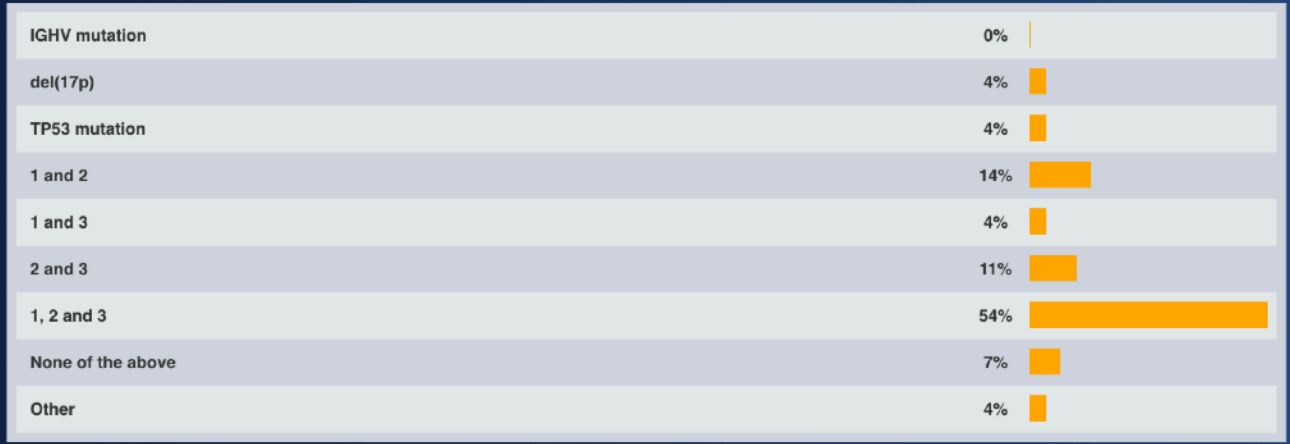
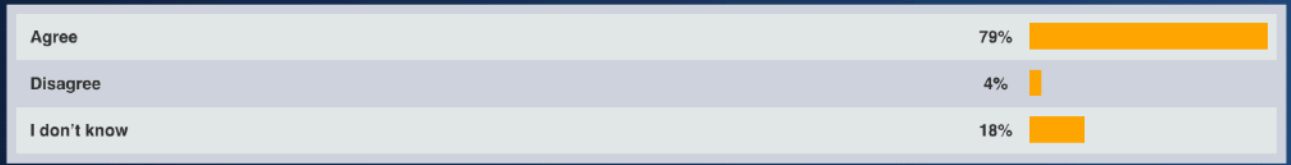
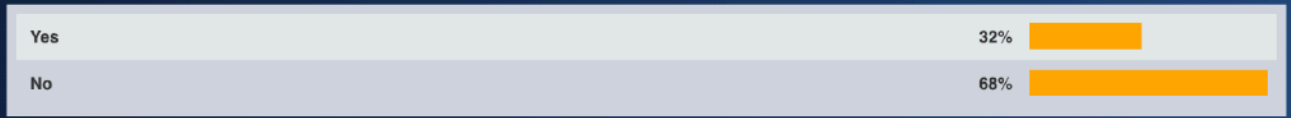
Which of the following biomarkers have an effect on your therapeutic decision-making for patients with chronic lymphocytic leukemia (CLL)?



