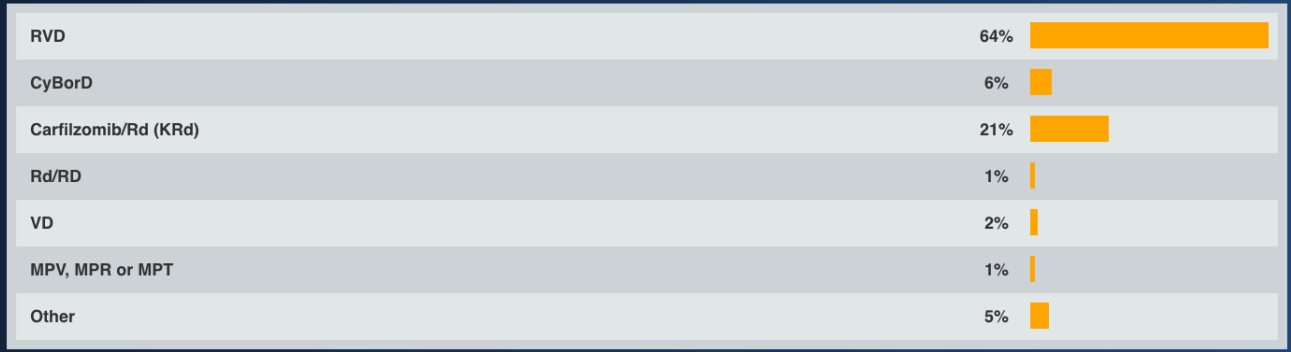
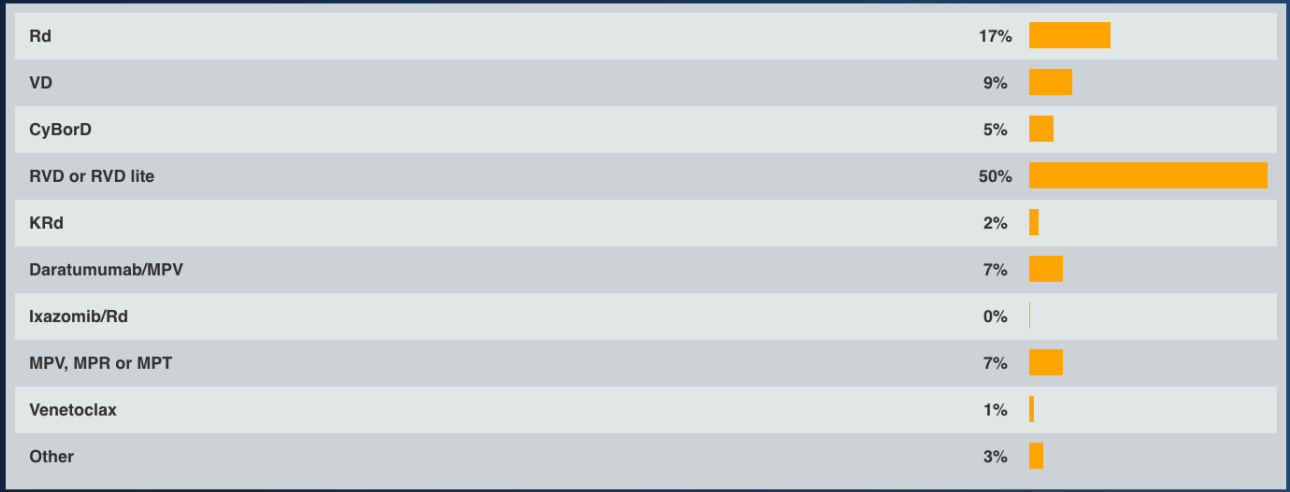
Regulatory and reimbursement issues aside, do you plan to administer daratumumab outside of a clinical trial in the up-front setting?

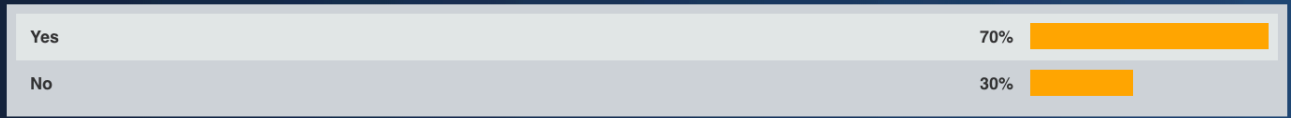
What is your usual induction regimen for an otherwise healthy 57-year-old patient with IgG multiple myeloma (MM) and del(17p)?



