In general, do you believe durvalumab should be used as consolidation treatment after chemoradiation therapy for patients with Stage IIIB non-small cell lung cancer (NSCLC)?

Response	%	
Yes	88%	
No	13%	

In general, do you believe durvalumab should be used as consolidation treatment after chemoradiation therapy for patients with Stage IIIB NSCLC with an EGFR exon 19 mutation?

Yes	57%	
No	43%	

A 60-year-old woman has completed concurrent chemoradiation therapy for Stage IIIB NSCLC and received 6 months of treatment with durvalumab when she develops Grade 2 pneumonitis. Durvalumab is held, the patient is successfully treated with steroids and CT scan after 2 months shows resolution. What would you recommend?

Response	%	
Rechallenge with durvalumab to complete 12 months	65%	
Discontinue therapy with durvalumab	35%	

In general, do you believe durvalumab should be used as consolidation treatment for patients who are experiencing mild esophagitis after chemoradiation therapy for Stage IIIB NSCLC?

Yes 63%

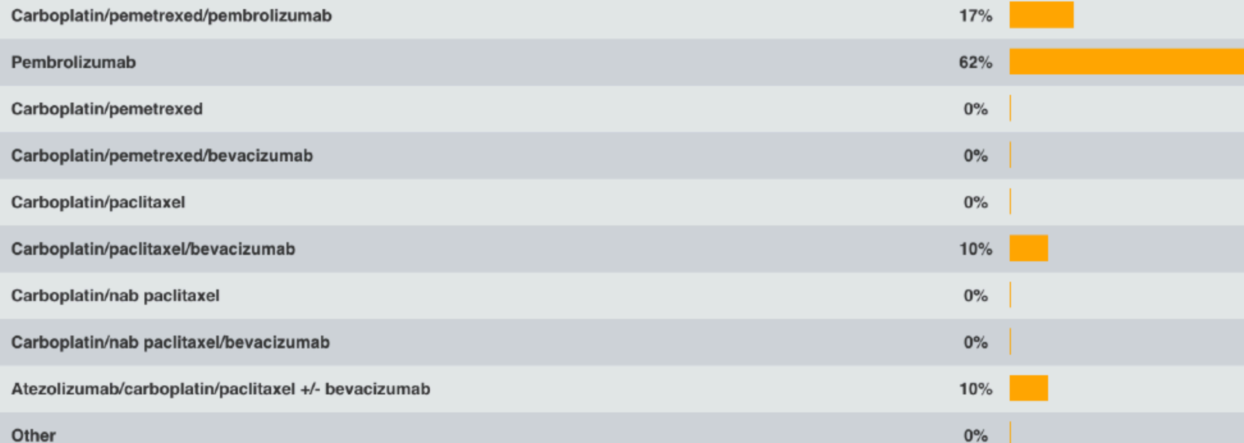
No 37%

A 95-year-old retired medical oncologist presents with locally advanced NSCLC and no targetable tumor mutations with a PD-L1 tumor proportion score (TPS) of 80%. The patient declines chemotherapy and radiation therapy. Regulatory and reimbursement issues aside, would you administer an anti-PD-1/anti-PD-L1 antibody?

Response	%	
Yes	92%	
No	8%	

Reimbursement and regulatory issues aside, which first-line treatment regimen is optimal for a patient with metastatic nonsquamous disease and no targetable mutations and a PD-L1 TPS of 10%?

Reimbursement and regulatory issues aside, which first-line treatment regimen is optimal for a patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 TPS of 60%?



A patient presents with significant respiratory distress and highly symptomatic metastatic nonsquamous lung cancer with no targetable mutations and a PD-L1 TPS of 10%. Regulatory and reimbursement issues aside, what is the optimal treatment?

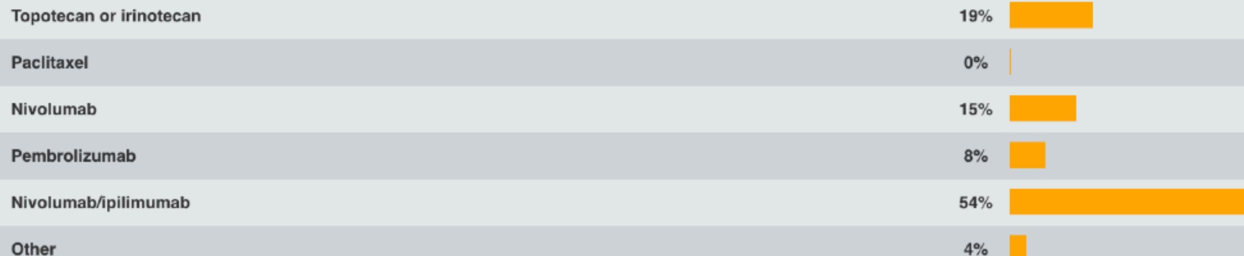
A patient presents with significant respiratory distress and highly symptomatic metastatic nonsquamous lung cancer with no targetable mutations and a PD-L1 TPS of 60%. Regulatory and reimbursement issues aside, what is the optimal treatment?

