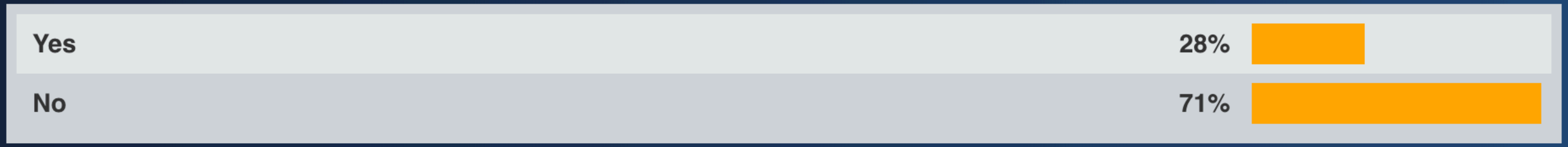
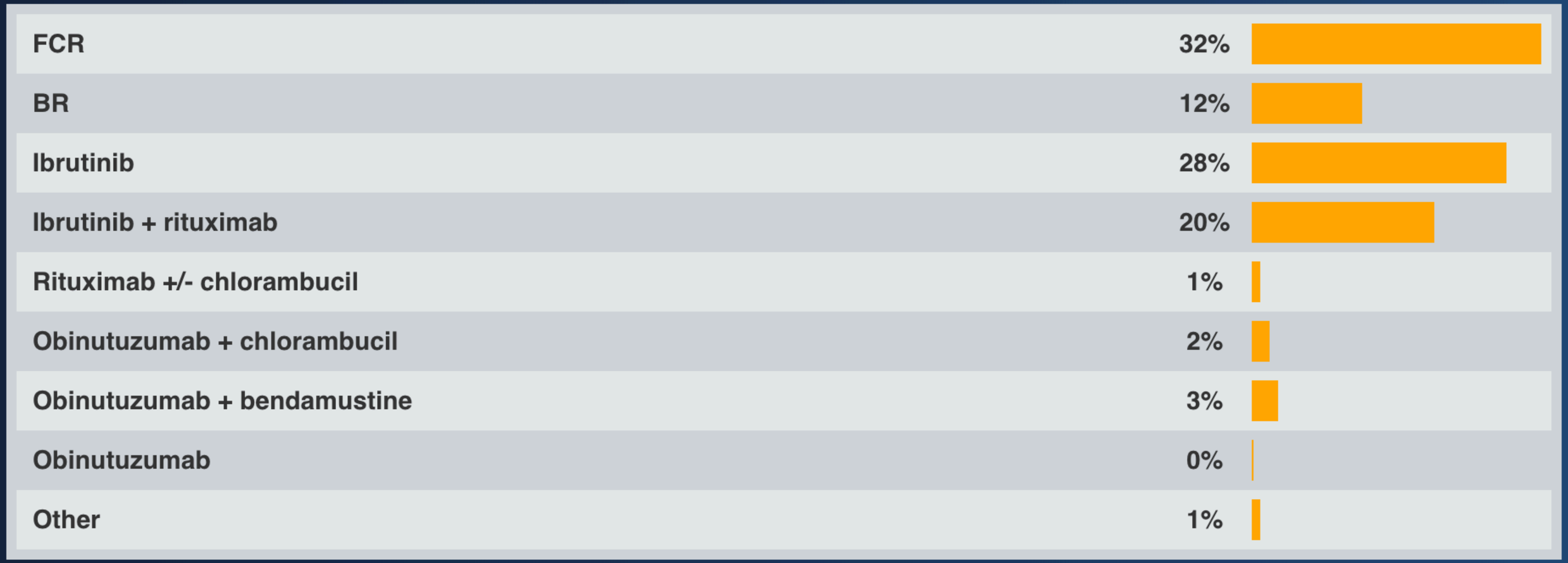
Would you recommend ibrutinib to a well-educated 58-year-old man with asymptomatic Rai Stage 0 chronic lymphocytic leukemia (CLL) and a white blood cell count that increases from 17,000 to 150,000 while under observation if he requested therapy with that agent?

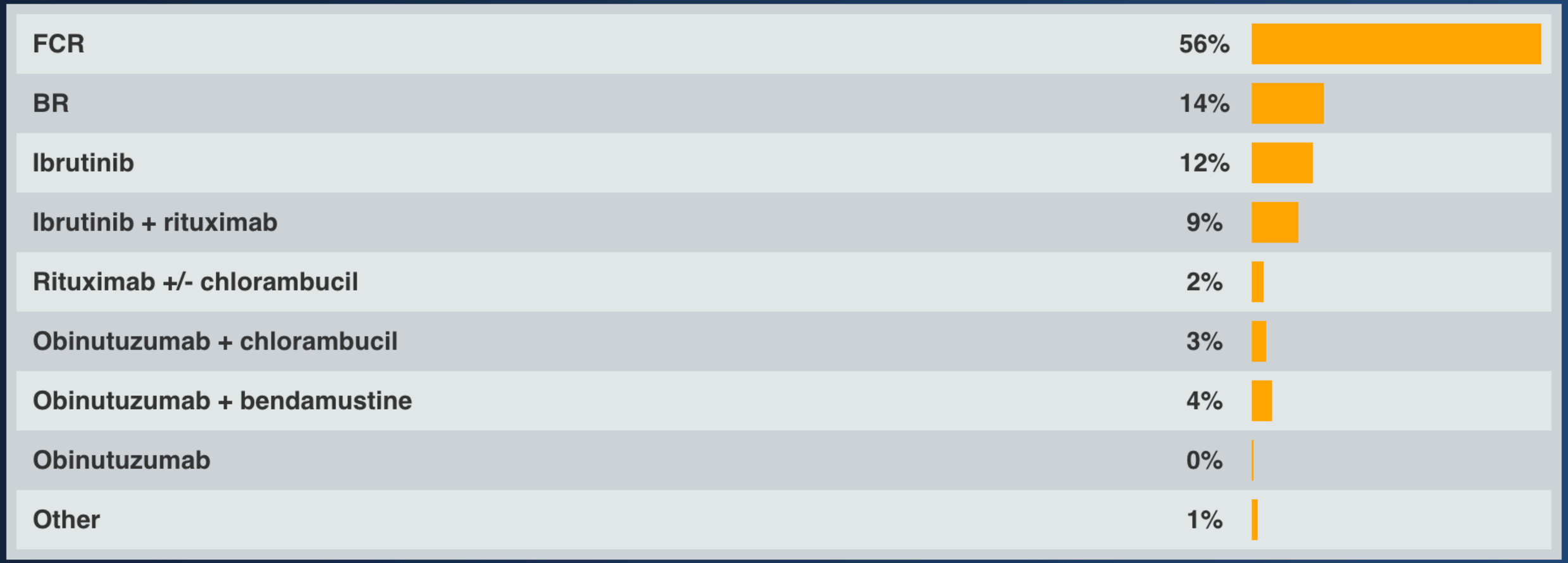


Initial CLL workup should include evaluation of TP53 mutation status and, if positive, the approach to treatment for patients requiring therapy should be the same as that for del(17p) disease.

