BABAK EDRAKI: This protocol that you're we're all excited about has three separate arms. The patients are randomized in a one to one to one ratio to these arms. Everybody has surgery either up front, or as an interval site reduction if they're chosen to be given neoadjuvant chemotherapy. And the patients are given standard chemotherapy, which is carboplatin and taxol, plus the study drug. And the study drug is PARP inhibitor, which is a small molecule that is involved in inhibiting the DNA repair of some of these cancer cells.

The study drug can be given during the six initial cycles of chemotherapy, or it can be given during the six initial cycles as well as a maintenance phase. And all of the patients are going to be monitored, and our outcomes are going to be followed so that we can see which one of these arms has the best outcomes for patients. And we are very excited because I think that this is one of those situations where you're using science, and molecular science, and we are bringing knowledge from the laboratory to the bedside. And we would love to have your patients who are suspected of having ovarian cancer come so that they can participate in this clinical trial, and we can learn more about the optimal management of our patients with ovarian cancer.