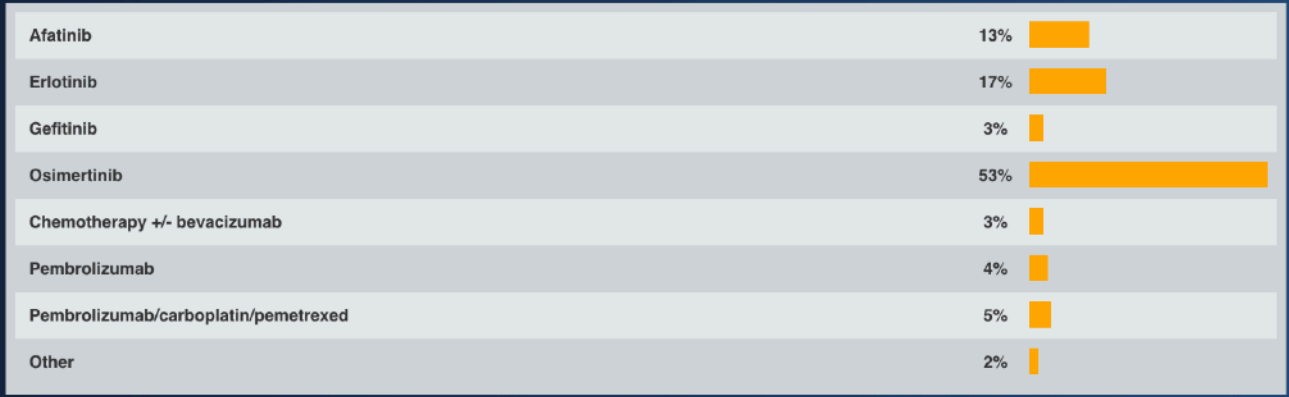
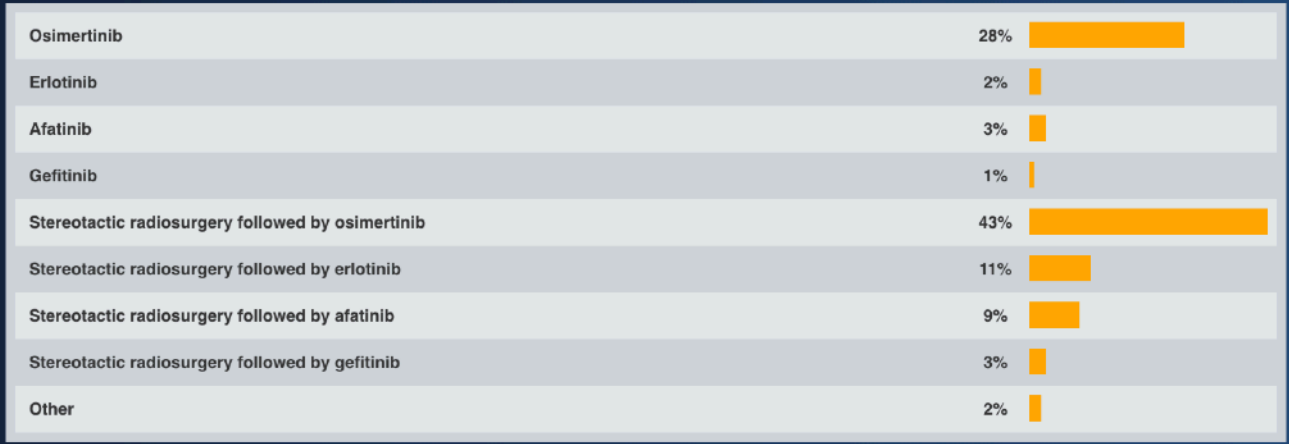
A patient presents with locally advanced adenocarcinoma of the lung with no identified targetable mutations and a PD-L1 tumor proportion score (TPS) of 85% but is also found to have a small, asymptomatic brain metastasis and an isolated lytic lesion in the pelvis. What's your likely initial treatment strategy?

What type of mutation testing should be ordered for a patient presenting with metastatic adenocarcinoma of the lung who is asymptomatic and clinically stable?