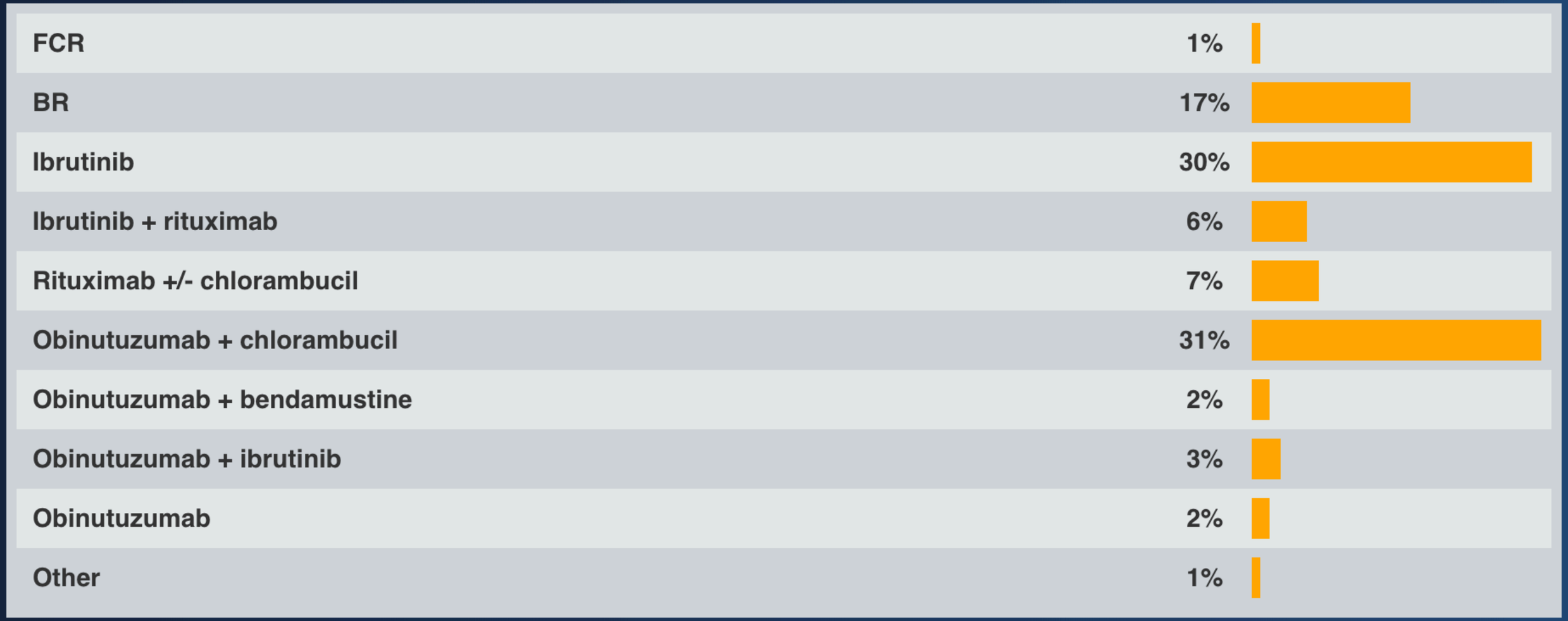
Regulatory and reimbursement issues aside, what initial therapy would you recommend for a 60-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment?



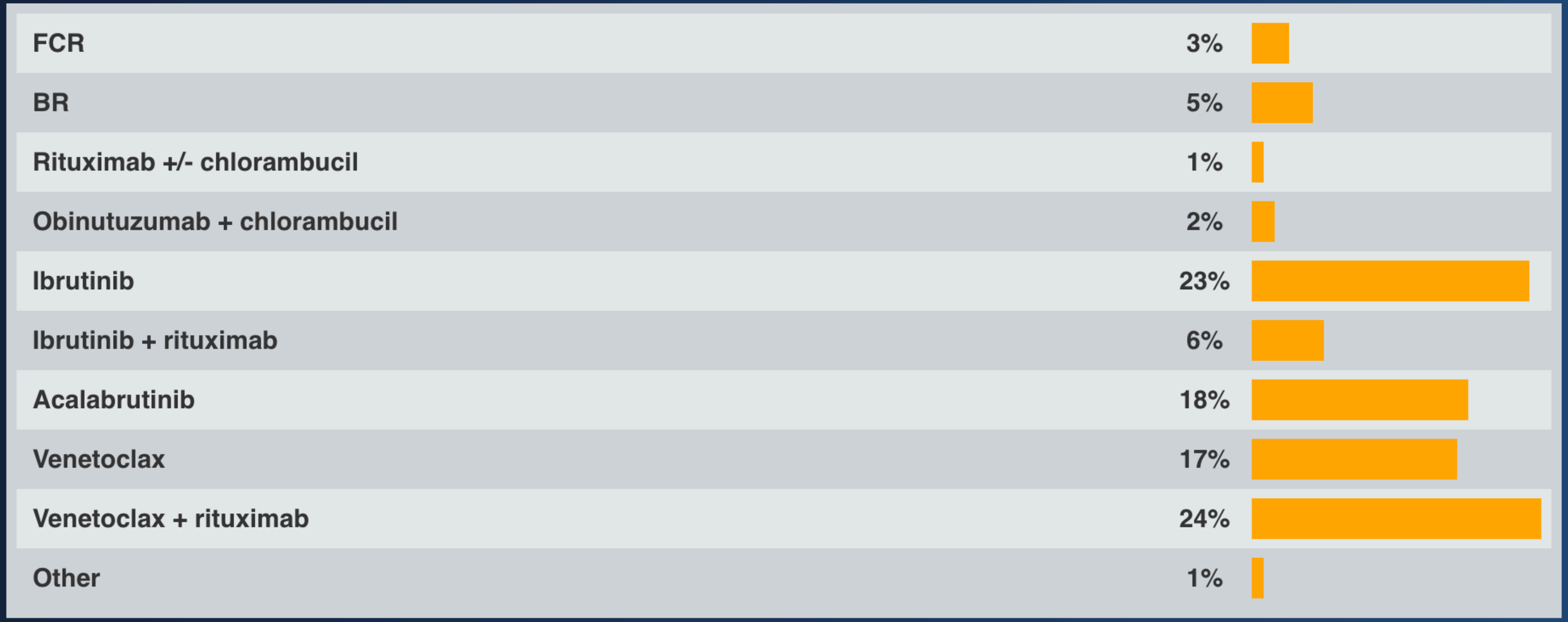
Regulatory and reimbursement issues aside, what initial therapy would you recommend for a 60-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?



