only	7.50%	15
Routinely use as per standard guidelines	7.00%	14
Never used as it is not available in our country or nor affordable to the majority although it is beneficial	83.00%	166
Do not believe in MEK inhibitor therapy	2.50%	5
TOTAL		200

Q17 Do you consider Genetic testing (BRCA 1 and BRCA 2) in all cases of LGSOC patients?

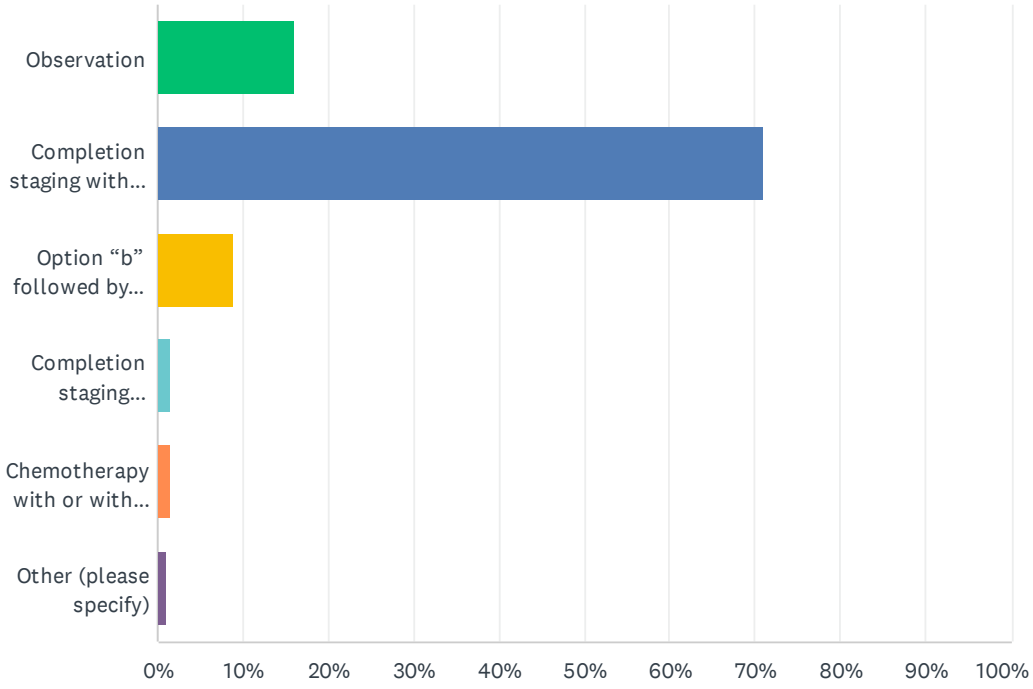
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes as a routine	28.57%	58
No, as BRCA mutations are rare in LGSOC of ovary	45.32%	92
In recurrent settings only	16.75%	34
Other (please specify)	9.36%	19
TOTAL		203

Q18 What is your opinion regarding further management of young nulliparous lady desirous of fertility with sub-optimally staged (by laparotomy) apparent Stage IA LGSOC?

