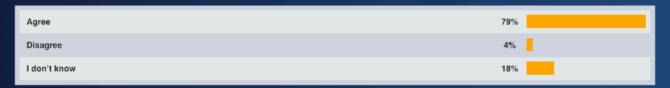
Which of the following biomarkers have an effect on your therapeutic decision-making for patients with chronic lymphocytic leukemia (CLL)?

IGHV mutation	0%
del(17p)	4%
TP53 mutation	4%
1 and 2	14%
1 and 3	4%
2 and 3	11%
1, 2 and 3	54%
None of the above	7%
Other	4%

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.



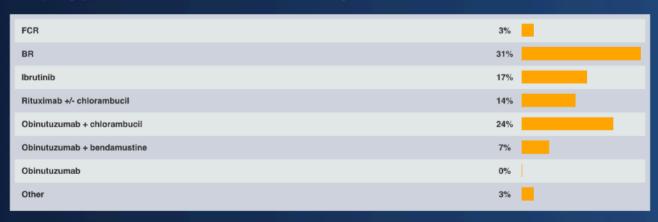
Do you consider the presence of del(17p) an indication to administer treatment to a patient with CLL who is asymptomatic and has no other indication for treatment?

Yes		32%
No		68%

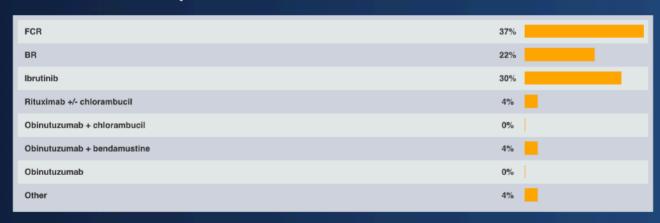
What is your usual preferred initial regimen for a <u>60-year-old</u> patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?

FCR	57%
BR	17%
Ibrutinib	13%
Rituximab +/- chlorambucil	3%
Obinutuzumab + chlorambucil	0%
Obinutuzumab + bendamustine	7%
Obinutuzumab	3%
Other	0%

What is your usual preferred initial regimen for an otherwise healthy <u>80-year-old</u> patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?



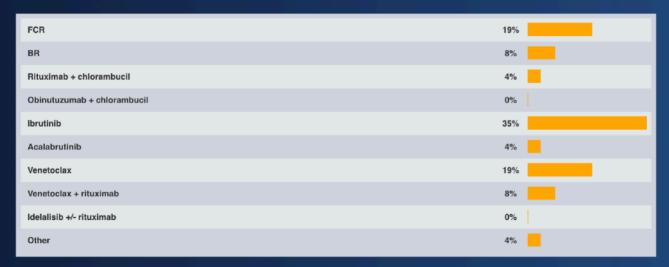
What is your usual preferred initial regimen for a 60-year-old patient with <u>IGHV-unmutated</u> CLL without del(17p) or TP53 mutation who requires treatment?



What is your usual preferred initial regimen for a younger (60-year-old) patient with CLL and del(17p) who requires treatment?

FCR	19%
BR	4%
Obinutuzumab + chlorambucil	0%
Obinutuzumab + bendamustine	4%
Ibrutinib	67%
Acalabrutinib	0%
Venetoclax	0%
Venetoclax + rituximab	4%
Idelalisib +/- rituximab	0%
Other	4%

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?



A 60-year-old patient with CLL and del(17p) is responding to ibrutinib but develops <u>atrial fibrillation requiring anticoagulation</u> with warfarin. Regulatory and reimbursement issues aside, what would you recommend?

Continue ibrutinib at the same dose	24%
Continue ibrutinib at a reduced dose	24%
Acalabrutinib	12%
FCR or BR	0%
Venetoclax	12%
Venetoclax + rituximab	8%
Idelalisib +/- rituximab	0%
Obinutuzumab	4%
Observation	8%
Other	8%

A 60-year-old patient with CLL and del(17p) is responding to ibrutinib but develops <u>significant problems with bruising and bleeding</u>. Regulatory and reimbursement issues aside, what would you recommend?

Continue ibrutinib at the same dose	8%
Continue ibrutinib at a reduced dose	42%
Acalabrutinib	27%
FCR or BR	4%
Venetoclax	12%
Venetoclax + rituximab	8%
Idelalisib +/- rituximab	0%
Obinutuzumab	0%
Observation	0%
Other	0%

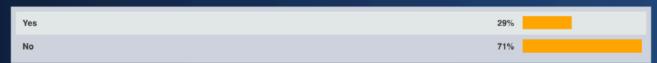
Based on current clinical trial data and your personal experience, how would you compare the efficacy of acalabrutinib to that of ibrutinib in CLL?

About the same	31%
Acalabrutinib is more efficacious	12%
Ibrutinib is more efficacious	4%
There are not enough available data at this time	19%
I don't know	35%

Based on current clinical trial data and your personal experience, how would you compare the tolerability/toxicity of acalabrutinib to that of ibrutinib in CLL?