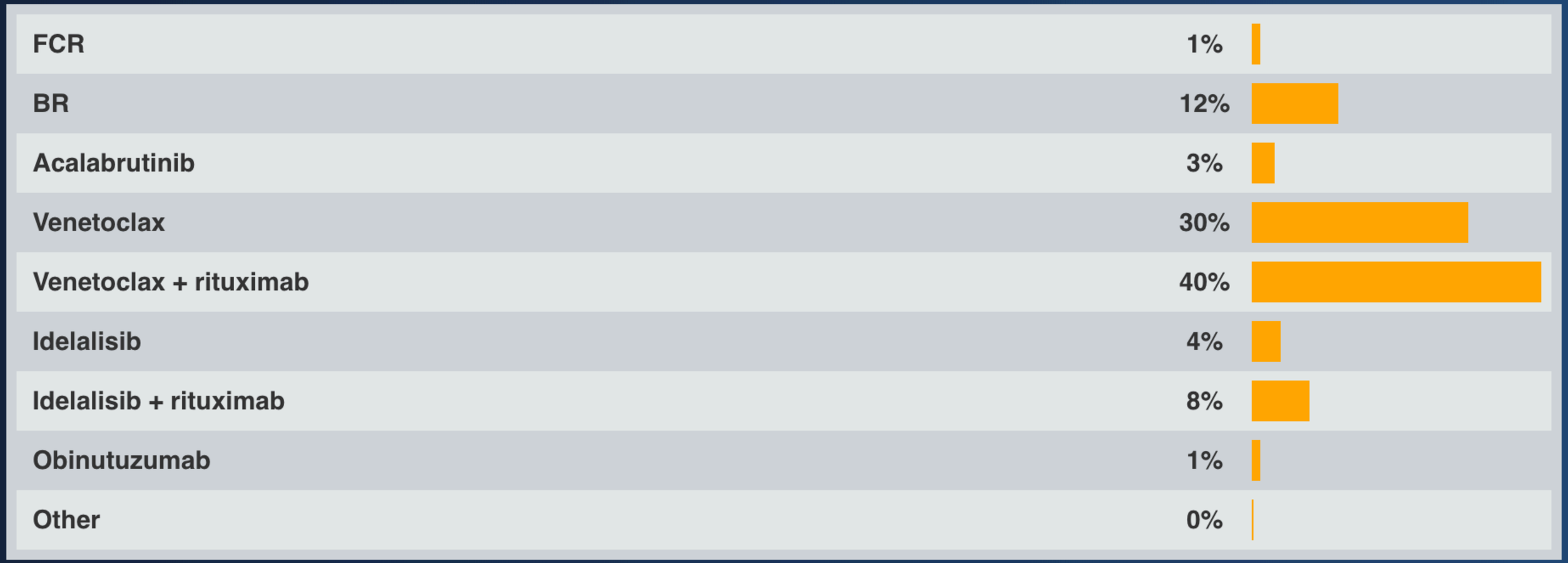
Regulatory and reimbursement issues aside, what initial therapy would you recommend for an otherwise healthy 80-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?



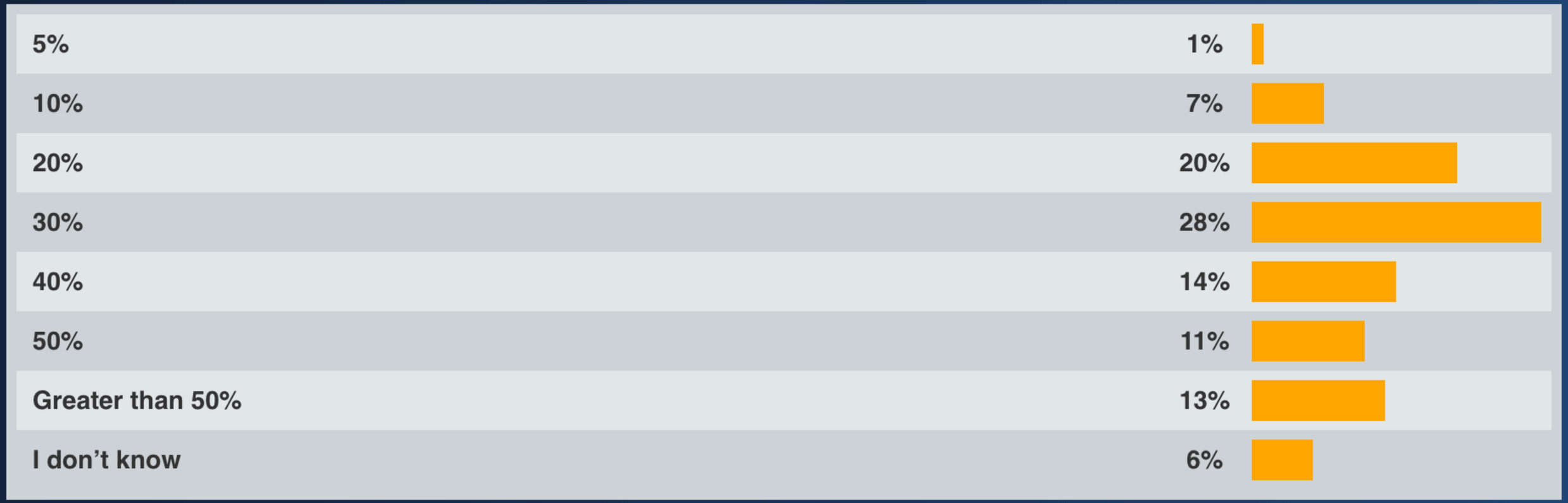
Regulatory and reimbursement issues aside, what initial therapy would you recommend for a 60-year-old patient with CLL and del(17p) who requires treatment, has a history of atrial fibrillation and is receiving anticoagulation?



