Panel Discussion/References	Institution Vote			
	YES	NO	ABSTAIN	ABSENT
The panel consensus supported the inclusion of 1 year of adjuvant olaparib as an option to consider for the following indications:				
 Triple negative breast cancer (TNBC) and residual disease after preoperative therapy with taxane-, alkylator-, and anthracycline-based chemotherapy, if high risk and germline <i>BRCA1/2</i> mutations. This is a category 1 recommendation. 	23	0	1	8
 After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and TNBC and ≥pT2 or ≥pN1 disease. ○ This is a category 1 recommendation. 	23	0	1	8
 After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and HR-positive, HER2-negative >4 positive lymph podes 	22	1	1	8
 The panel consensus did not support a category 1 recommendation. 	16	6	2	8
• For those with germline <i>BRCA1/2</i> mutations and HR-positive, HER2-negative disease who received preoperative chemotherapy, if residual disease and a clinical stage, pathologic stage, estrogen receptor status, and tumor grade (CPS+EG) score	22	1	1	8
 The panel consensus did not support a category 1 recommendation. 	16	6	2	8
Reference: Tutt ANJ, Garber JE, Kaufman B, et al. Adjuvant Olaparib for Patients with BRCA1- or BRCA2-Mutated Breast Cancer. N Engl J Med. 2021 Jun 3.				
	 The panel consensus supported the inclusion of 1 year of adjuvant olaparib as an option to consider for the following indications: Triple negative breast cancer (TNBC) and residual disease after preoperative therapy with taxane-, alkylator-, and anthracycline-based chemotherapy, if high risk and germline <i>BRCA1/2</i> mutations. This is a category 1 recommendation. After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and TNBC and ≥pT2 or ≥pN1 disease. This is a category 1 recommendation. After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and HR-positive, HER2-negative ≥4 positive lymph nodes. The panel consensus did not support a category 1 recommendation. For those with germline <i>BRCA1/2</i> mutations and HR-positive, HER2-negative chemotherapy, if residual disease and a clinical stage, pathologic stage, estrogen receptor status, and tumor grade (CPS+EG) score ≥3. The panel consensus did not support a category 1 recommendation. 	YES The panel consensus supported the inclusion of 1 year of adjuvant olaparib as an option to consider for the following indications: 23 • Triple negative breast cancer (TNBC) and residual disease after preoperative therapy with taxane, alkylator-, and anthracycline-based chemotherapy, if high risk and germline <i>BRCA1/2</i> mutations. 23 • This is a category 1 recommendation. 23 • After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and TNBC and ≥pT2 or ≥pN1 disease. 23 • This is a category 1 recommendation. 23 • After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and TNBC and ≥pT2 or ≥pN1 disease. 24 • The panel consensus did not support a category 1 recommendation. 24 • After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and HR-positive, HER2-negative ≥4 positive lymph nodes. 26 • The panel consensus did not support a category 1 recommendation. 16 • For those with germline <i>BRCA1/2</i> mutations and HR-positive, HER2-negative disease who received preoperative chemotherapy, if residual disease and a clinical stage, pathologic stage, estrogen receptor status, and tumor grade (CPS+EG) score ≥3. 16 • The panel consensus did not support a category 1 recommendation. 16 Reference: The panel consensus did not support a category 1 recommendation. 16	Panel Discussion/References YES NO The panel consensus supported the inclusion of 1 year of adjuvant olaparib as an option to consider for the following indications: 23 0 • Triple negative breast cancer (TNBC) and residual disease after preoperative therapy with taxane-, alkylator-, and anthracycline-based chemotherapy, if high risk and germline BRCA1/2 mutations. 23 0 • This is a category 1 recommendation. 23 0 • After adjuvant chemotherapy for those with germline BRCA1/2 mutations and TNBC and ≥pT2 or ≥pN1 disease. 23 0 • This is a category 1 recommendation. 22 1 • After adjuvant chemotherapy for those with germline BRCA1/2 mutations and HR-positive, HER2-negative ≥4 positive lymph nodes. 22 1 • The panel consensus did not support a category 1 recommendation. 16 6 • The panel consensus did not support a category 1 recommendation. 16 6 • The panel consensus did not support a category 1 recommendation. 16 6 • The panel consensus did not support a category 1 recommendation. 16 6 • The panel consensus did not support a category 1 recommendation. 16 6 • The panel consensus did not support a category 1 recommendation. 16 6 • The panel consensus did not support a categ	Panel Discussion/ReferencesYESNOABSTAINThe panel consensus supported the inclusion of 1 year of adjuvant olaparib as an option to consider for the following indications:2301•Triple negative breast cancer (TNBC) and residual disease after preoperative therapy with taxane- alkylator-, and anthracycline-based chemotherapy, if high risk and germline <i>BRCA1/2</i> mutations. •2301•This is a category 1 recommendation.2301•After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and TNBC and ≥pT2 or ≥pN1 disease. •C2301•After adjuvant chemotherapy for those with germline <i>BRCA1/2</i> mutations and HR-positive, HER2-negative ≥4 positive lymph nodes. •2211•The panel consensus did not support a category 1 recommendation.1662•For those with germline <i>BRCA1/2</i> mutations and HR-positive, HER2-negative disease who received preoperative chemotherapy, if residual disease and a clinical stage, pathologic stage, estrogen receptor status, and tumor grade (CPS+EG) score ≥3. •1662•The panel consensus did not support a category 1 recommendation.1662•The panel consensus did not support a category 1 recommendation.1662