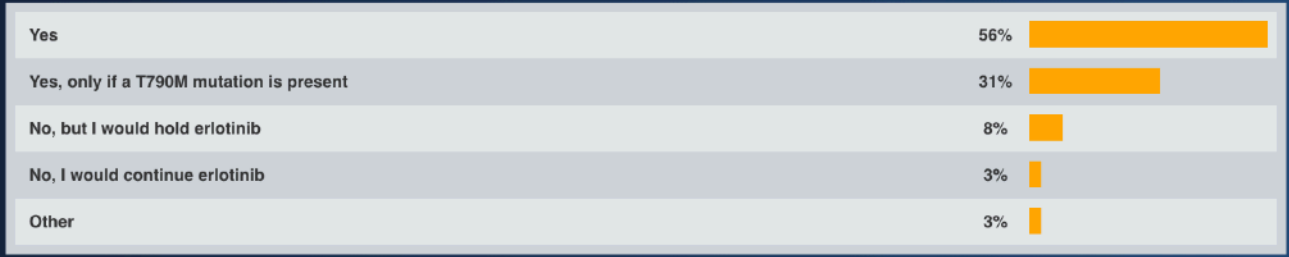
What would be your preferred choice of first-line therapy for a patient with EGFR exon 19-mutant metastatic adenocarcinoma of the lung with a PD-L1 TPS of 60%?



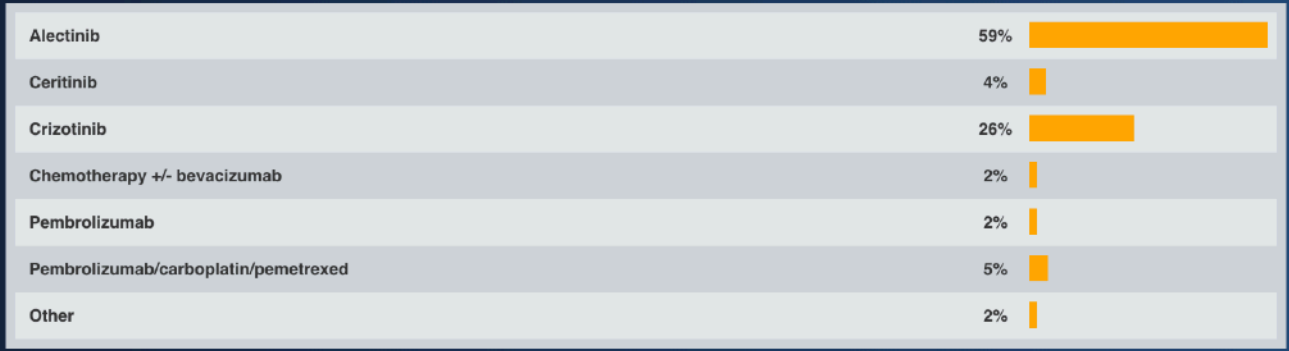
A 66-year-old woman with respiratory symptoms and weakness in the left hand. Imaging: LUL mass, mediastinal adenopathy. Biopsy: TTF1-positive adenocarcinoma, EGFR exon 21 mutation, PD-L1 TPS 55%. Brain MRI: 3 small lesions. The hand weakness resolves with corticosteroids. What would you recommend?



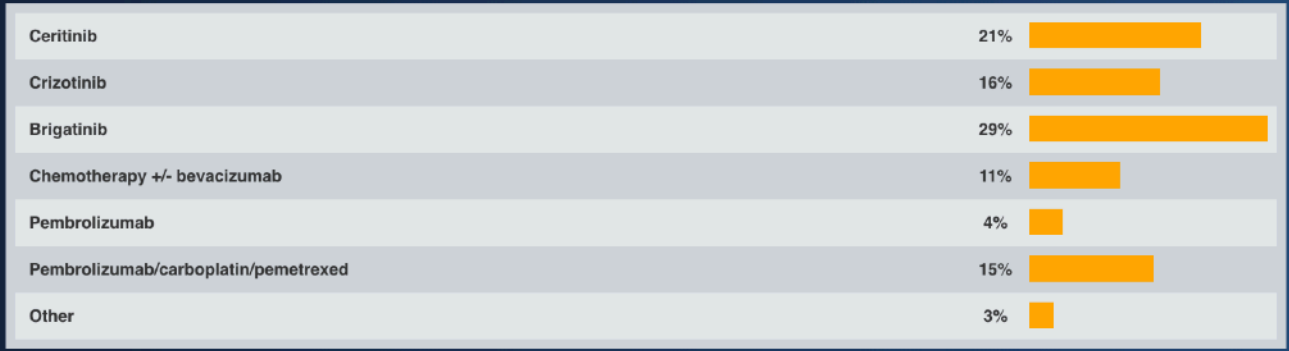
A 50-year-old woman receives chemoradiation therapy for a Stage IIIB adenocarcinoma of the lung and presents 18 months later with widespread, biopsy-proven EGFR L858R-mutant metastases. The patient receives erlotinib at 150 mg and responds but experiences severe dermatologic toxicity that is only partially mitigated by supportive care and dose reduction. Would you offer the patient the opportunity to switch to osimertinib?