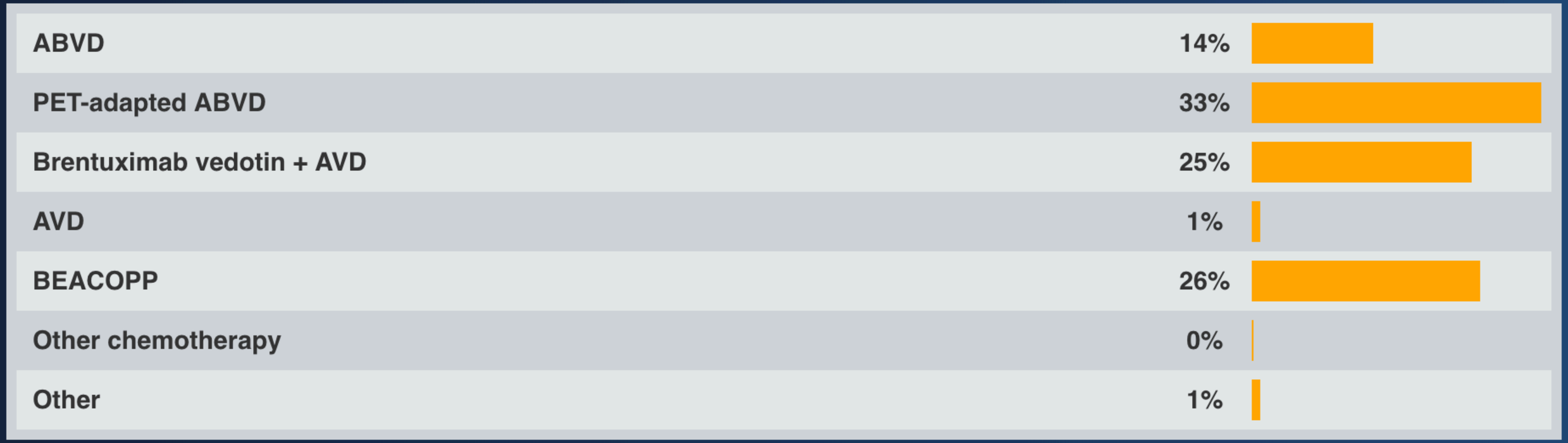
Reimbursement and regulatory issues aside, what second-line therapy would you recommend for an otherwise healthy 72-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responds to ibrutinib and then experiences disease progression 3 years later?



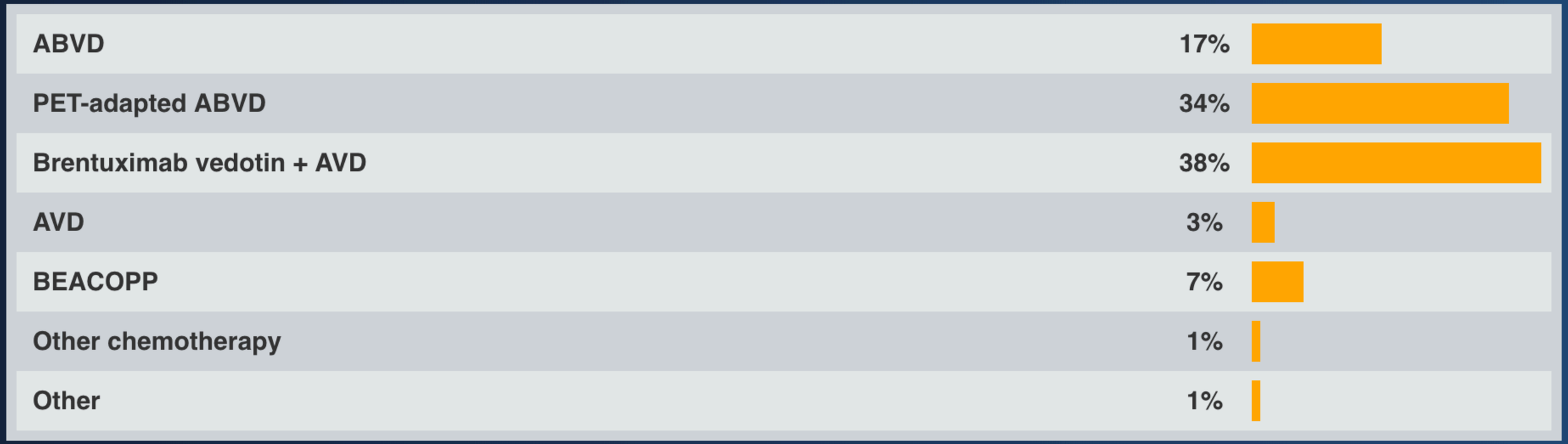
A 27-year-old man is diagnosed with Stage IVB classical Hodgkin lymphoma (cHL) with nodal, spleen and bone involvement. Albumin is 3.1 g/dL, Hgb is 8.6 g/dL and white blood cell count is 17,5000. IPS = 5. What would you estimate to be the risk of relapse if the patient receives ABVD?



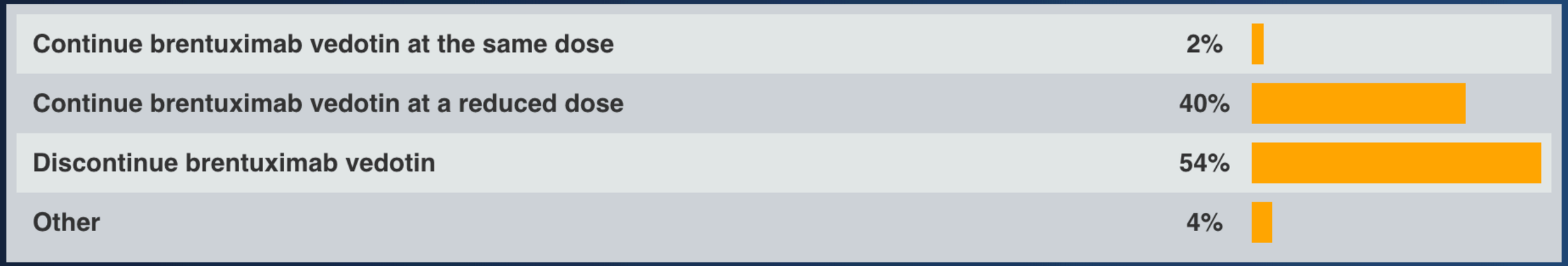
What initial treatment would you recommend for the 27-year-old patient in the previous scenario?



What would be your likely up-front systemic treatment for a 63-year-old otherwise healthy man with Stage IVB nodular sclerosing cHL and extralymphatic disease involving the bone and spleen?

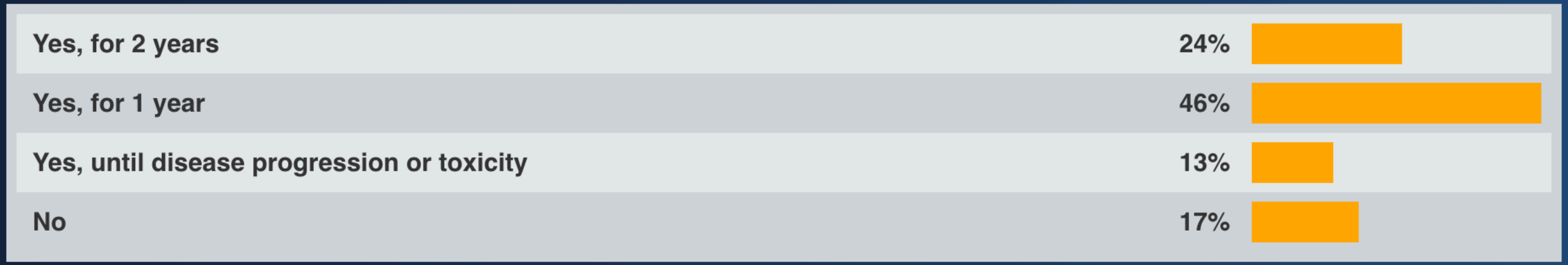


The 63-year-old patient in the previous scenario starts treatment with brentuximab vedotin + AVD and achieves a complete response after 2 cycles. He develops significant peripheral neuropathy after 4 cycles. What would be your approach to the brentuximab vedotin?