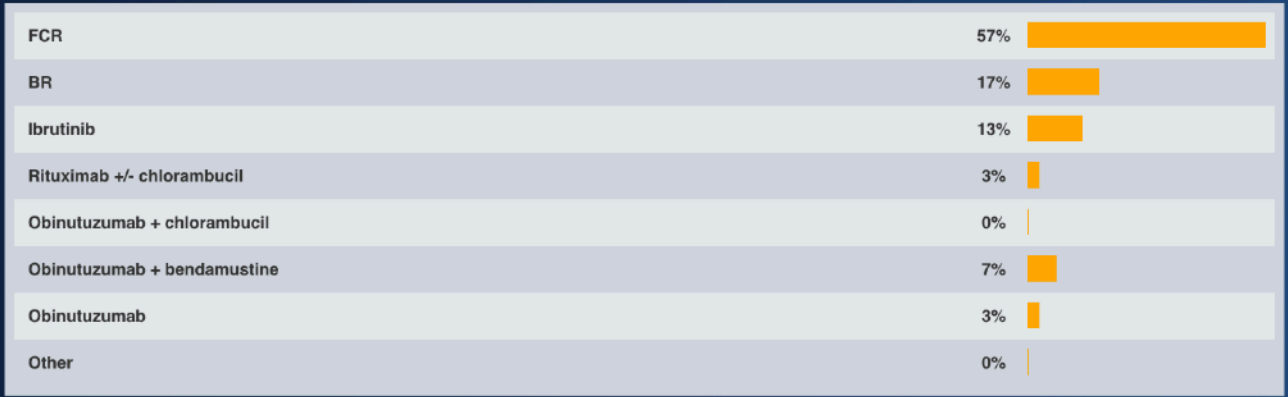
TP53 mutations have similar clinical implications (ie, chemotherapy resistance) as del(17p) and should be assessed prior to initiating up-front treatment and at each relapse requiring a change in treatment.



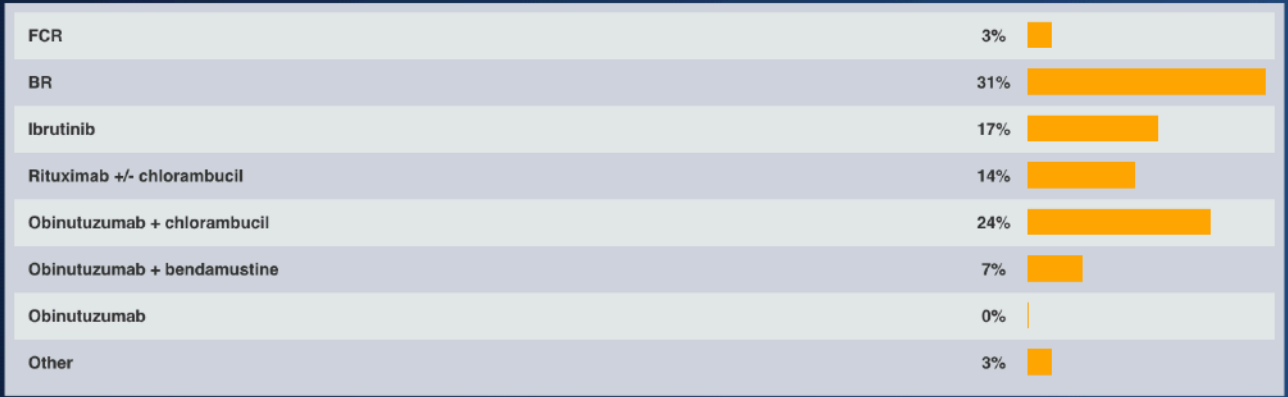
Do you consider the presence of del(17p) an indication to administer treatment to a patient with CLL who is asymptomatic and has no other indication for treatment?



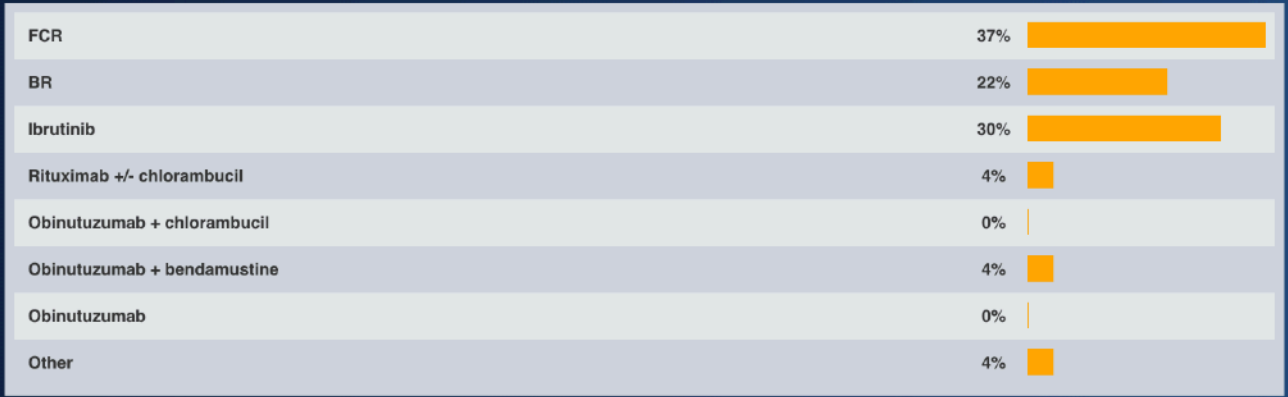
What is your usual preferred initial regimen for a 60-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?