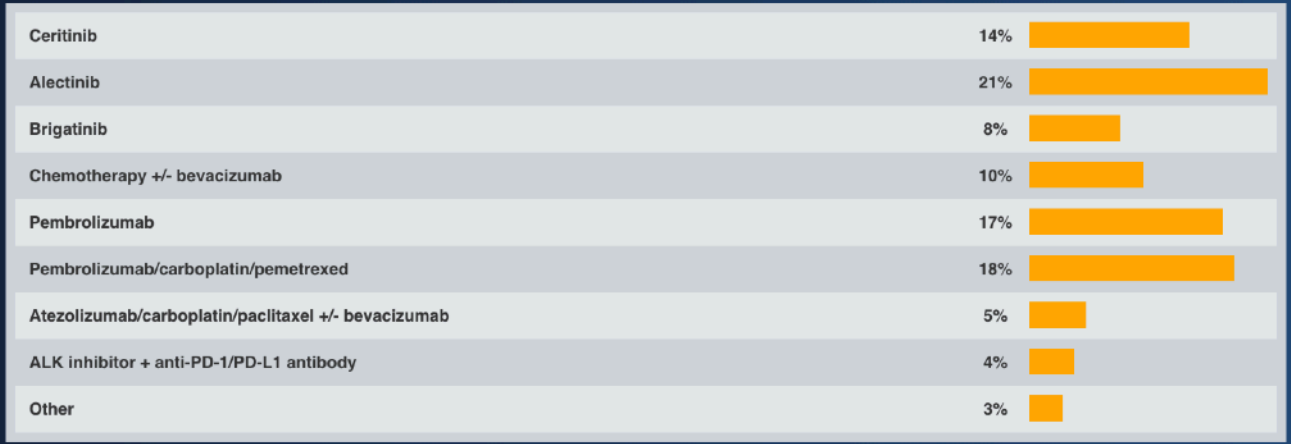
What would be your preferred choice of first-line therapy for an asymptomatic patient with ALK-rearranged metastatic adenocarcinoma of the lung with a PD-L1 TPS of 60%?



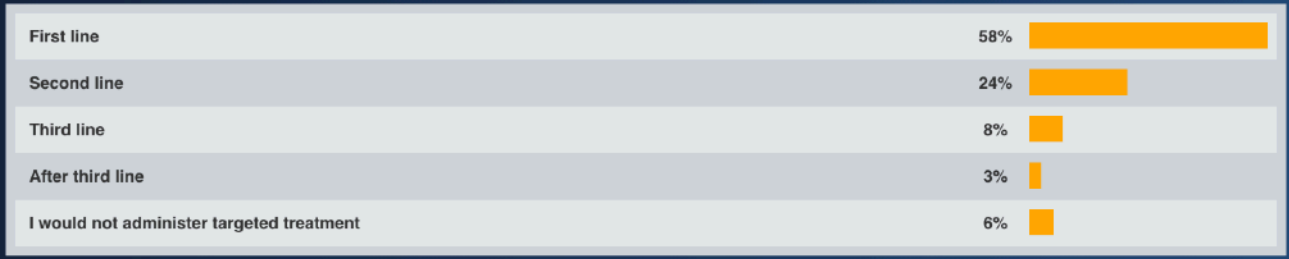
What would be your preferred choice of second-line therapy for a patient with ALK-rearranged metastatic adenocarcinoma of the lung and a TPS of 10% who experiences disease progression on alectinib?