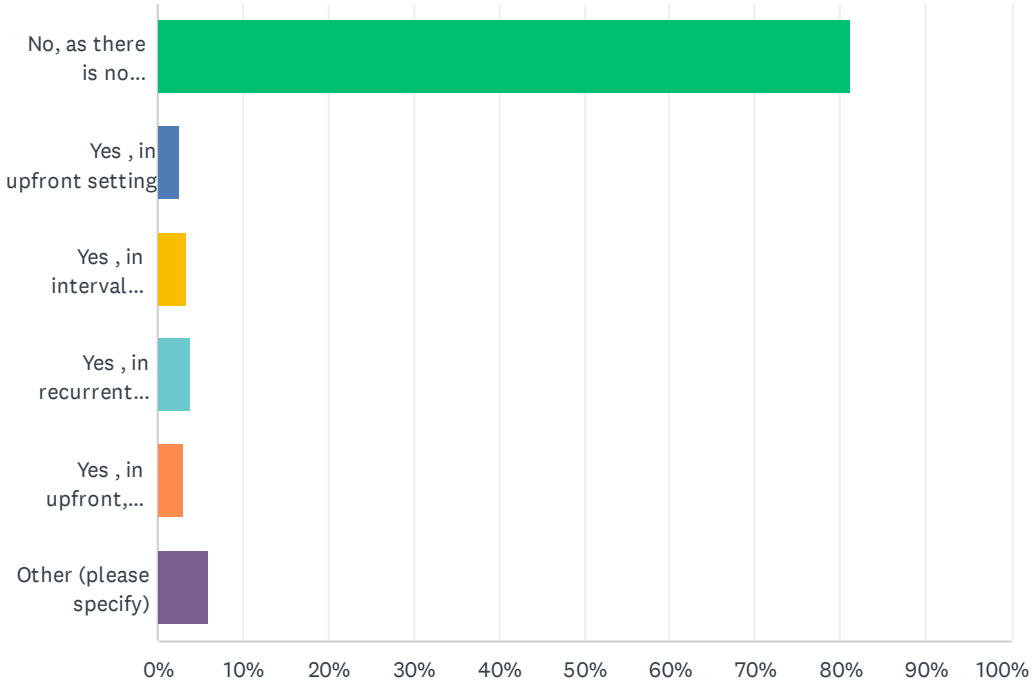
Answered: 200 Skipped: 3



ANSWER CHOICES	RESPONSES	
Observation	16.00%	32
Completion staging with preservation of the uterus and other ovary, if feasible, followed by observation if histologically confirmed Stage IA.	71.00%	142
Option “b” followed by maintenance Hormone therapy	9.00%	18
Completion staging including hysterectomy and removal of other ovary followed by adjuvant chemotherapy/hormone therapy.	1.50%	3
Chemotherapy with or without surgery	1.50%	3
Other (please specify)	1.00%	2
TOTAL		200

Q19 Do you consider HIPEC in LGSOC patients ?