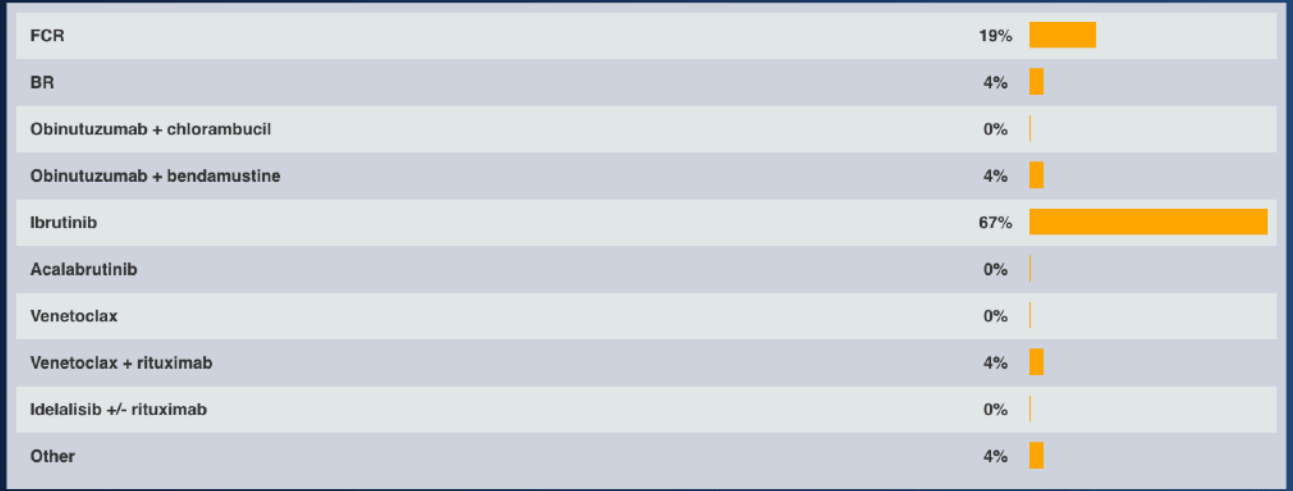
What is your usual preferred initial regimen for an otherwise healthy 80-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?



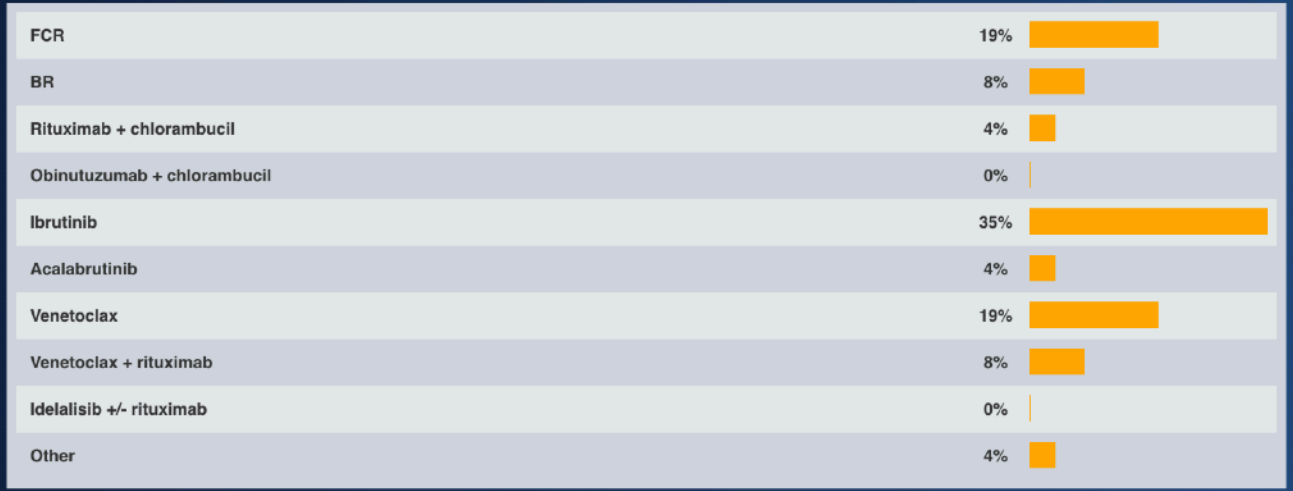
What is your usual preferred initial regimen for a 60-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment?