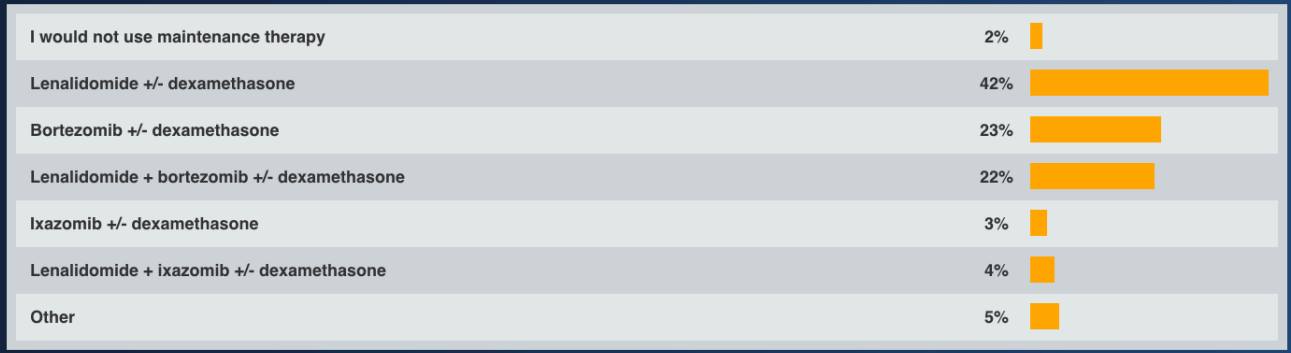
What is your usual induction regimen for an otherwise healthy 78-year-old transplant-ineligible patient with ISS Stage II MM, normal renal function and no high-risk features?



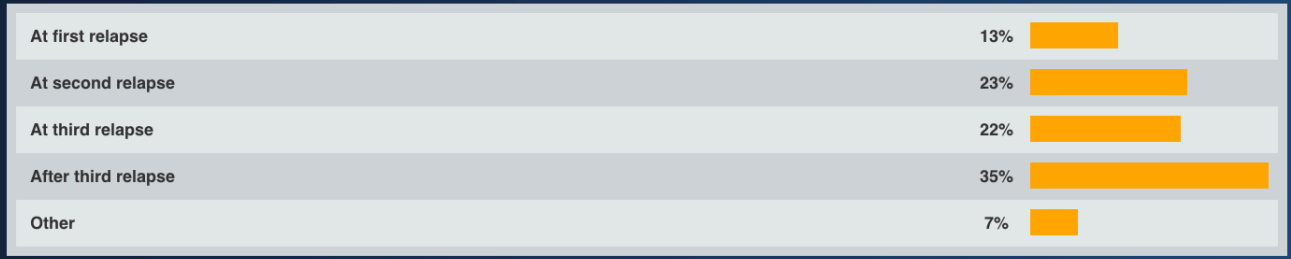
Regulatory and reimbursement issues aside, are there situations outside of a clinical trial in which you believe the use of MRD assessment is clinically useful?



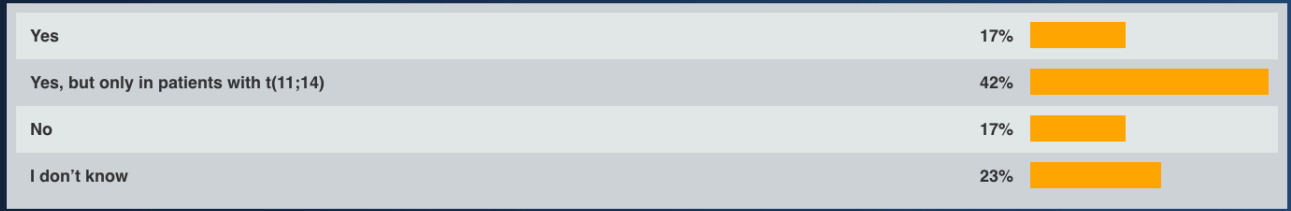
What is your usual recommendation for post-ASCT maintenance in patients with MM and del(17p)?



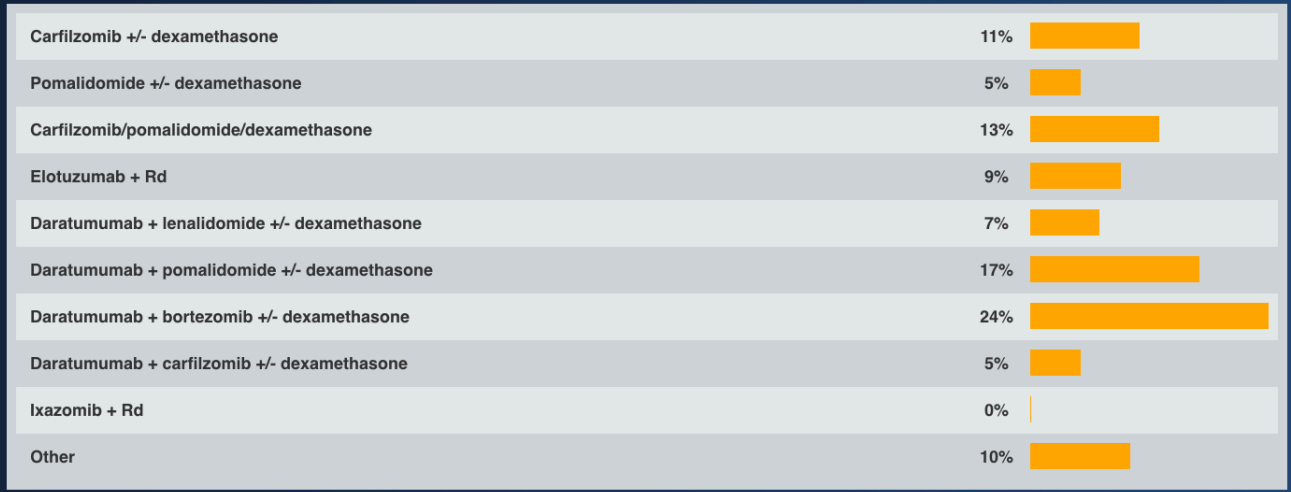
What do you currently believe is the optimal point at which CAR-T therapy should be administered in MM (ie, at what point would you like to see your patients enter a trial or receive it off protocol)?