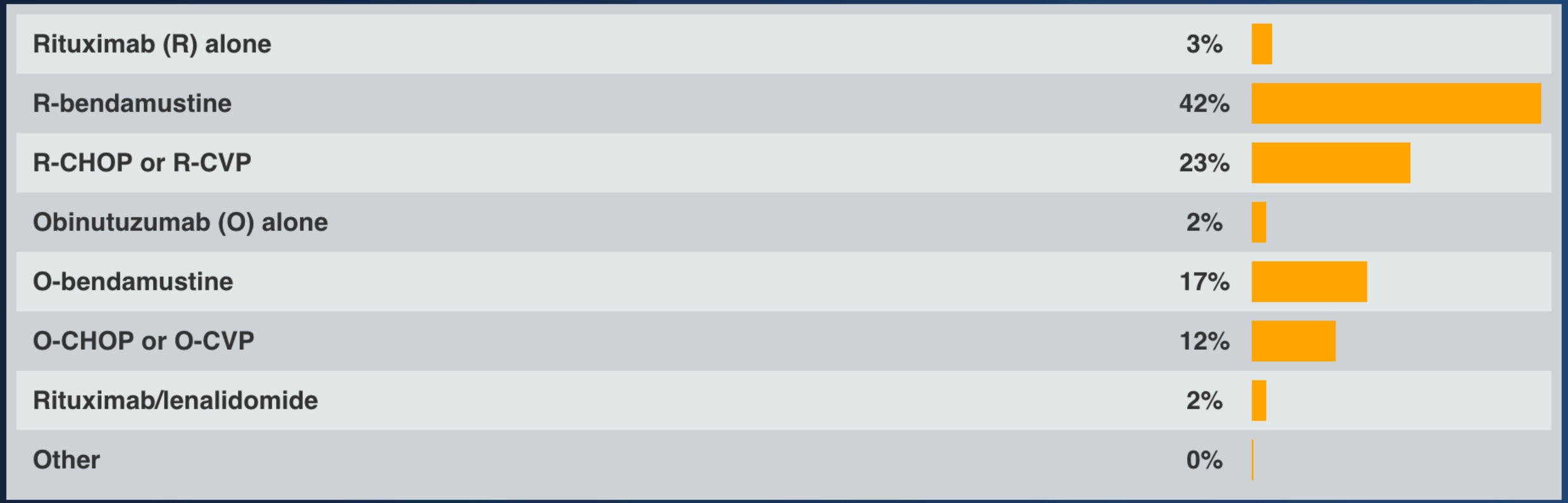


Regulatory and reimbursement issues aside, in general, what would be your preferred bridge to transplant for a patient with HL who is experiencing relapse after up-front ABVD?

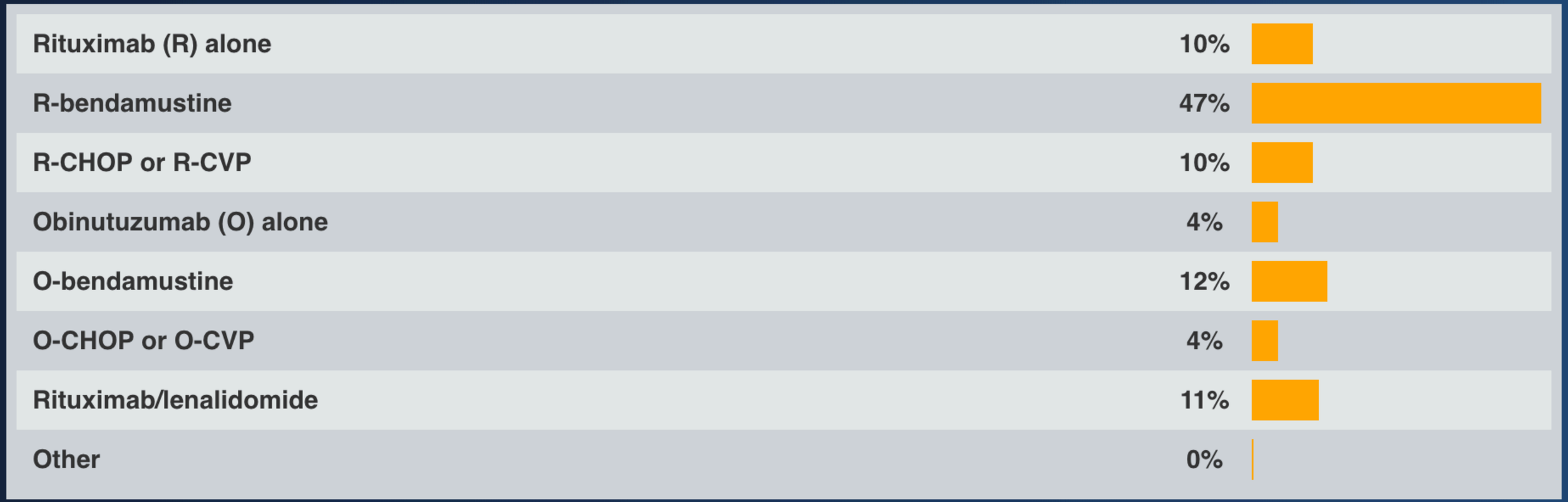
A 65-year-old man with advanced-stage HL receives ABVD chemotherapy but experiences recurrent disease in multiple nodes and the liver 8 months later. The patient achieves a complete response to ICE chemotherapy and undergoes autologous stem cell transplant. Would you recommend consolidation brentuximab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