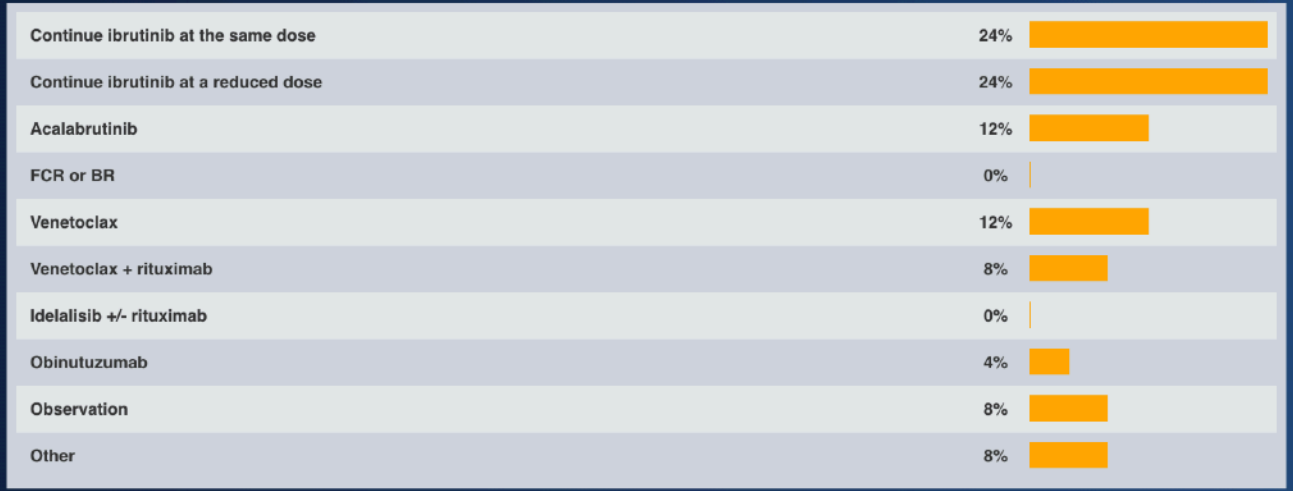
What is your usual preferred initial regimen for a younger (60-year-old) patient with CLL and del(17p) who requires treatment?



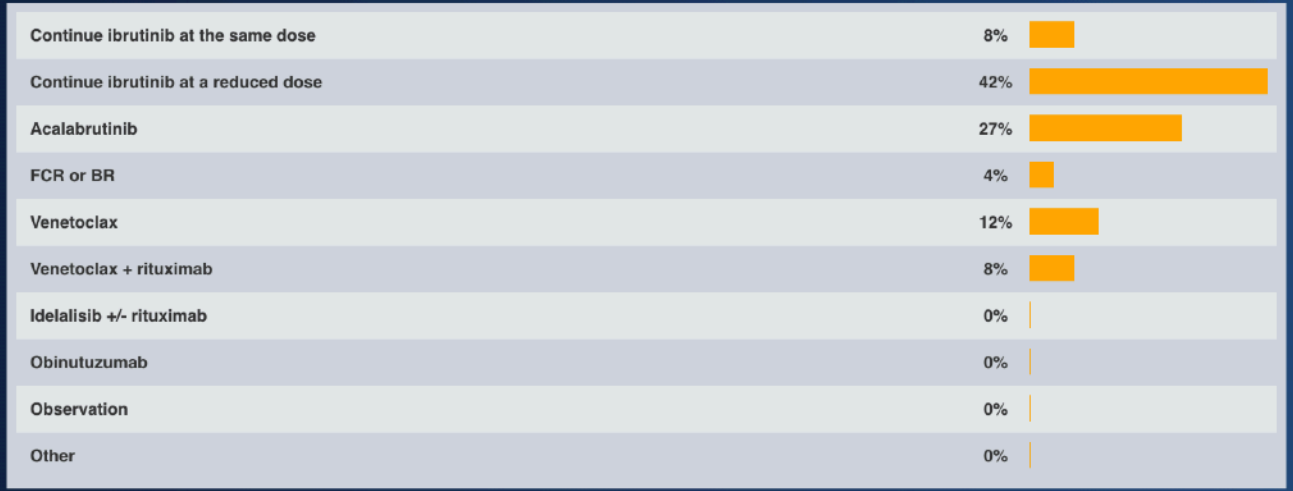
What is your usual preferred initial regimen for a younger (60-year-old) patient with CLL and del(17p) who requires treatment, has a history of atrial fibrillation and is receiving anticoagulation?