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

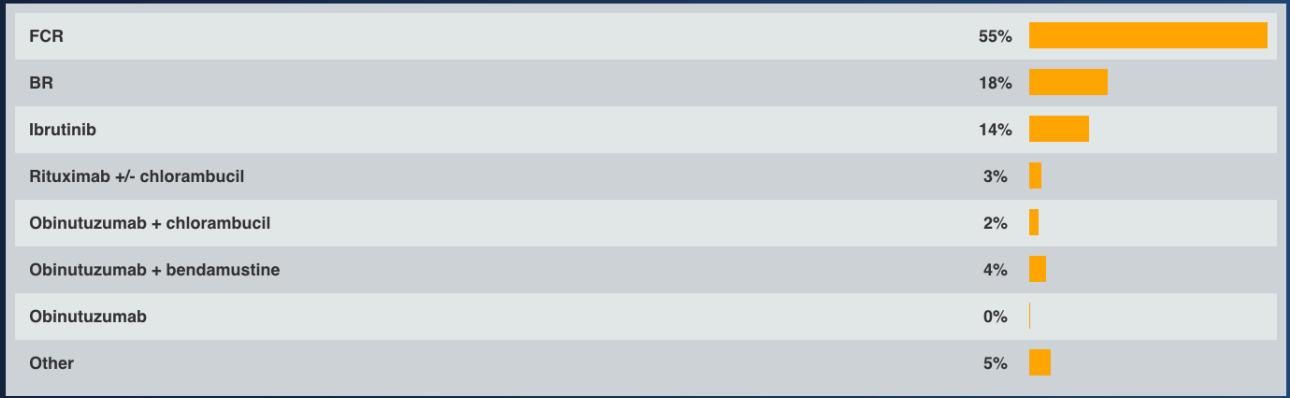


What would you recommend for a 66-year-old man with average-risk MM treated with RVD followed by ASCT and lenalidomide 10-mg maintenance for 1.5 years before an asymptomatic biochemical relapse?

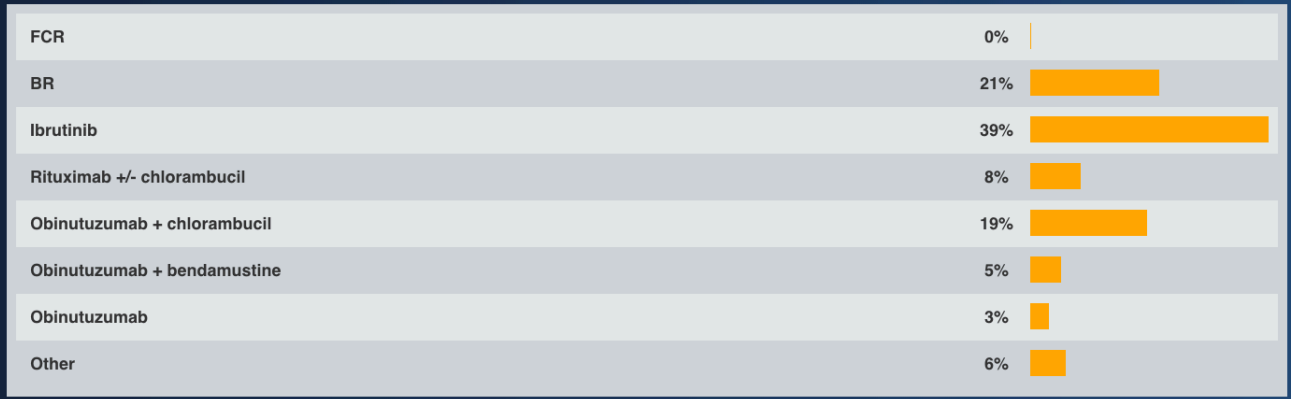


What would you recommend for a 66-year-old man with average-risk MM treated with RVD followed by ASCT who is observed for 1.5 years and experiences relapse?

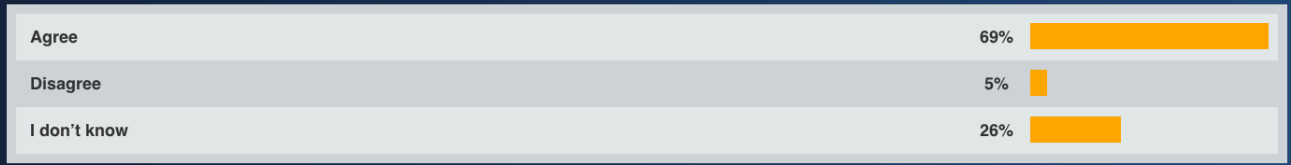
What is your usual preferred initial regimen for an otherwise healthy 60-year-old patient with IGHV-mutated chronic lymphocytic leukemia (CLL) and normal-risk cytogenetics who requires treatment?



