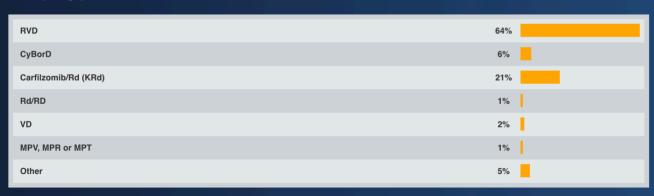
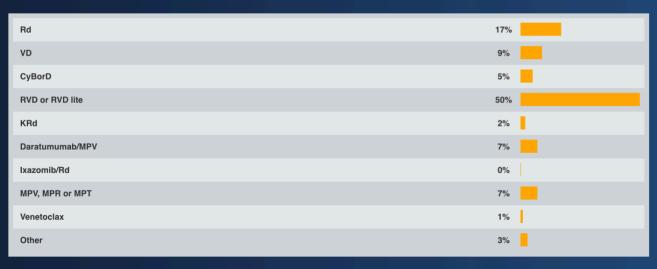
Regulatory and reimbursement issues aside, do you plan to administer daratumumab outside of a clinical trial in the up-front setting?

No	50%
Yes, in combination with MPV	27%
Yes, other	23%

What is your usual induction regimen for an otherwise healthy 57-year-old patient with IgG multiple myeloma (MM) and del(17p)?



What is your usual induction regimen for an otherwise healthy 78-year-old transplant-ineligible patient with ISS Stage II MM, normal renal function and no high-risk features?



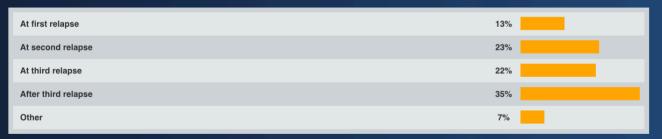
Regulatory and reimbursement issues aside, are there situations outside of a clinical trial in which you believe the use of MRD assessment is clinically useful?

Yes	70%
No	30%

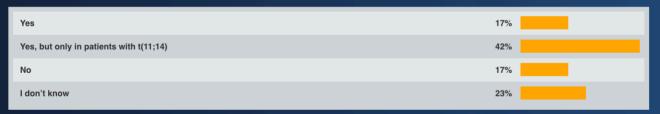
What is your usual recommendation for post-ASCT maintenance in patients with MM and del(17p)?

I would not use maintenance therapy	2%
Lenalidomide +/- dexamethasone	42%
Bortezomib +/- dexamethasone	23%
Lenalidomide + bortezomib +/- dexamethasone	22%
lxazomib +/- dexamethasone	3%
Lenalidomide + ixazomib +/- dexamethasone	4%
Other	5%

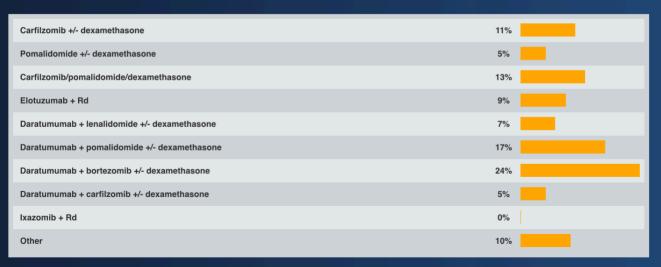
What do you currently believe is the optimal point at which CAR-T therapy should be administered in MM (ie, at what point would you like to see your patients enter a trial or receive it off protocol)?



Are there situations in which you would attempt to use venetoclax outside a trial setting for relapsed/refractory MM?



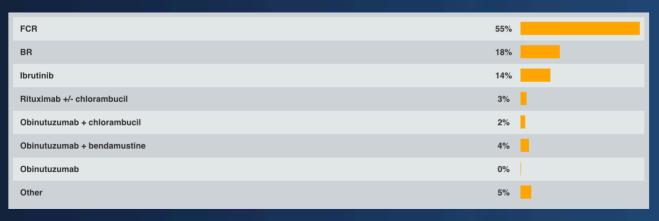
What would you recommend for a 66-year-old man with averagerisk MM treated with RVD followed by ASCT and lenalidomide 10mg maintenance for 1.5 years before an asymptomatic biochemical relapse?



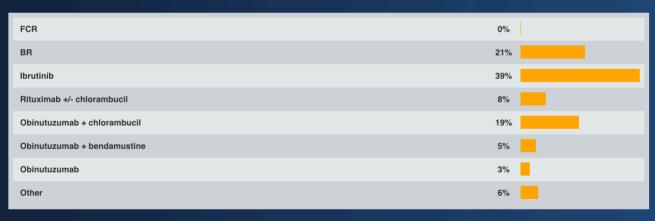
What would you recommend for a 66-year-old man with averagerisk MM treated with RVD followed by ASCT who is observed for 1.5 years and experiences relapse?