What is the optimal maintenance therapy approach for patients who have received the carboplatin/pemetrexed/pembrolizumab regimen?

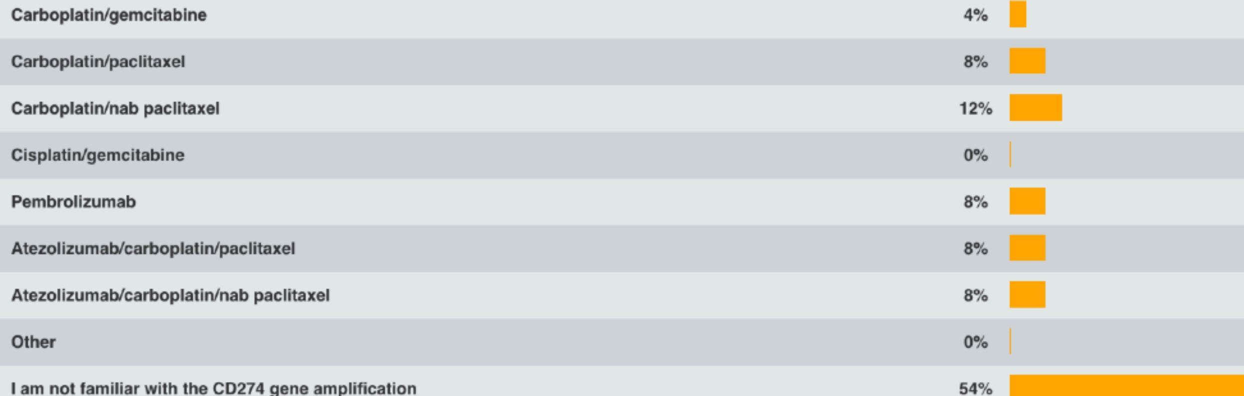
Do you believe current data support the use of tumor mutation burden as a factor in clinical decision-making for patients with lung cancer?

Yes	68%	
No	32%	

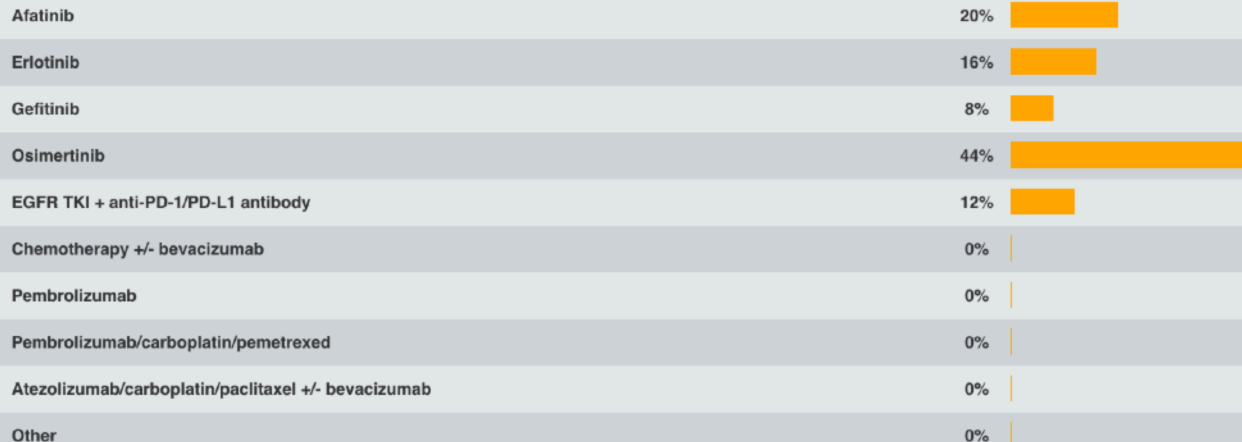
A 60-year-old patient with metastatic small cell lung cancer experiences a response to first-line carboplatin/etoposide but then experiences disease progression after 3 months. What is the optimal second-line treatment strategy for this patient?