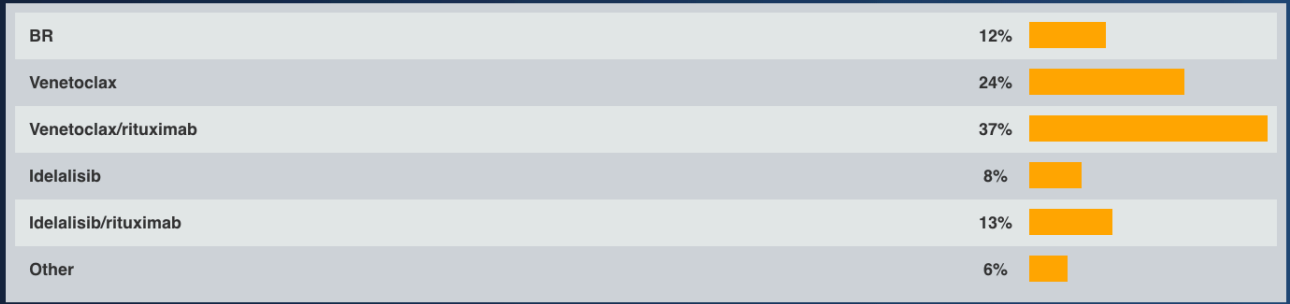
What is your usual preferred initial regimen for an otherwise healthy 80-year-old patient with IGHV-mutated CLL and normal-risk cytogenetics who requires treatment?



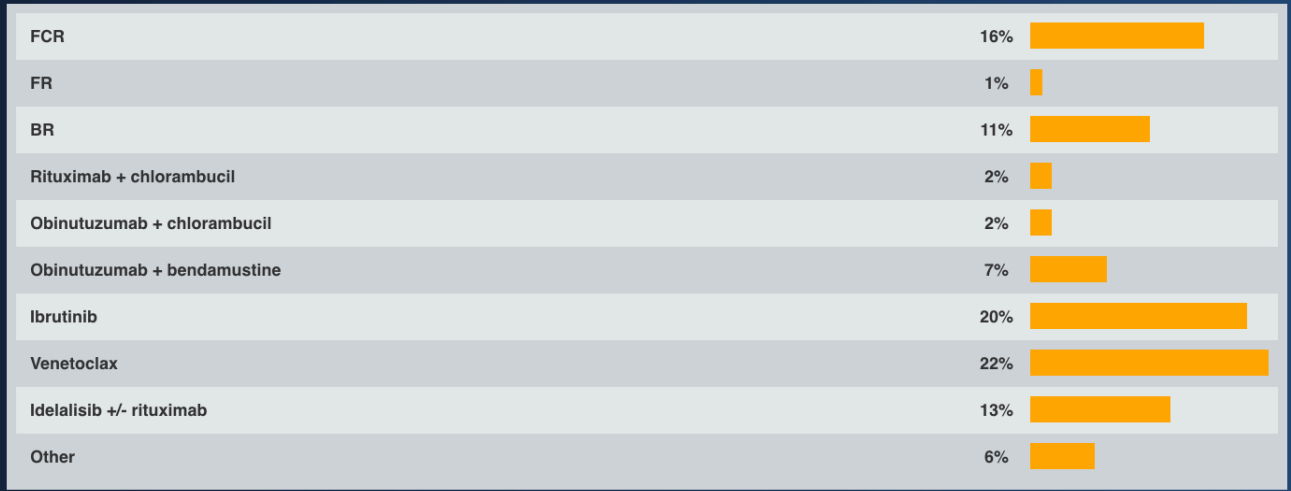
TP53 mutations have similar clinical implications (ie, chemotherapy resistance) as del(17p) and should be assessed prior to initiating up-front treatment and at each relapse requiring a change in treatment.



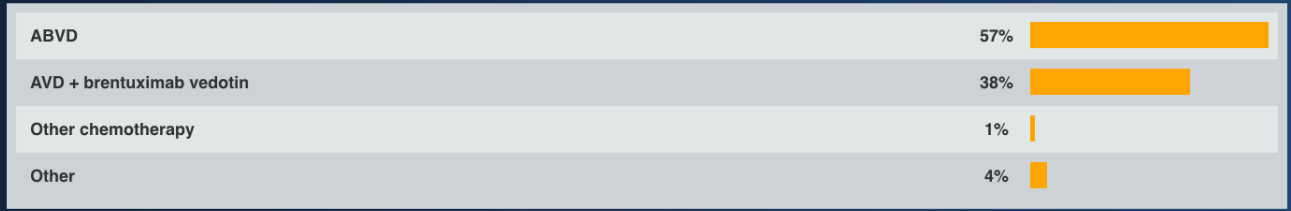
Reimbursement and regulatory issues aside, what second-line therapy would you recommend for an otherwise healthy 80-year-old patient with average-risk CLL who responded to ibrutinib and then experienced disease progression 2 years later?