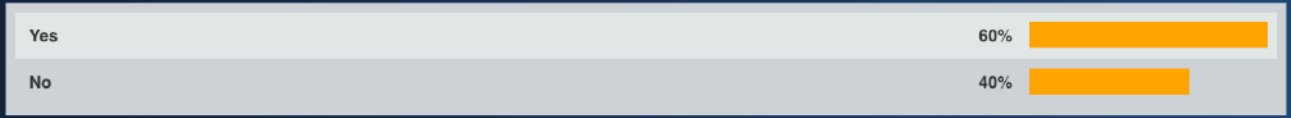
A 56-year-old woman with metastatic adenocarcinoma of the lung with a PD-L1 TPS of 60% and a known ROS1 rearrangement experiences a 1-year response to crizotinib but now develops progressive disease. Regulatory and reimbursement issues aside, what would be your most likely next systemic treatment?



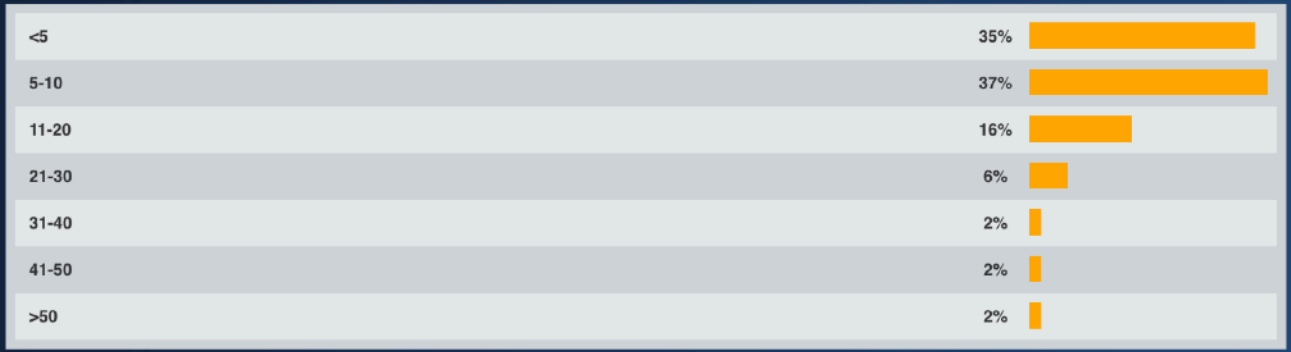
In a patient with metastatic adenocarcinoma of the lung and a BRAF V600E mutation, in which line of therapy would you most likely administer targeted treatment?



A young patient, a nonsmoker, with bulky locally advanced adenocarcinoma of the lung is found to have an ALK rearrangement. Would you administer an ALK inhibitor to shrink the tumor prior to chemoradiation therapy?

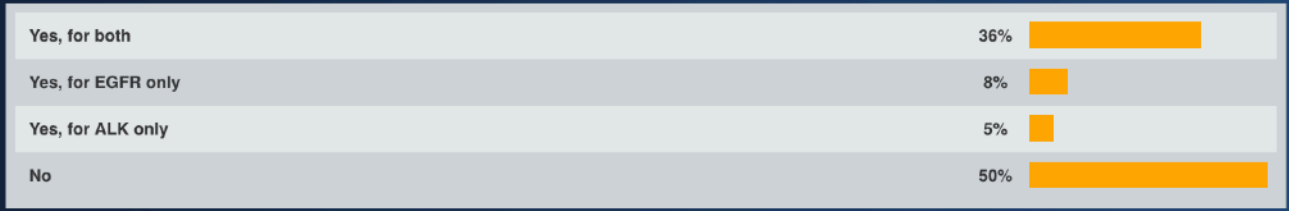


In a typical week, how many patients with any tumor type in your practice receive an anti-PD-1/PD-L1 antibody?

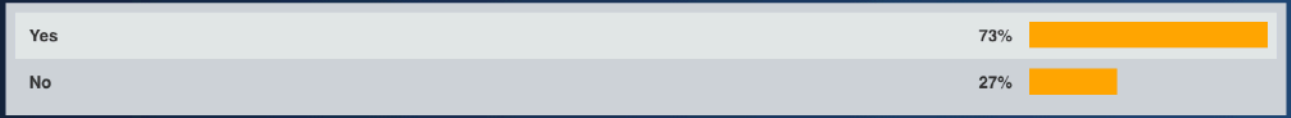


In general, do you believe durvalumab should be used as consolidation treatment after chemoradiation therapy for patients with locally advanced NSCLC?