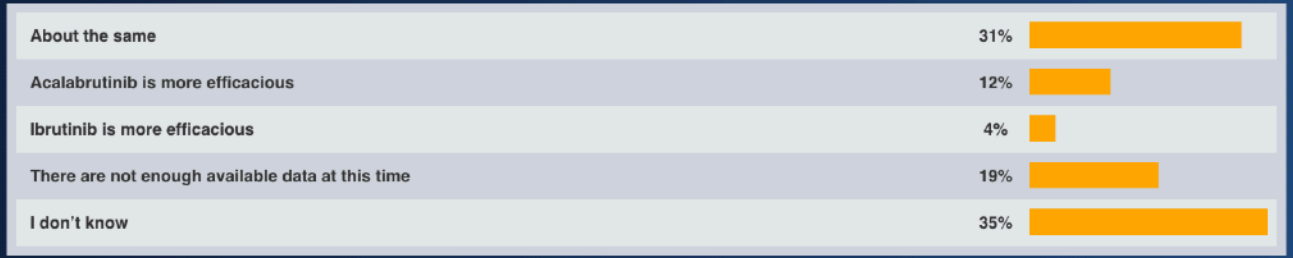
A 60-year-old patient with CLL and del(17p) is responding to ibrutinib but develops atrial fibrillation requiring anticoagulation with warfarin. Regulatory and reimbursement issues aside, what would you recommend?



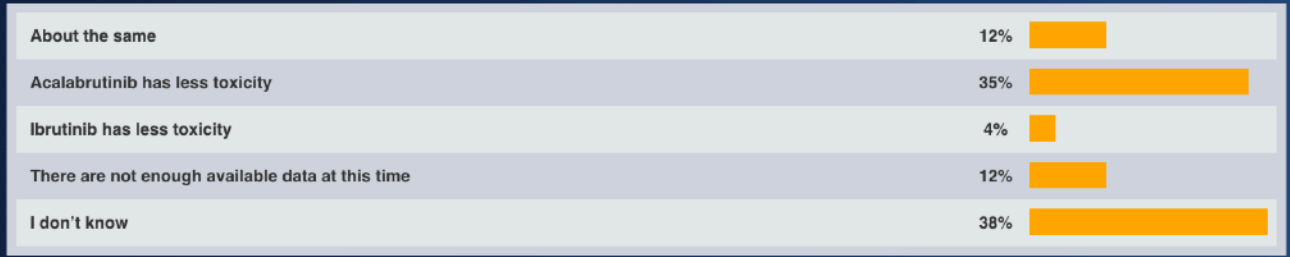
A 60-year-old patient with CLL and del(17p) is responding to ibrutinib but develops significant problems with bruising and bleeding. Regulatory and reimbursement issues aside, what would you recommend?



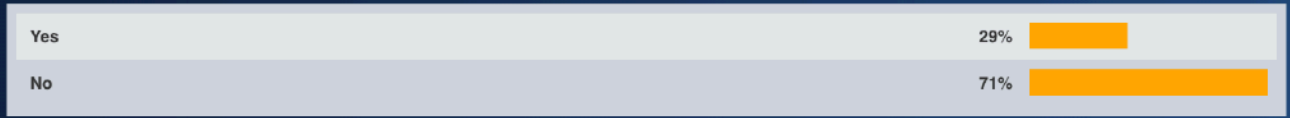
Based on current clinical trial data and your personal experience, how would you compare the efficacy of acalabrutinib to that of ibrutinib in CLL?