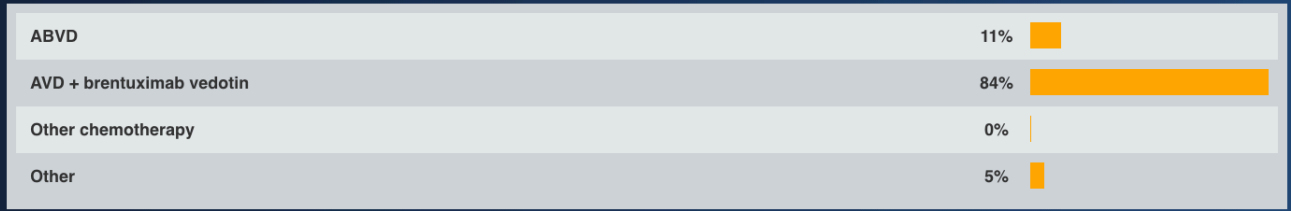
What is your usual preferred initial regimen for a younger (60-year-old) patient with CLL and del(17p) who requires treatment, has a history of atrial fibrillation and is receiving anticoagulation?



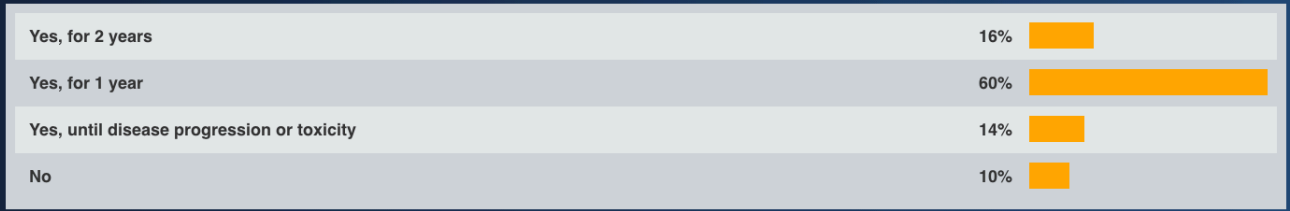
In general, what is your usual first-line systemic therapy for an otherwise healthy patient with Stage IV Hodgkin lymphoma (HL)?



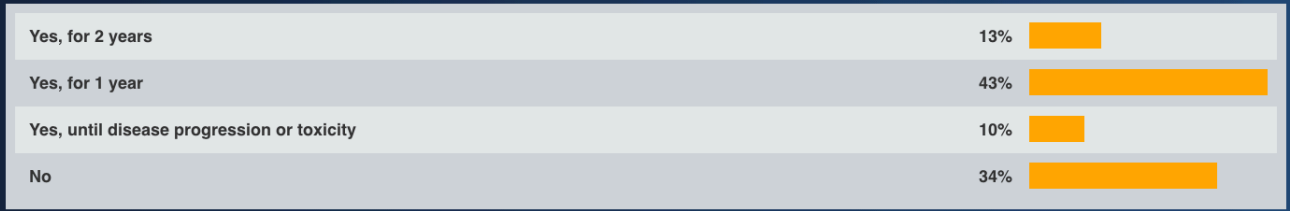
What would be your most likely first-line treatment choice for a 53-year-old patient with Stage IV HL with a 25-year smoking history and moderate COPD?



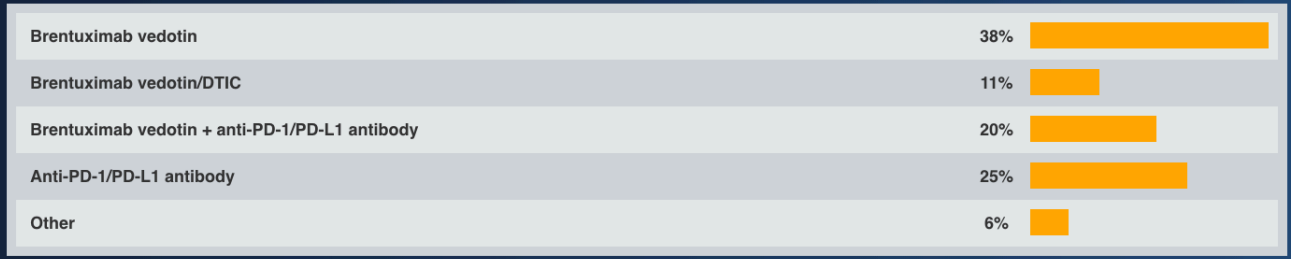
A 65-year-old man with advanced-stage HL receives ABVD chemotherapy but experiences recurrent disease in multiple nodes and the liver 8 months later. The patient achieves a complete response to ICE chemotherapy and undergoes autologous stem cell transplant. Would you recommend consolidation brentuximab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



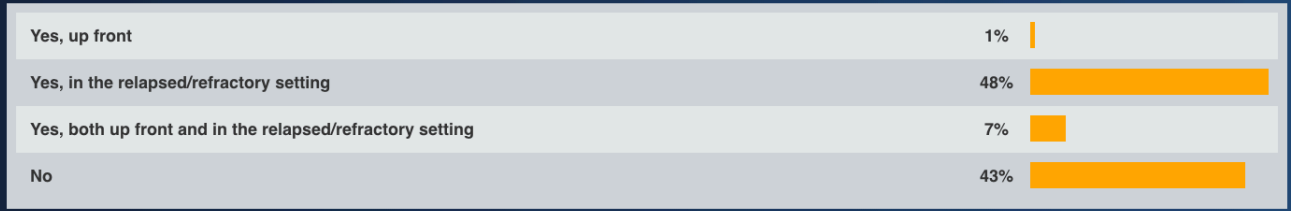
A 65-year-old man with advanced-stage HL receives ABVD chemotherapy but experiences recurrent disease in multiple nodes 18 months later. The patient achieves a complete response to ICE chemotherapy and undergoes autologous stem cell transplant. Would you recommend consolidation brentuximab vedotin?