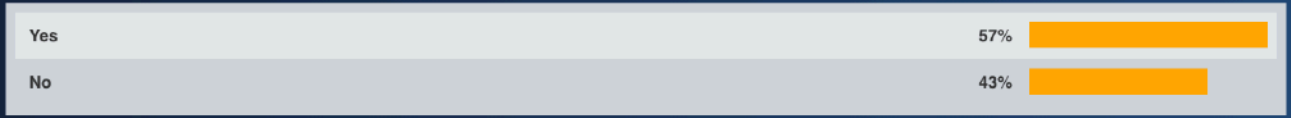
In general, do you believe durvalumab should be used as consolidation treatment after chemoradiation therapy for patients with locally advanced NSCLC with an EGFR or ALK mutation?



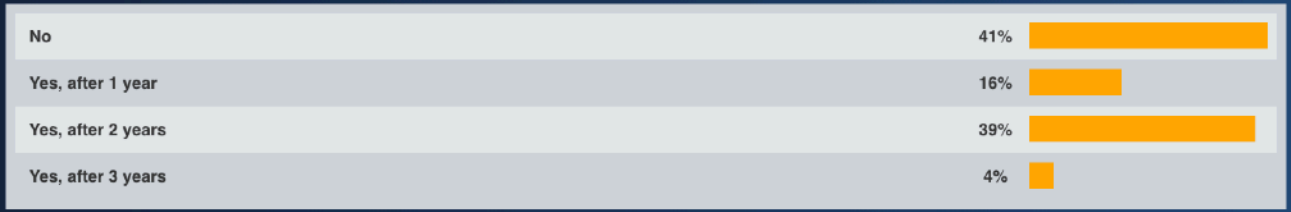
In general, do you believe durvalumab should be used as consolidation treatment for patients who are experiencing mild esophagitis after chemoradiation therapy for locally advanced NSCLC?



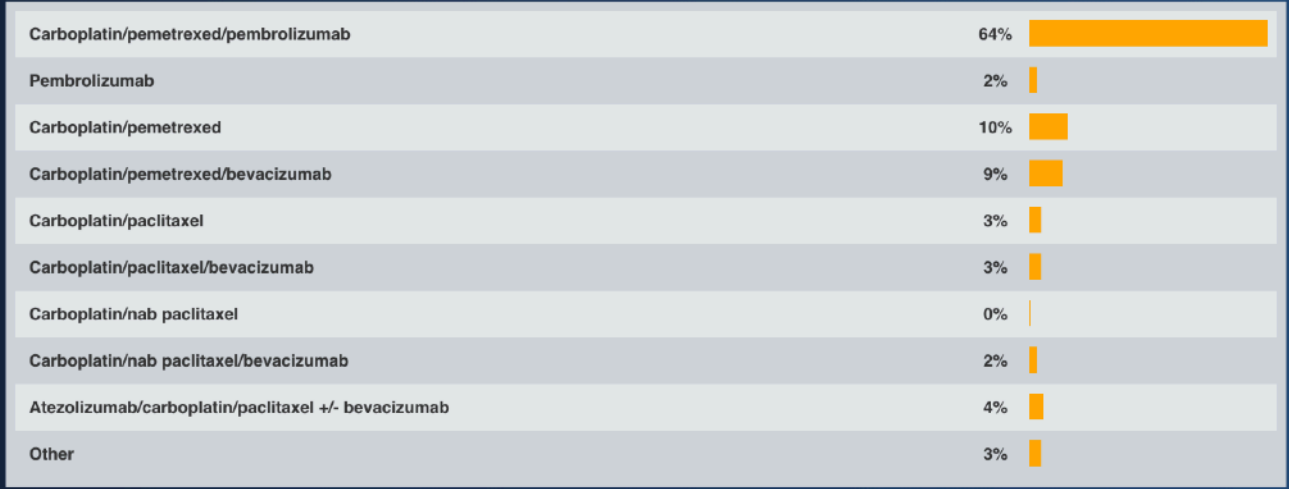
A patient who successfully received chemoradiation therapy for locally advanced NSCLC is about to start durvalumab. Pretreatment imaging shows changes consistent with radiation-induced toxicity. Would you use durvalumab?