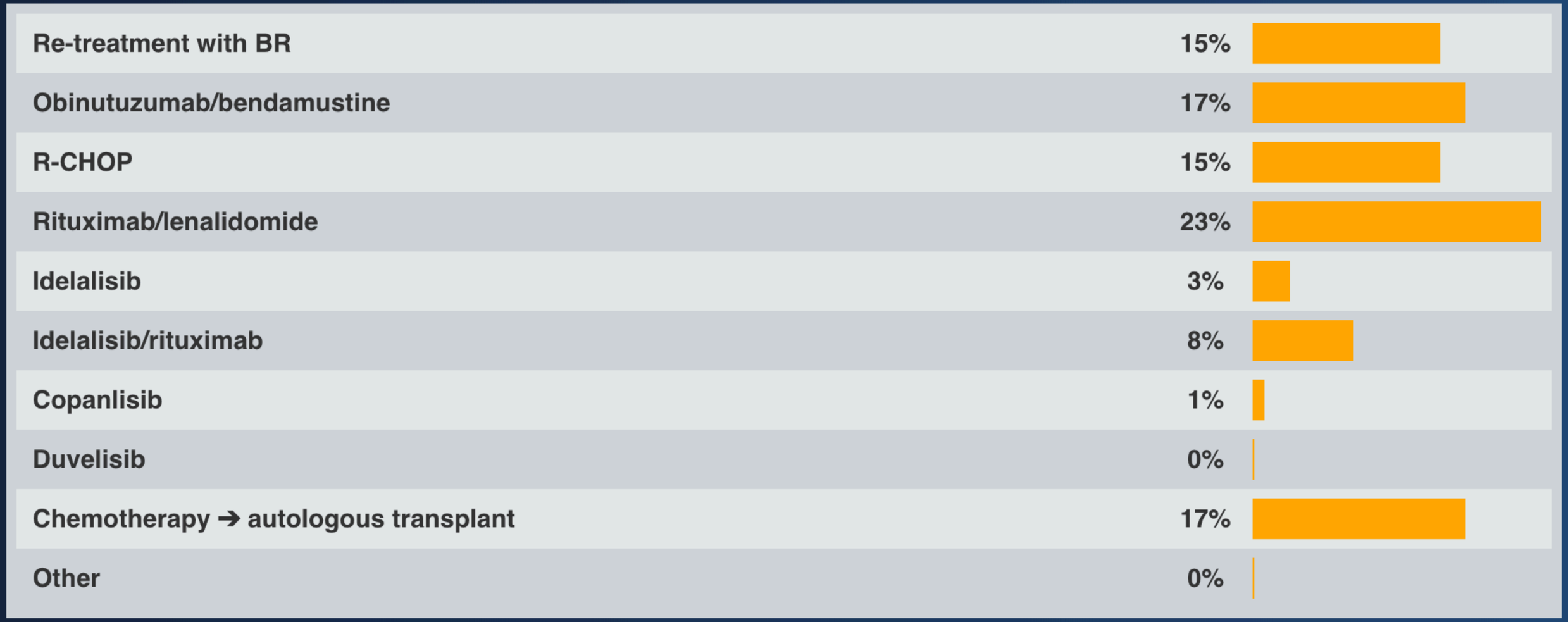
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 66-year-old patient with Stage III, Grade 1/2 follicular lymphoma (FL) with fatigue and symptomatic bulky adenopathy who requires treatment?



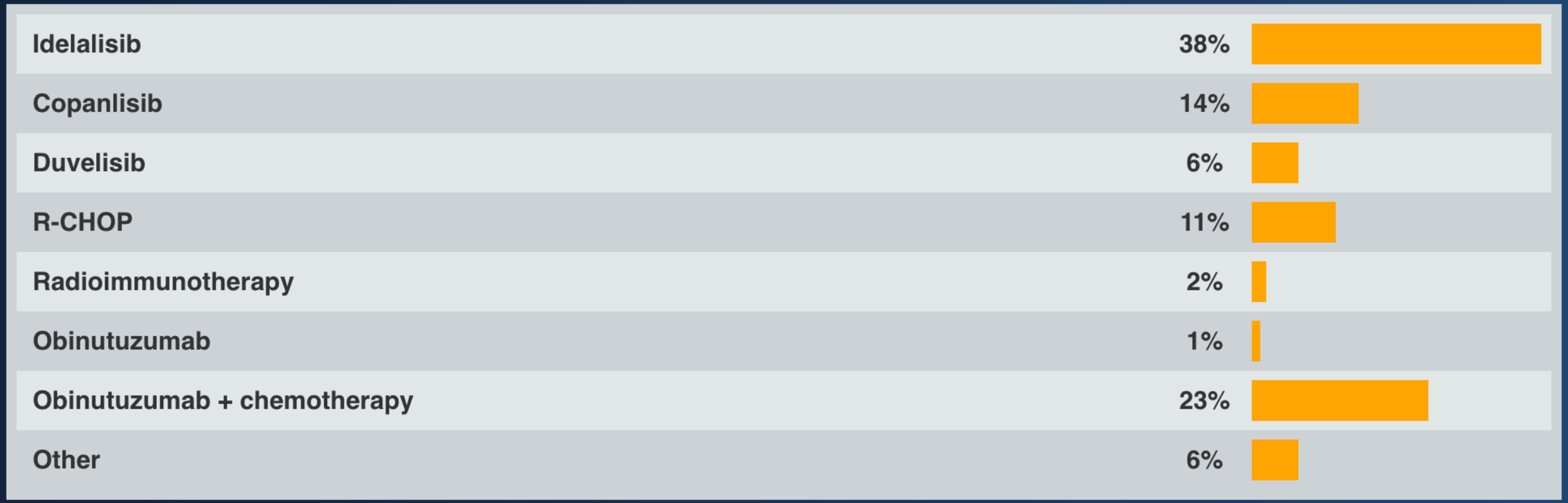
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 79-year-old patient with Stage III, Grade 1/2 FL with fatigue and symptomatic bulky adenopathy who requires treatment?



Regulatory and reimbursement issues aside, what second-line therapy would you recommend for a 66-year-old patient with FL who achieves a complete response to BR followed by 2 years of rituximab maintenance but then experiences disease relapse 4 years later?