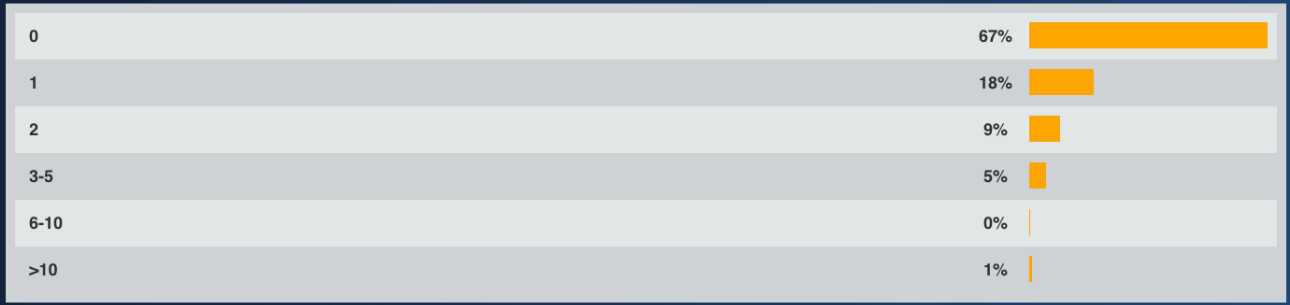
An 85-year-old frail patient with advanced-stage symptomatic HL is not a candidate for aggressive chemotherapy but is seeking active treatment. Regulatory and reimbursement issues aside, what would you recommend?



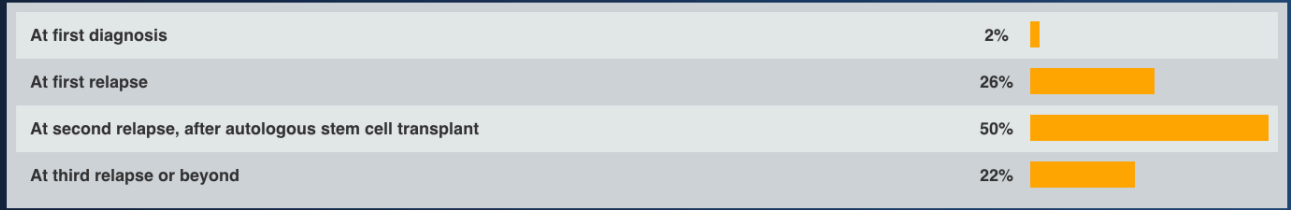
In general, do you use lenalidomide (with or without rituximab) in the treatment of diffuse large B-cell lymphoma (DLBCL)?



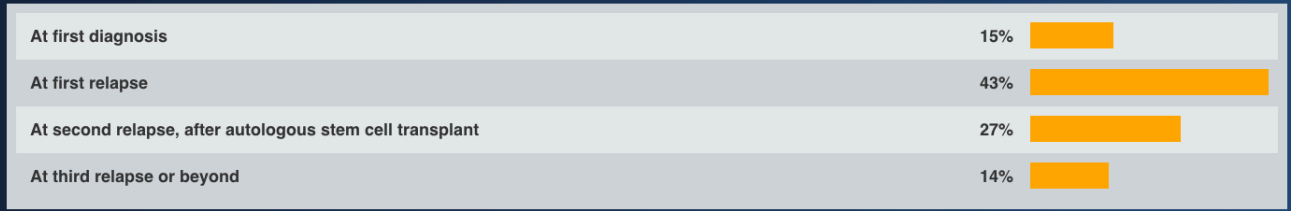
Approximately how many patients with DLBCL have you referred for CAR-T therapy?



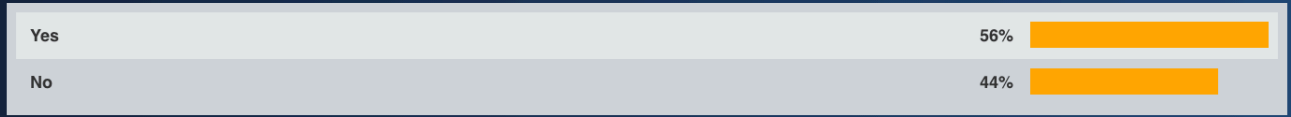
For most cases of average-risk DLBCL, when would you refer the patient for a consultation regarding anti-CD19 CAR T-cell therapy?