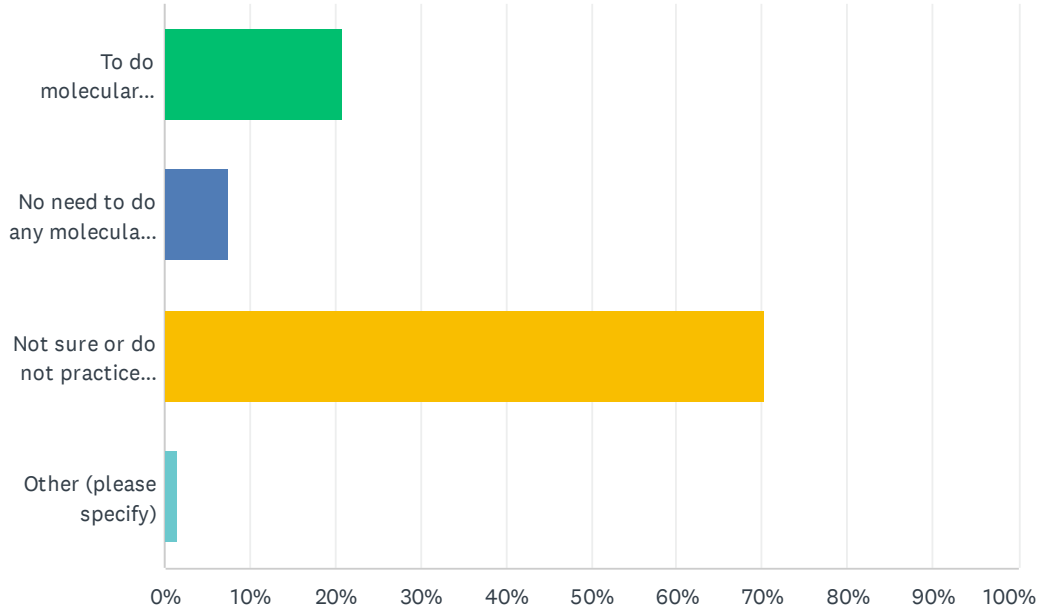
Answered: 203 Skipped: 0



ANSWER CHOICES	RESPONSES	
No, as there is no sufficient evidence	81.28%	165
Yes , in upfront setting	2.46%	5
Yes , in interval setting	3.45%	7
Yes , in recurrent setting	3.94%	8
Yes , in upfront, interval or recurrent setting	2.96%	6
Other (please specify)	5.91%	12
TOTAL		203

Q20 How would you select your patients for MEK inhibitor therapy?

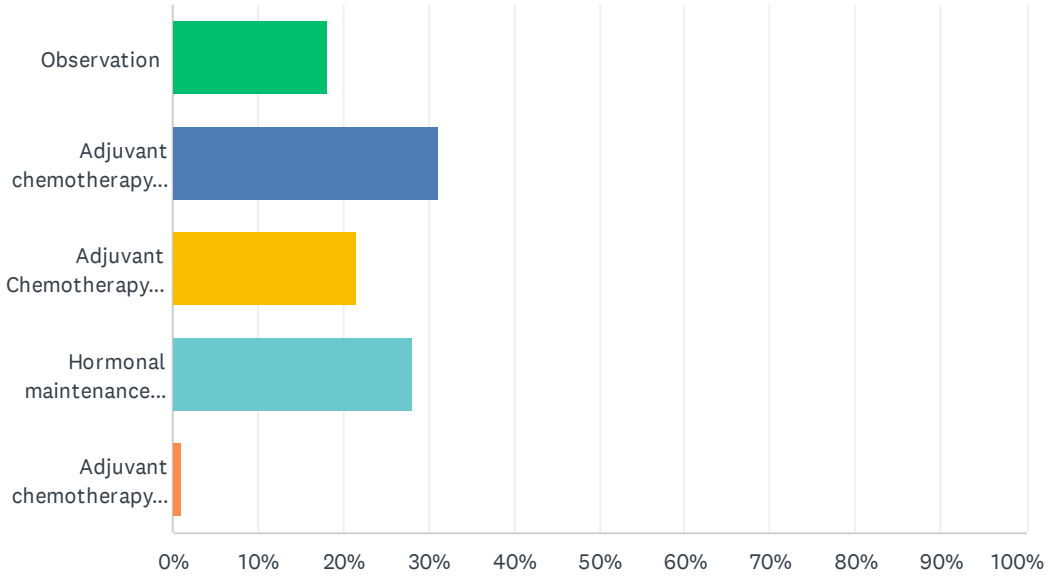
Answered: 202 Skipped: 1



ANSWER CHOICES	RESPONSES	
To do molecular analysis for KRAS or BRAF mutations to select patients	20.79%	42
No need to do any molecular tests and all patients who have progressed on prior therapy can be treated with this drug	7.43%	15
Not sure or do not practice MEK inhibitor therapy.	70.30%	142
Other (please specify)	1.49%	3
TOTAL		202

Q21 What adjuvant treatment do you recommend to a patient with optimally staged IC LGSOC of the ovary?

Answered: 199 Skipped: 4



ANSWER CHOICES	RESPONSES	
Observation	18.09%	36
Adjuvant chemotherapy (+/-Bevacizumab)	31.16%	62
Adjuvant Chemotherapy(+/-Bevacizumab) followed by hormonal maintenance	21.61%	43
Hormonal maintenance alone without any chemotherapy	28.14%	56
Adjuvant chemotherapy with Bevacizumab followed by Bevacizumab maintenance	1.01%	2
TOTAL		199