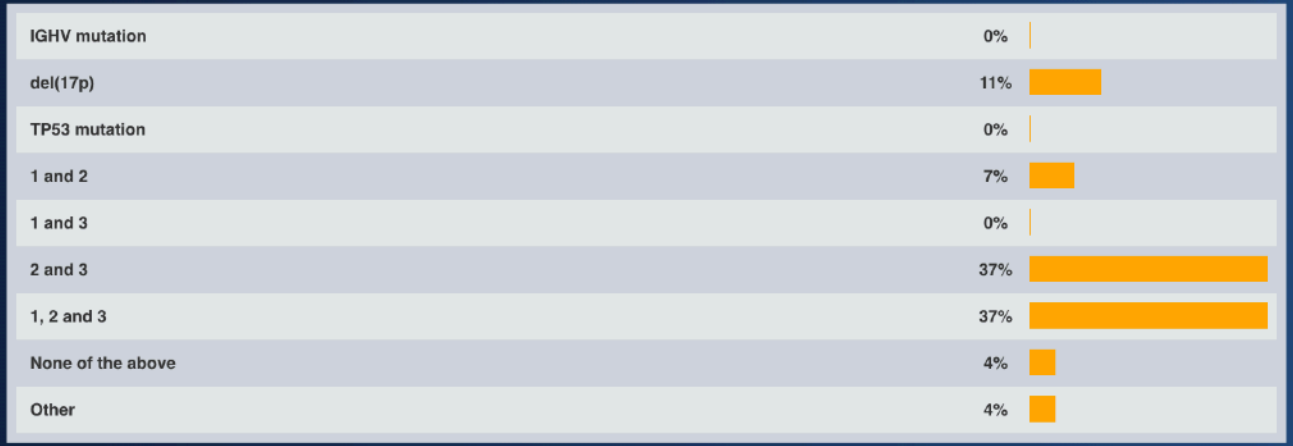
Based on current clinical trial data and your personal experience, how would you compare the tolerability/toxicity of acalabrutinib to that of ibrutinib in CLL?



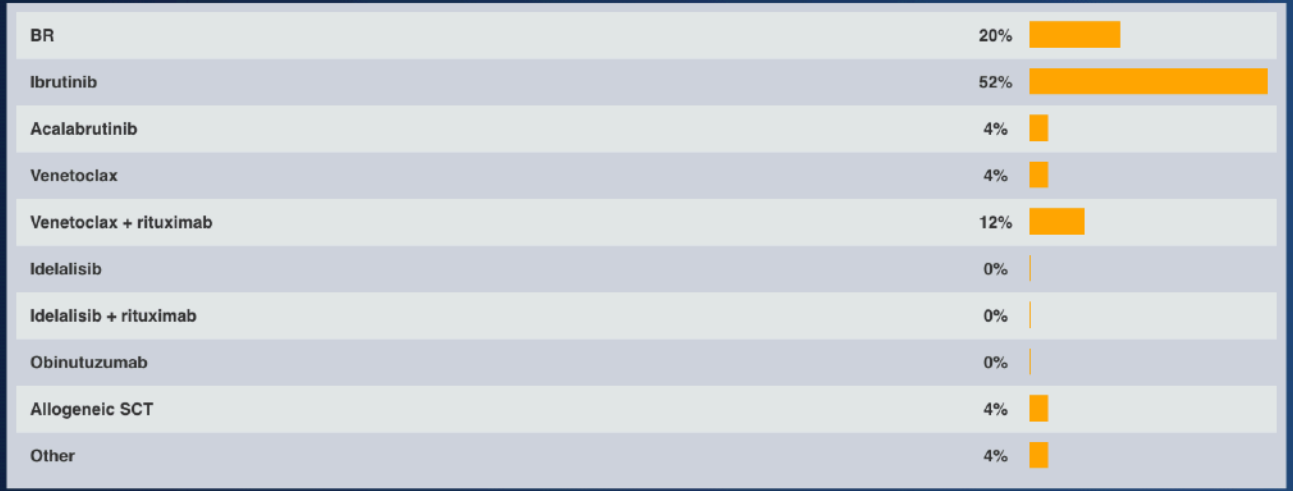
Are there situations in which you use maintenance therapy for your patients with CLL?