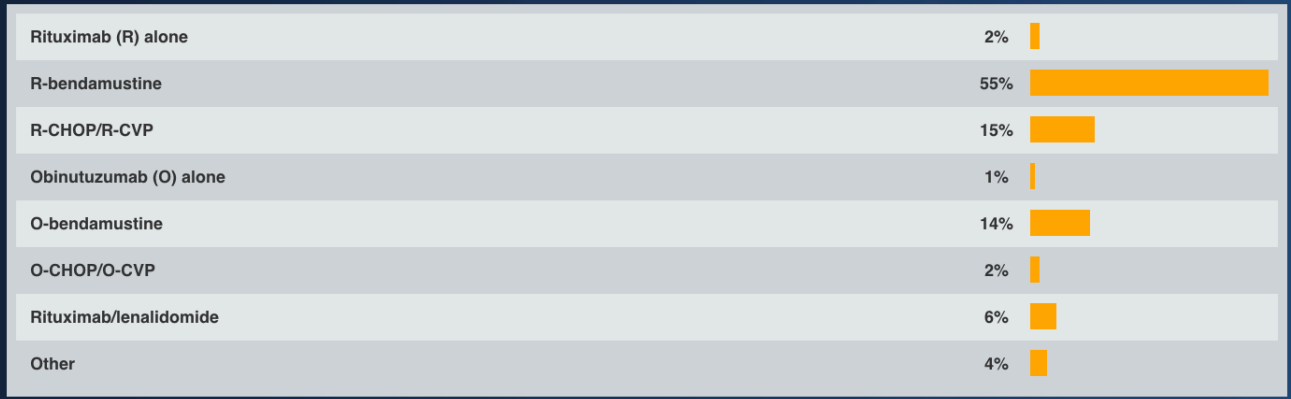
For most cases of double-hit DLBCL, when would you refer the patient for a consultation regarding anti-CD19 CAR T-cell therapy?



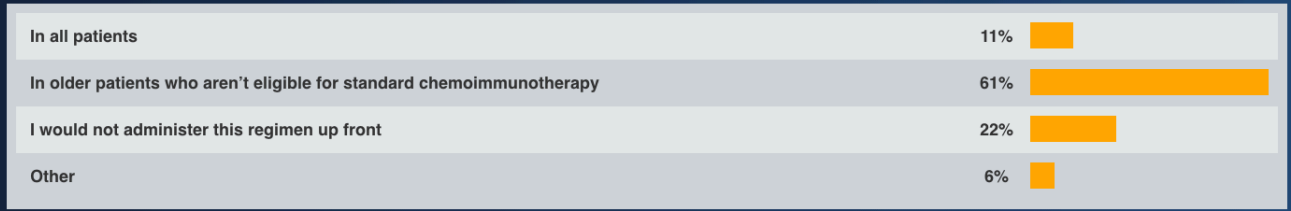
Would you refer an 82-year-old patient with multiply relapsed DLBCL and a performance status of 0 for CAR-T therapy?



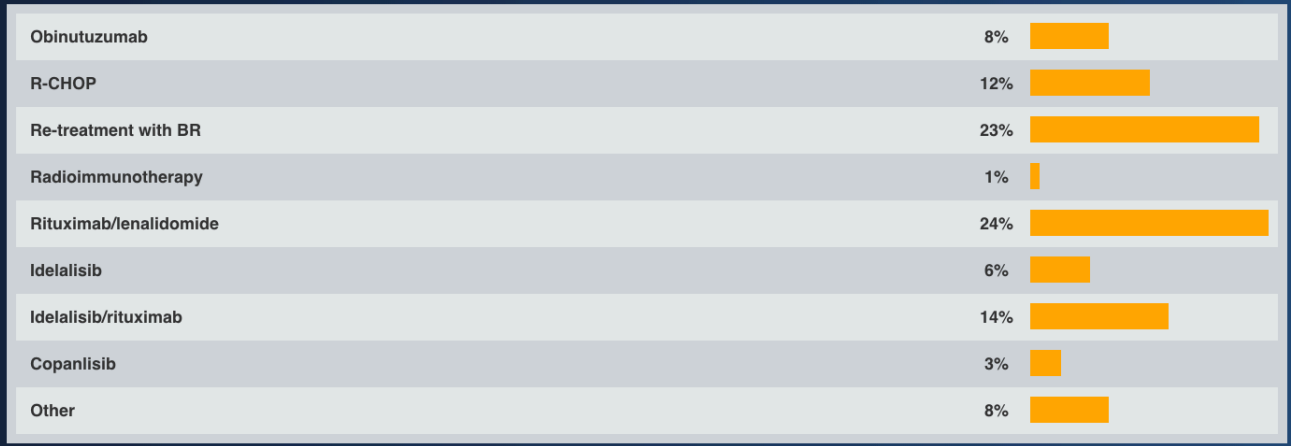
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 60-year-old patient with symptomatic advanced follicular lymphoma (FL)?



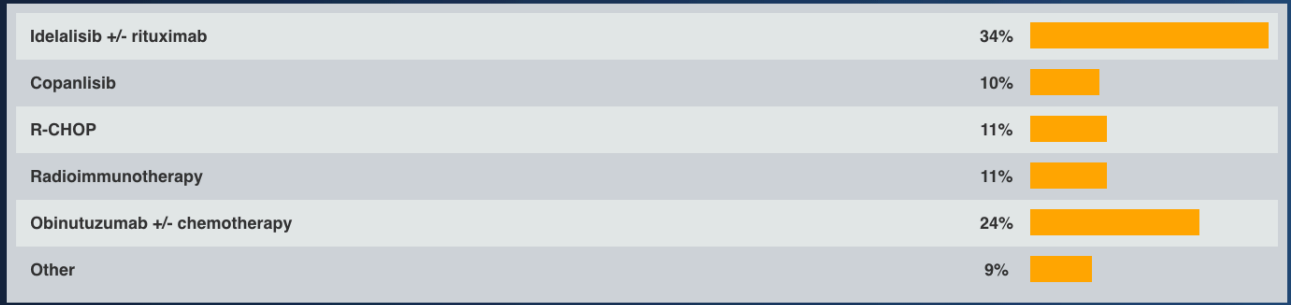
In what situations, if any, do you consider the use of the R-squared regimen of lenalidomide/rituximab as up-front treatment for FL?