Reimbursement and regulatory issues aside, which first-line treatment regimen is optimal for a patient with metastatic squamous cell lung cancer and no targetable mutations with a PD-L1 TPS of 10% and a CD274 gene amplification?

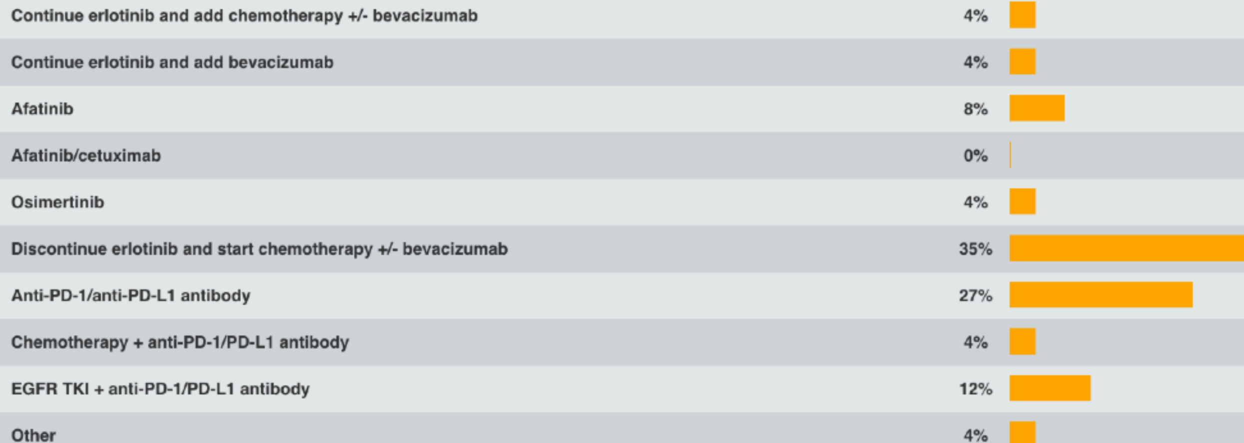


Regulatory and reimbursement issues aside, what is the optimal first-line therapy for a patient with EGFR exon 19-mutant metastatic nonsquamous NSCLC with a PD-L1 TPS of 60%?



Regulatory and reimbursement issues aside, what is the optimal therapy for a patient with EGFR-mutant NSCLC who responded to erlotinib, is now experiencing disease progression and has a biopsy-proven T790M mutation and a PD-L1 TPS of 60%?

Regulatory and reimbursement issues aside, what is the optimal therapy for a patient with EGFR-mutant NSCLC and a PD-L1 TPS of 60% whose disease progresses 9 months after starting erlotinib for whom a biopsy is T790M-negative?

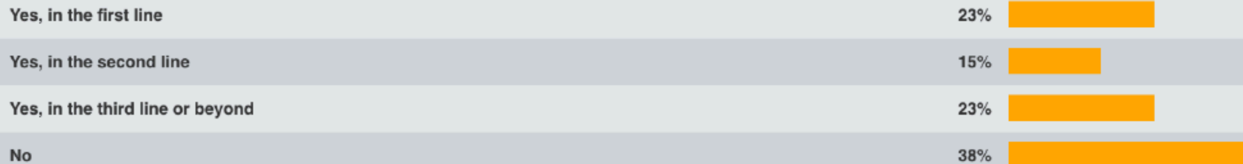


In general, when do you believe checkpoint inhibitors should be introduced into the treatment of patients with metastatic EGFR-mutant NSCLC and a TPS <50%?

Outside of a protocol setting, should durvalumab be offered as consolidation therapy after chemoradiation treatment to a patient with locally advanced NSCLC and Crohn's disease that necessitated infliximab in the past but currently requires no active therapy?

Yes	41%	
No	59%	

Outside of a protocol setting, should an anti-PD-1/anti-PD-L1 antibody be offered to a patient with metastatic NSCLC with no targetable tumor mutation and Crohn's disease that necessitated infliximab in the past but currently requires no active therapy?



Outside of a protocol setting, should durvalumab be offered as consolidation therapy after chemoradiation treatment to a patient with locally advanced NSCLC who has undergone a kidney transplant?

Response	%	
Yes	19%	
No	81%	

Outside of a protocol setting, should an anti-PD-1/anti-PD-L1 antibody be offered to a patient with metastatic NSCLC with no targetable tumor mutation who has undergone a kidney transplant?