Carfilzomib +/- dexamethasone	5%
Pomalidomide +/- dexamethasone	10%
Carfilzomib/pomalidomide/dexamethasone	13%
Elotuzumab + Rd	3%
Daratumumab + lenalidomide +/- dexamethasone	33%
Daratumumab + pomalidomide +/- dexamethasone	8%
Daratumumab + bortezomib +/- dexamethasone	14%
Daratumumab + carfilzomib +/- dexamethasone	7%
Ixazomib + Rd	1%
Other	6%

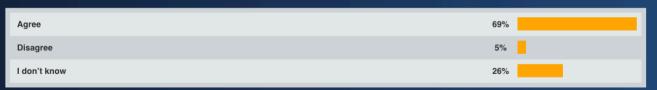
What is your usual preferred initial regimen for an otherwise healthy 60-year-old patient with IGHV-mutated chronic lymphocytic leukemia (CLL) and normal-risk cytogenetics who requires treatment?



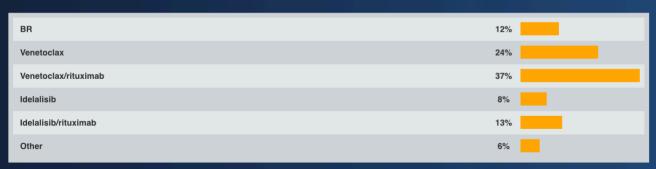
What is your usual preferred initial regimen for an otherwise healthy 80-year-old patient with IGHV-mutated CLL and normal-risk cytogenetics who requires treatment?



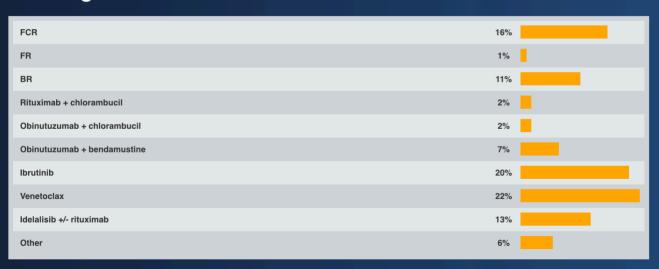
TP53 mutations have similar clinical implications (ie, chemotherapy resistance) as del(17p) and should be assessed prior to initiating up-front treatment and at each relapse requiring a change in treatment.



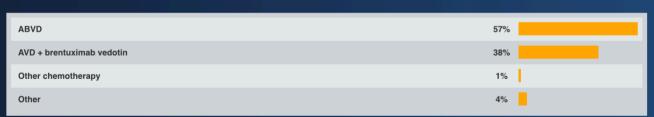
Reimbursement and regulatory issues aside, what second-line therapy would you recommend for an otherwise healthy 80-year-old patient with average-risk CLL who responded to ibrutinib and then experienced disease progression 2 years later?



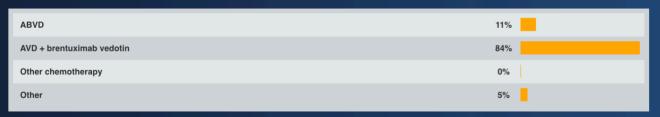
What is your usual preferred initial regimen for a younger (60-year-old) patient with CLL and del(17p) who requires treatment, has a history of atrial fibrillation and is receiving anticoagulation?



In general, what is your usual first-line systemic therapy for an otherwise healthy patient with Stage IV Hodgkin lymphoma (HL)?



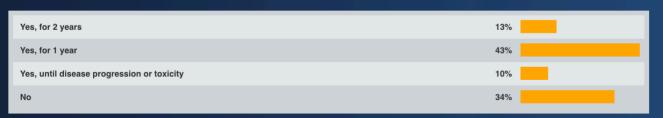
What would be your most likely first-line treatment choice for a 53-year-old patient with Stage IV HL with a 25-year smoking history and moderate COPD?



A 65-year-old man with advanced-stage HL receives ABVD chemotherapy but experiences recurrent disease in <u>multiple</u> nodes and the liver 8 months later. The patient achieves a complete response to ICE chemotherapy and undergoes autologous stem cell transplant. Would you recommend consolidation brentuximab vedotin?

Yes, for 2 years	16%
Yes, for 1 year	60%
Yes, until disease progression or toxicity	14%
No	10%

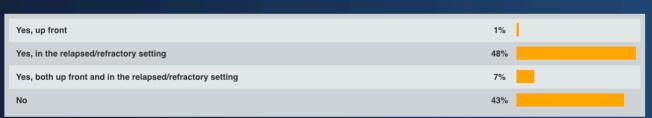
A 65-year-old man with advanced-stage HL receives ABVD chemotherapy but experiences recurrent disease in <u>multiple</u> nodes 18 months later. The patient achieves a complete response to ICE chemotherapy and undergoes autologous stem cell transplant. Would you recommend consolidation brentuximab vedotin?



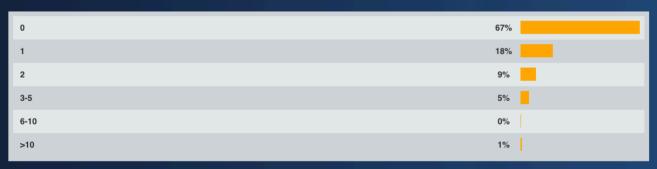
An 85-year-old frail patient with advanced-stage symptomatic HL is not a candidate for aggressive chemotherapy but is seeking active treatment. Regulatory and reimbursement issues aside, what would you recommend?