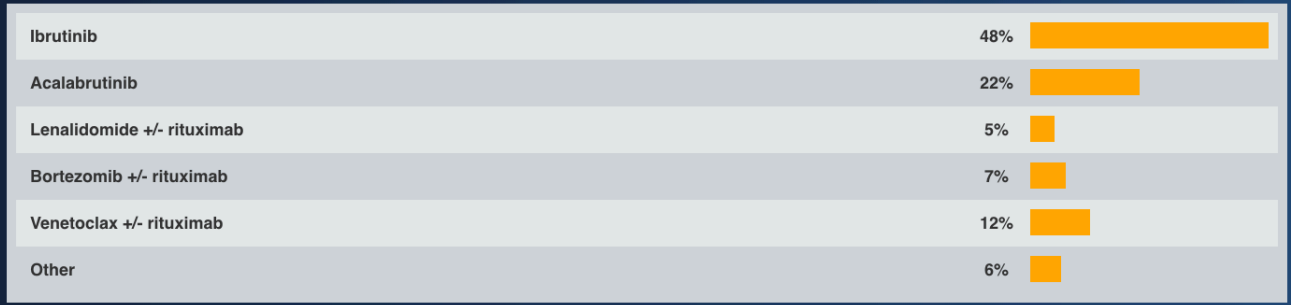
Regulatory and reimbursement issues aside, what is your usual second-line therapy for a 65-year-old otherwise healthy patient with FL who receives BR followed by 2 years of rituximab maintenance and experiences relapse 3 years later?



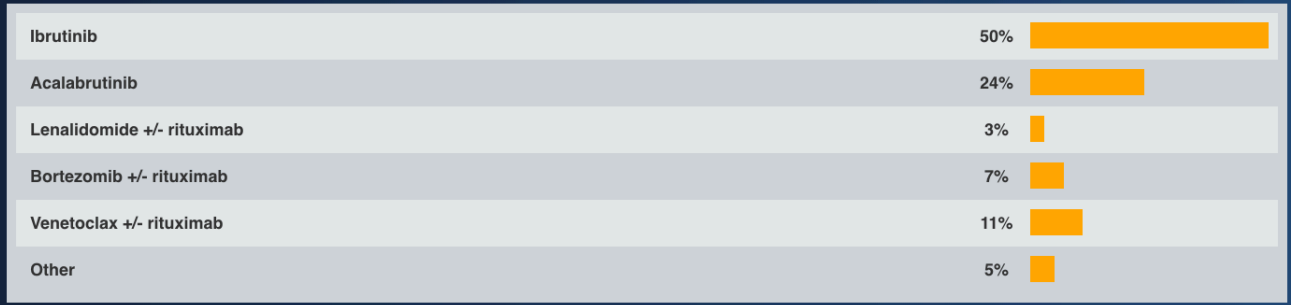
In general, what would be your most likely treatment recommendation for a 65-year-old otherwise healthy patient with FL who responds to BR followed by 2 years of rituximab maintenance and then rituximab/lenalidomide on relapse but subsequently develops disease progression?



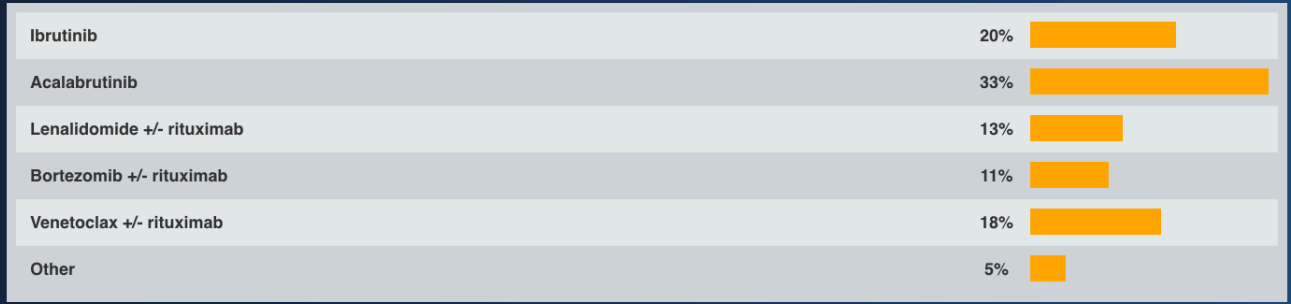
A 65-year-old patient with mantle cell lymphoma (MCL) responds to BR followed by rituximab maintenance but after 1 year develops disease progression. The patient is not a candidate for transplant. In general, what would be your most likely next treatment recommendation?



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?



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?



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?