

Supplementary Table 1: Tumor-First checklist including all the tasks for gynecologists, pathologists, laboratory specialists, and clinical geneticists, as well as general areas of focus.

Tumor-First checklist	
Gynecology	
	Briefly informs the patient about Tumor-First in OC, preferably prior to surgery
	Documents in the Electronic patient record (EPR) that the patient has been informed about Tumor-First and has not used the Opt-Out option (smartphrase)
	Hands out information letter about Tumor-First and/or refers to website, if needed
	Checks for evidence of hereditary predisposition to cancer in the family (ovarian, breast, endometrial, colorectal cancer in first or second degree) using the referral checklist and documents family medical history in EPR.
	Sends tumor tissue for standard pathology review (including request for Tumor-First test)
	Documents on the request form in case the patient objects to the Tumor-First test (Opt-Out)
Pathology	
	Receives tumor tissue from internal or external source
	Diagnoses ovarian/tuba carcinoma
	Includes all histological intra-ovarian or extra-ovarian carcinomas (no histological triage takes place)
	Revises (as part of the Tumor-First analysis), if necessary, tumor type on external applications (not obligatory)
	Verifies that the patient does not object to the Tumor-First analysis (Opt-Out)
	Checks the PALGA (Dutch pathology registry) database to determine whether any previous tumor DNA testing has been successfully completed
	Requests Tumor-First analysis
Molecular pathology laboratory	
	Receives the tumor tissue and the request for Tumor-First analysis
	Performs Tumor-First analysis with an assay that is validated in collaboration with a local clinical laboratory geneticist and clinical geneticist
	Interprets results of the Tumor-First analysis (collaboration between clinical scientist in molecular pathology and the clinical laboratory geneticist) and incorporates these results in the pathology report
Pathology	
	Incorporates the Tumor-First test result in the PALGA database
	Writes a clinical conclusion text that indicates whether the Tumor-First test was successful and whether the result is an indication for clinical genetic counseling (including family history as a reason for counseling)
	Approves PALGA report for linkage to EPR / or transmission to external requester
	Discusses Tumor-First results of patients from the hospital's own practice in the multidisciplinary team meetings (MDTs)
Gynecology	
	Receives the result of the Tumor-First test and discusses this with the patient

	Hands out the results letter from the Tumor-First test
	Refers the patient to clinical genetics, depending on test results and family history
	- If the Tumor-First test was not successful, the patient is routinely referred to clinical genetics
	Documents the results of the Tumor-First test in the EPR (NOTE: It is necessary to draw a clear distinction between tumor test and germline test results)
	Provides the medical oncologist and, if necessary, the peripheral gynecologist + general practitioner with the Tumor-First test results.
Clinical genetics	
	Informs patient about germline test and asks for consent
	Informs patient about the difference between the results of the tumor test and the germline test
	Requests germline test
	Informs patient about the results of the germline test and possible follow-up steps
	Records germline test results in the EPR (internal patients)
	Sends copy of the germline test result letter to the specialists involved
General	
	MDT between gynecology, molecular pathology laboratory, clinical genetics, pathology
	Communication plan for dissemination of the Tumor-First procedure within the region
	Working arrangements are included in the Standard Operation Procedures of the various departments
	Collaboration, authority, and responsibilities of the Pathology and Genetics departments on the Tumor-First test procedure and access to the required infrastructure are established within the quality systems of both departments
	Funding for the tumor test has been arranged
	Standard texts for reporting on Tumor-First analysis are available and have been approved by the departments of Pathology and Genetics
	Build in a check to periodically verify that the Tumor-First test has been requested
	Build in a safety net/check that patient has been referred to a clinical geneticist --> monitor request for germline test
	Validation report on the Tumor-First analysis used is present and accredited by a clinical scientist in molecular pathology and a clinical laboratory geneticist
	Tumor-First analysis is covered by ISO 15189 laboratory certification