About the same	12%
Acalabrutinib has less toxicity	35%
Ibrutinib has less toxicity	4%
There are not enough available data at this time	12%
I don't know	38%

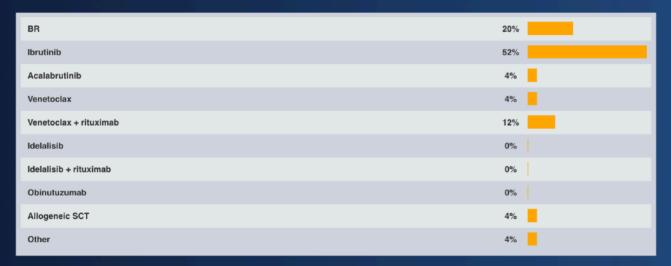
Are there situations in which you use maintenance therapy for your patients with CLL?



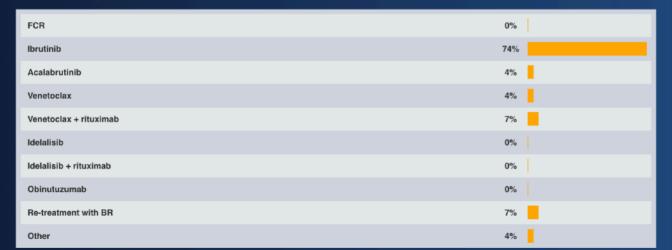
Which of the following biomarkers do you routinely test for at each relapse of CLL requiring a change in treatment?

IGHV mutation	0%
del(17p)	11%
TP53 mutation	0%
1 and 2	7%
1 and 3	0%
2 and 3	37%
1, 2 and 3	37%
None of the above	4%
Other	4%

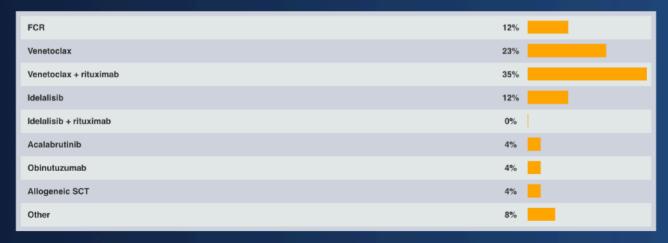
Reimbursement and regulatory issues aside, what second-line therapy would you recommend for a 60-year-old patient with CLL without del(17p) or TP53 mutation who responded to FCR and then experienced disease progression 3 years later?



Reimbursement and regulatory issues aside, what second-line therapy would you recommend for an otherwise healthy 80-year-old patient with CLL without del(17p) or TP53 mutation who responded to BR and then experienced disease progression 3 years later?



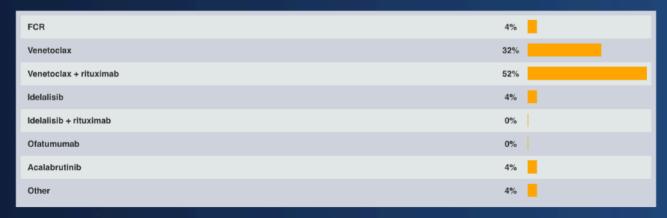
Reimbursement and regulatory issues aside, what second-line therapy would you recommend for a 60-year-old patient with CLL without del(17p) or TP53 mutation who responded to ibrutinib and then experienced disease progression 3 years later?



How would you globally compare the antitumor activity of venetoclax/rituximab to that of bendamustine/rituximab in patients with CLL?

Venetoclax/rituximab has greater activity	58%
Bendamustine/rituximab has greater activity	0%
They have approximately equal activity	15%
I don't know	27%

Reimbursement and regulatory issues aside, in general, what third-line therapy would you recommend for a 60-year-old patient with CLL without del(17p) or TP53 mutation who responds to BR for 24 months and experiences disease relapse, then receives ibrutinib for 18 months followed by disease progression?



An <u>80-year-old</u> patient with CLL, an absolute lymphocyte count of <u>20,000</u> and several involved lymph nodes that are <u><2 cm</u> is about to receive venetoclax. What preemptive measures, if any, would you take to address tumor lysis syndrome prior to the initiation of therapy?

None	4%
Encourage oral hydration and allopurinol	38%
IV hydration and allopurinol	23%
Encourage oral hydration and rasburicase	15%
IV hydration and rasburicase	0%
Admit to hospital	15%
Other	4%

A <u>60-year-old</u> patient with CLL, an absolute lymphocyte count of <u>80,000</u> and several involved lymph nodes that are <u>>5 cm</u> is about to receive venetoclax. What preemptive measures, if any, would you take to address tumor lysis syndrome prior to the initiation of therapy?

None	0%
Encourage oral hydration and allopurinol	4%
IV hydration and allopurinol	15%
Encourage oral hydration and rasburicase	4%
IV hydration and rasburicase	19%
Admit to hospital	56%
Other	4%

A 60-year-old patient presents with a history of CLL treated with ibrutinib and a new Richter's transformation. The patient receives 2 cycles of R-CHOP and has progressive disease. What would be your next line of therapy?