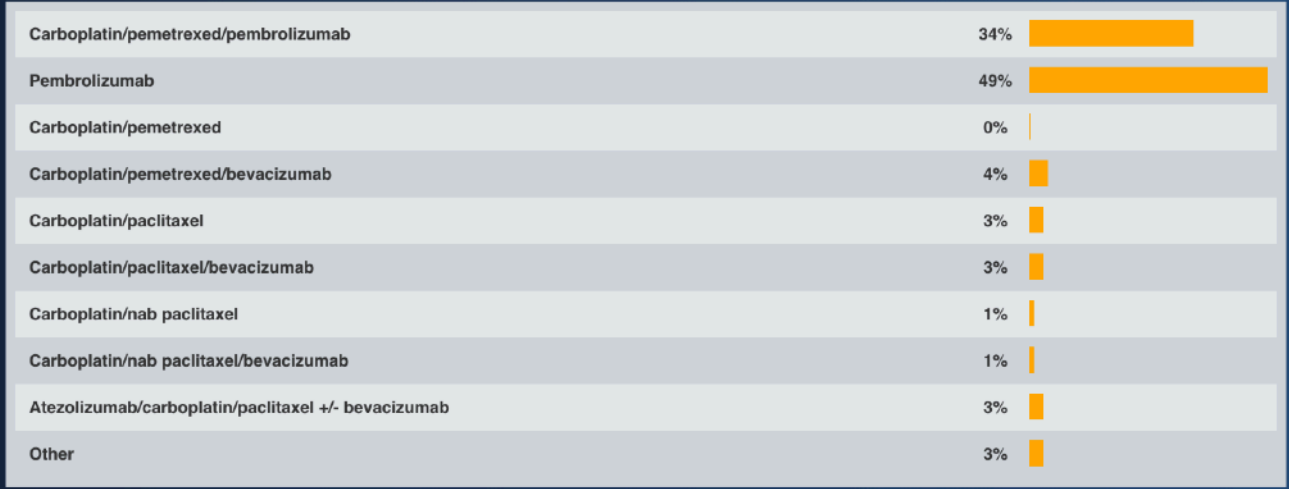
Would you discontinue treatment with a PD-1/PD-L1 antibody for a patient who is responding and tolerating therapy well?



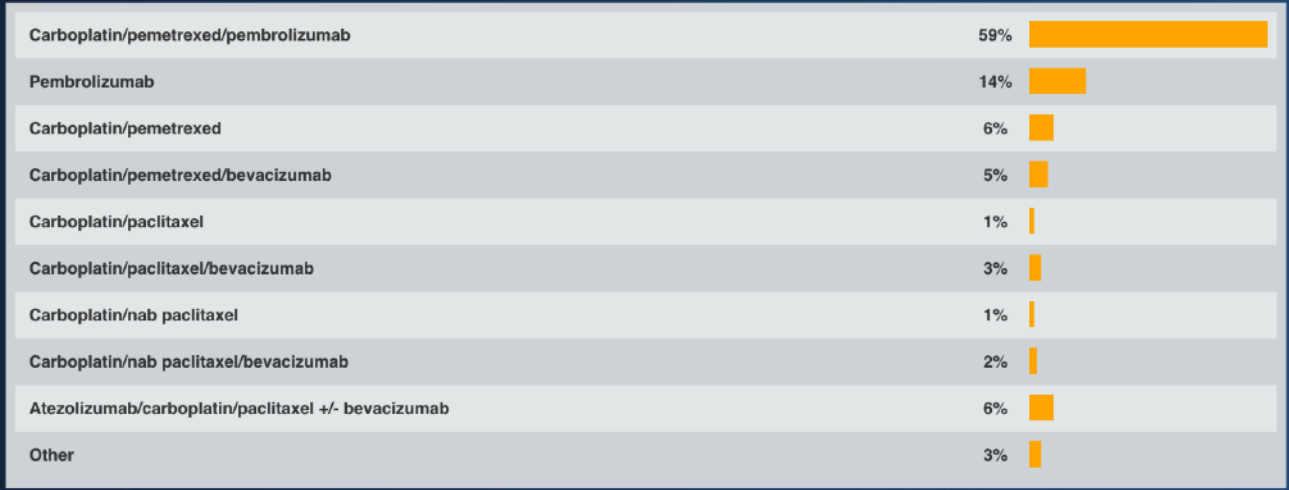
Reimbursement and regulatory issues aside, which first-line treatment regimen is optimal for a patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 TPS of 10%?