Brentuximab vedotin	38%
Brentuximab vedotin/DTIC	11%
Brentuximab vedotin + anti-PD-1/PD-L1 antibody	20%
Anti-PD-1/PD-L1 antibody	25%
Other	6%

In general, do you use lenalidomide (with or without rituximab) in the treatment of diffuse large B-cell lymphoma (DLBCL)?



Approximately how many patients with DLBCL have you referred for CAR-T therapy?



For most cases of <u>average-risk</u> DLBCL, when would you refer the patient for a consultation regarding anti-CD19 CAR T-cell therapy?

At first diagnosis	2%
At first relapse	26%
At second relapse, after autologous stem cell transplant	50%
At third relapse or beyond	22%

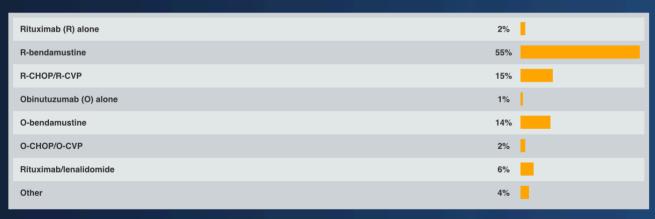
For most cases of <u>double-hit</u> DLBCL, when would you refer the patient for a consultation regarding anti-CD19 CAR T-cell therapy?

At first diagnosis	15%
At first relapse	43%
At second relapse, after autologous stem cell transplant	27%
At third relapse or beyond	14%

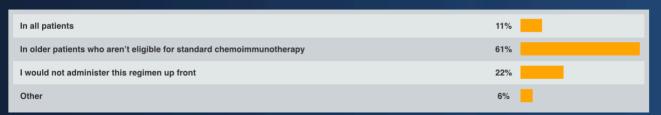
Would you refer an 82-year-old patient with multiply relapsed DLBCL and a performance status of 0 for CAR-T therapy?

Yes	56%
No	44%

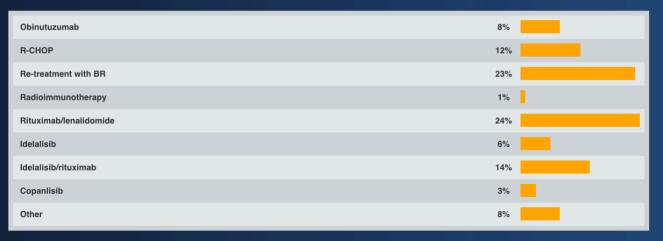
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 60-year-old patient with symptomatic advanced follicular lymphoma (FL)?



In what situations, if any, do you consider the use of the R-squared regimen of lenalidomide/rituximab as up-front treatment for FL?



Regulatory and reimbursement issues aside, what is your usual second-line therapy for a 65-year-old otherwise healthy patient with FL who receives BR followed by 2 years of rituximab maintenance and experiences relapse 3 years later?



In general, what would be your most likely treatment recommendation for a 65-year-old otherwise healthy patient with FL who responds to BR followed by 2 years of rituximab maintenance and then rituximab/lenalidomide on relapse but subsequently develops disease progression?

Idelalisib +/- rituximab	34%
Copanlisib	10%
R-CHOP	11%
Radioimmunotherapy	11%
Obinutuzumab +/- chemotherapy	24%
Other	9%

A <u>65-year-old</u> patient with mantle cell lymphoma (MCL) responds to BR followed by rituximab maintenance but after 1 year develops disease progression. The patient is not a candidate for transplant. In general, what would be your most likely next treatment recommendation?

Ibrutinib	48%
Acalabrutinib	22%
Lenalidomide +/- rituximab	5%
Bortezomib +/- rituximab	7%
Venetoclax +/- rituximab	12%
Other	6%

An <u>80-year-old</u> patient with MCL responds to BR followed by rituximab maintenance but after 1 year develops disease progression. The patient is not a candidate for transplant. In general, what would be your most likely next treatment recommendation?

Ibrutinib	50%
Acalabrutinib	24%
Lenalidomide +/- rituximab	3%
Bortezomib +/- rituximab	7%
Venetoclax +/- rituximab	11%
Other	5%

An 80-year-old patient with MCL responds to BR followed by rituximab maintenance but after 1 year develops disease progression. The patient is not a candidate for transplant. In general, what would be your most likely next treatment recommendation if the patient had a history of atrial fibrillation and was receiving anticoagulation?

Ibrutinib	20%
Acalabrutinib	33%
Lenalidomide +/- rituximab	13%
Bortezomib +/- rituximab	11%
Venetoclax +/- rituximab	18%
Other	5%

In general, what would be your most likely treatment recommendation for a 65-year-old otherwise healthy patient with MCL who responds to BR and then ibrutinib on relapse but subsequently develops disease progression?

Lenalidomide	5%
Lenalidomide + rituximab	24%
Bortezomib	1%
Bortezomib + rituximab	18%
Venetoclax	34%
Acalabrutinib	10%
Other	8%