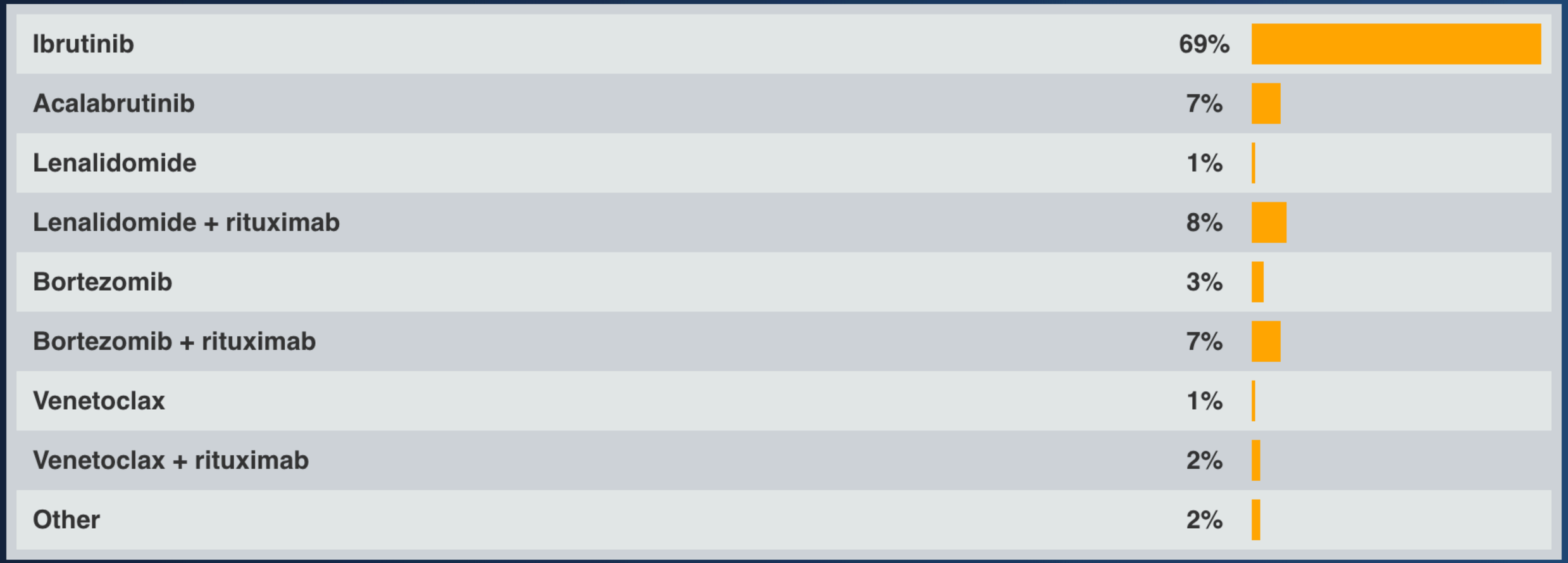


In general, what treatment would you recommend for a 66-year-old patient with FL who responds to BR followed by 2 years of rituximab maintenance and then rituximab/lenalidomide on relapse but subsequently develops disease progression?

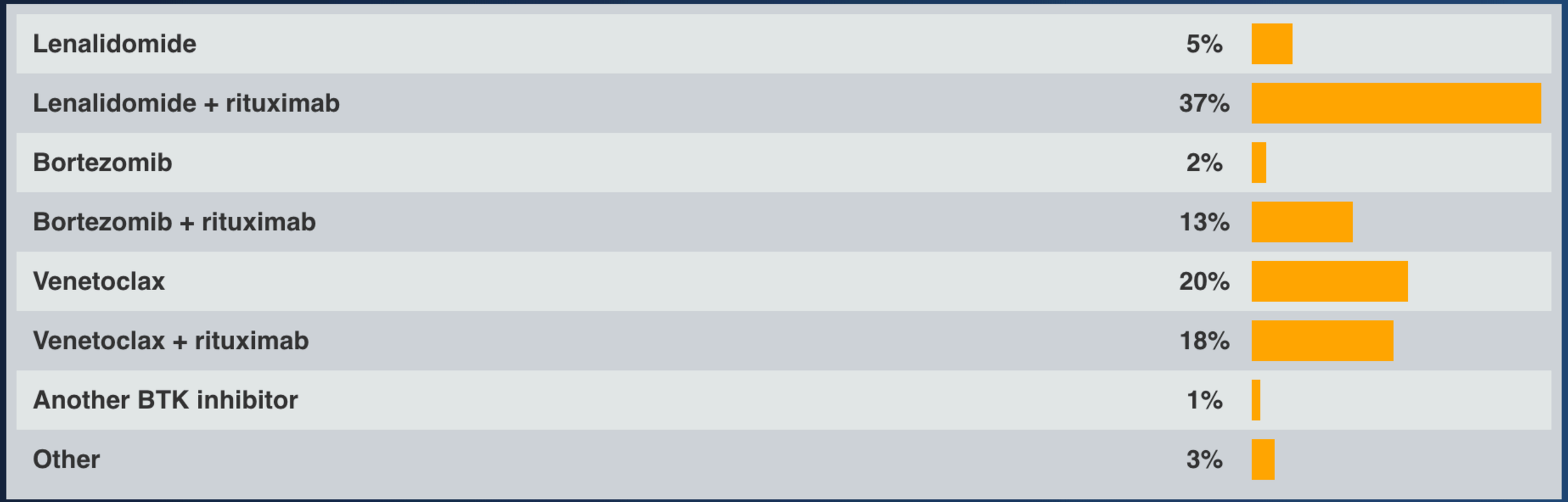


The side-effect profile of duvelisib…

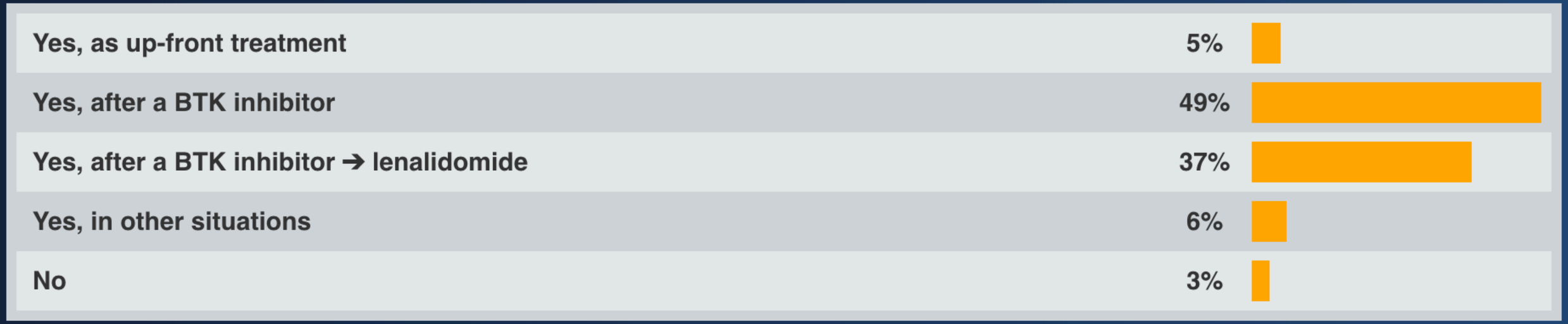
In general, what is your usual second-line therapy for an older patient (over age 75) with mantle cell lymphoma (MCL) who received BR as first-line treatment?