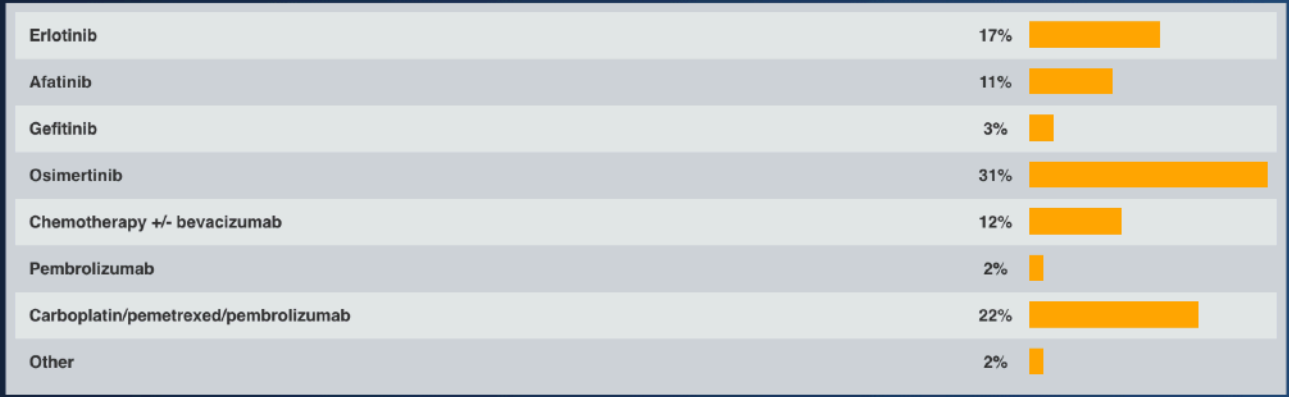
Reimbursement and regulatory issues aside, which first-line treatment regimen is optimal for a patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 TPS of 60%?



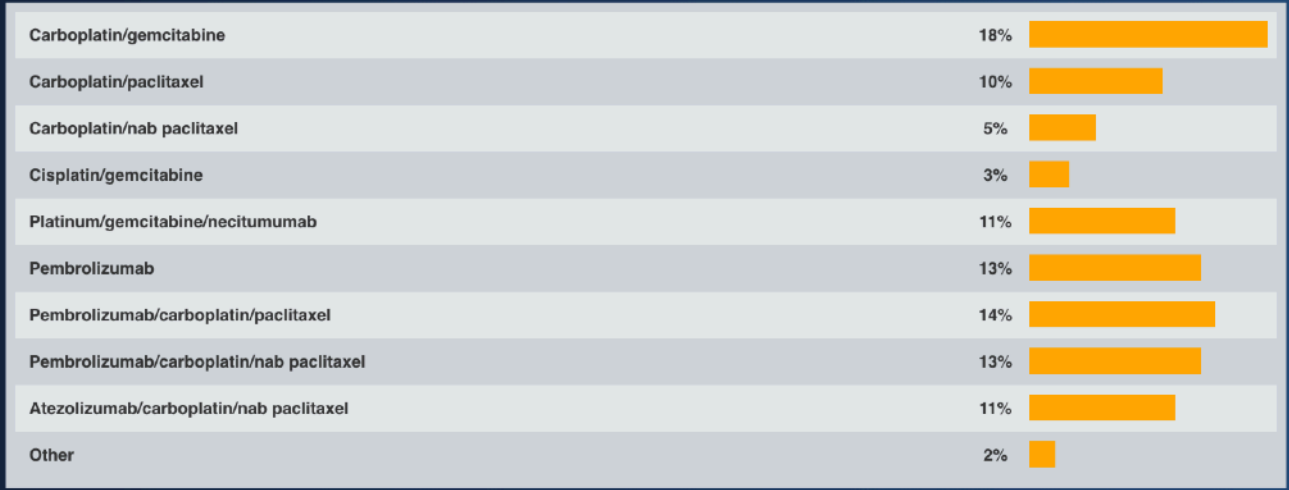
A patient presents with significant respiratory distress and highly symptomatic metastatic nonsquamous lung cancer with no targetable mutations and a PD-L1 TPS of 60%. Regulatory and reimbursement issues aside, what is the optimal treatment?



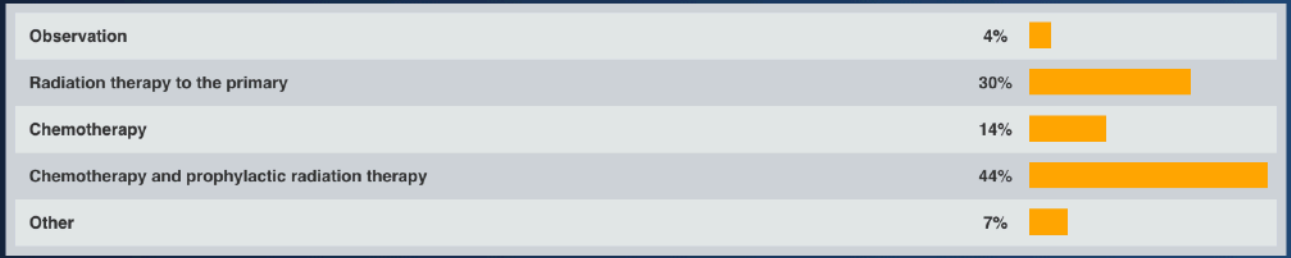
A patient with metastatic adenocarcinoma of the lung is found to have an EGFR exon 20 insertion mutation and a TPS of 5%. What would be your first-line treatment?



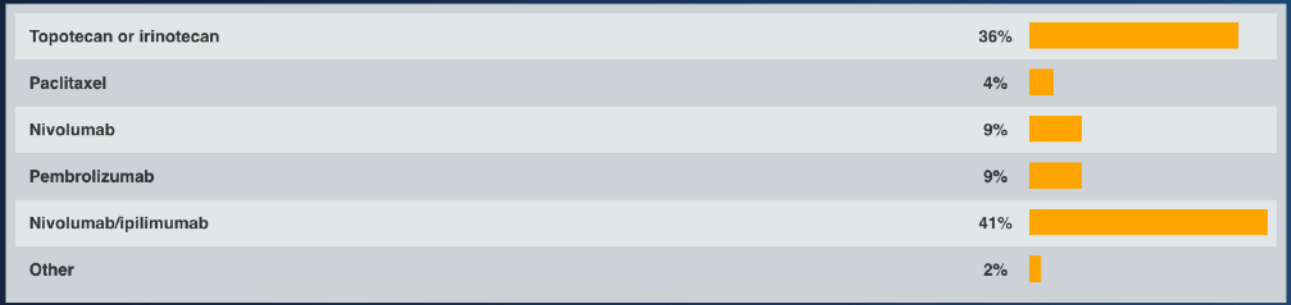
A 77-year-old patient presents with metastatic squamous cell cancer of the lung and a TPS of 20%. Regulatory and reimbursement issues aside, what would be the optimal first-line treatment?



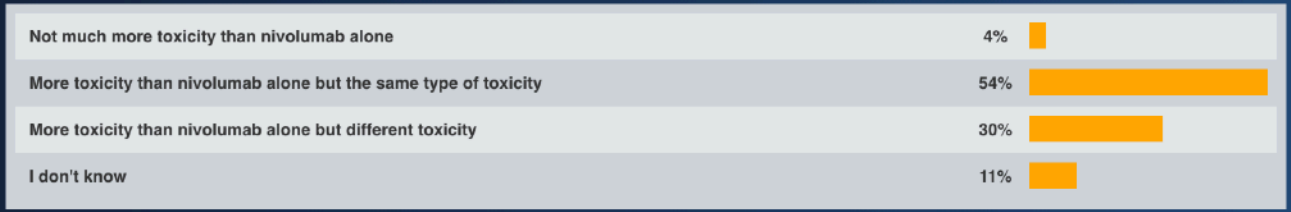
A 75-year-old patient is found on surveillance to have a 3-mm LUL mass that increases in size to 8 mm in 6 months and on biopsy is confirmed to have small cell lung cancer (SCLC). The rest of the workup is negative. She is not a surgical candidate due to comorbidities. What would you recommend?



A 60-year-old patient with metastatic SCLC 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?



How much more toxicity does adding ipilimumab to nivolumab cause?



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