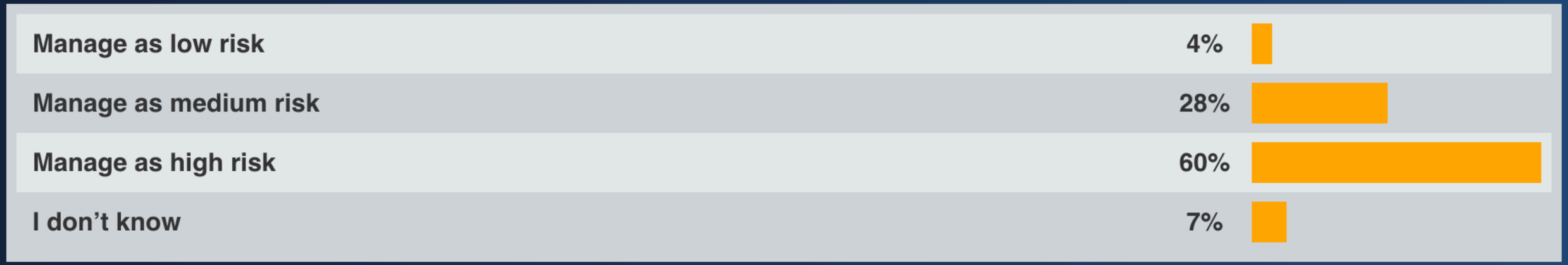
In general, what is your usual third-line therapy for an older patient (over age 75) with MCL who received BR as first-line treatment followed by a BTK inhibitor as second-line treatment?



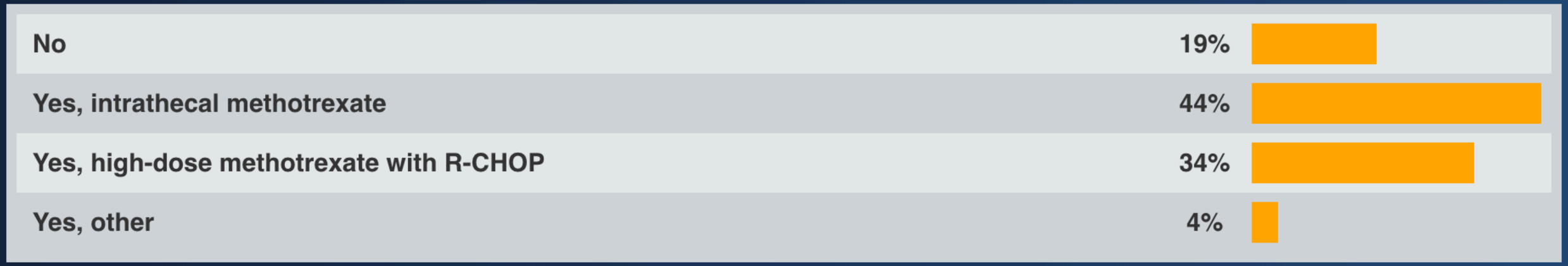
Based on available data and regulatory and reimbursement issues aside, would you attempt to access venetoclax for select patients with relapsed/refractory MCL?



How would you approach the prevention of tumor lysis syndrome (TLS) in a 78-year-old patient who is about to receive venetoclax and is at low risk for TLS based on absolute lymphocyte count and lymph node involvement but has a creatinine level of 2.4 mg/dL and a creatine clearance of 30 mL/min with normal uric acid?

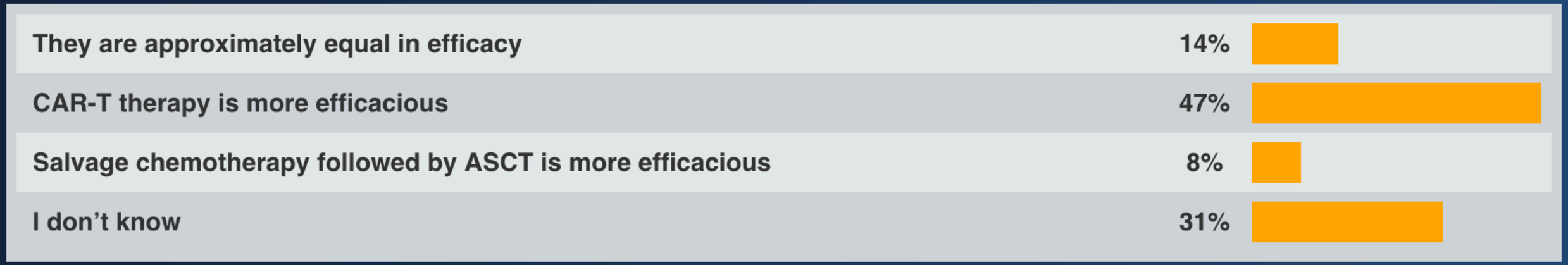


An 83-year-old man presents with fatigue and right testicular swelling. Biopsy reveals diffuse large B-cell lymphoma (DLBCL), nongerminal center-type, and a PET scan is negative for distant disease with no marrow involvement. Would you recommend CNS prophylaxis?

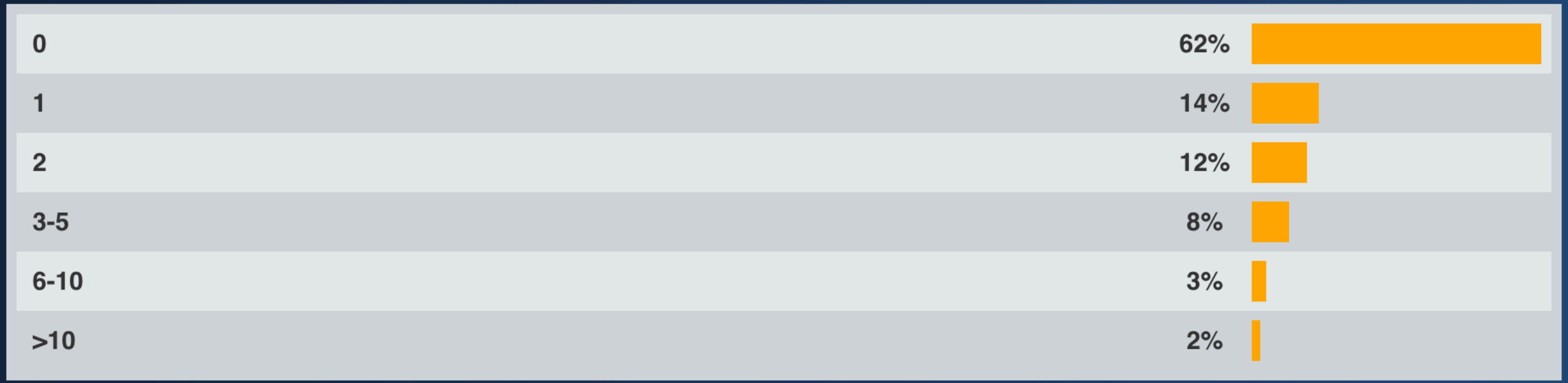


Regulatory and reimbursement issues aside, have you or would you add lenalidomide to R-CHOP induction for a patient with activated B-cell (ABC)-type DLBCL?

A Phase III randomized trial evaluating CAR-T therapy versus salvage chemotherapy followed by ASCT for patients with relapsed/refractory DLBCL will most likely demonstrate that…



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



In an otherwise healthy patient with no comorbidities, is there an age beyond which CAR T-cell therapy should not be administered for DLBCL?