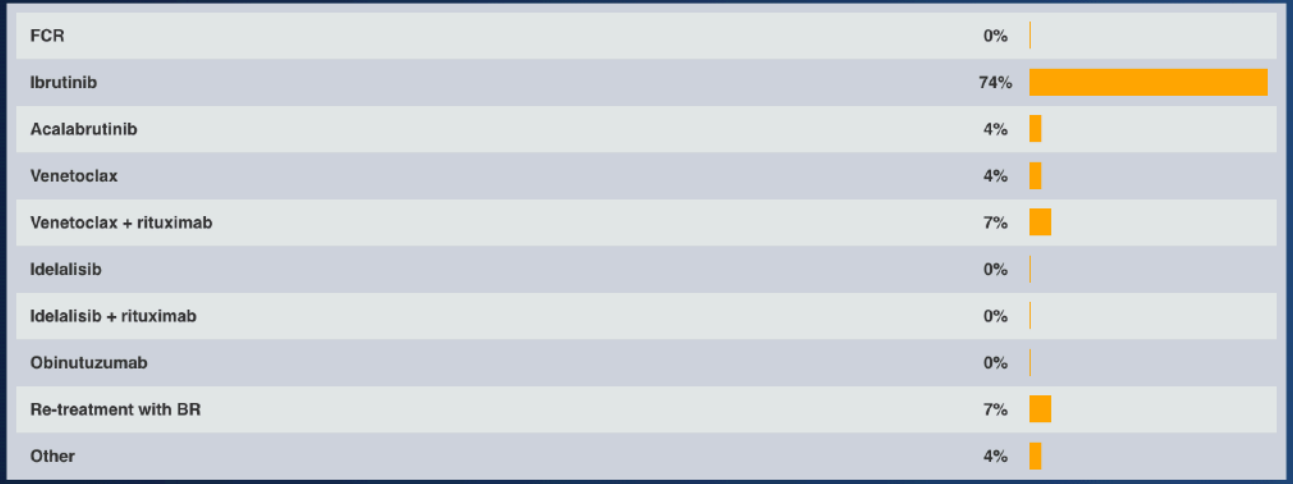
Which of the following biomarkers do you routinely test for at each relapse of CLL requiring a change in treatment?



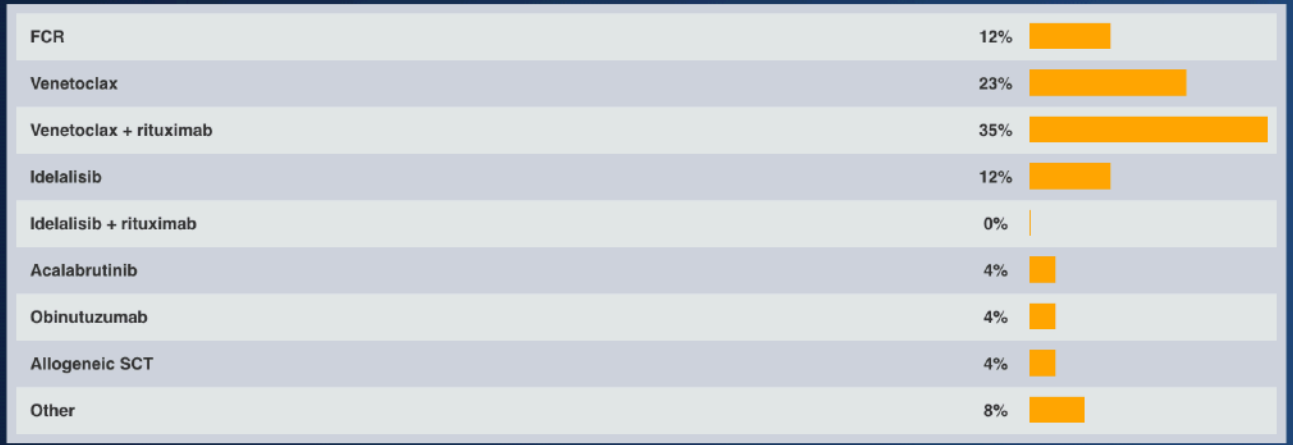
Reimbursement and regulatory issues aside, what second-line therapy would you recommend for a 60-year-old patient with CLL without del(17p) or TP53 mutation who responded to FCR and then experienced disease progression 3 years later?



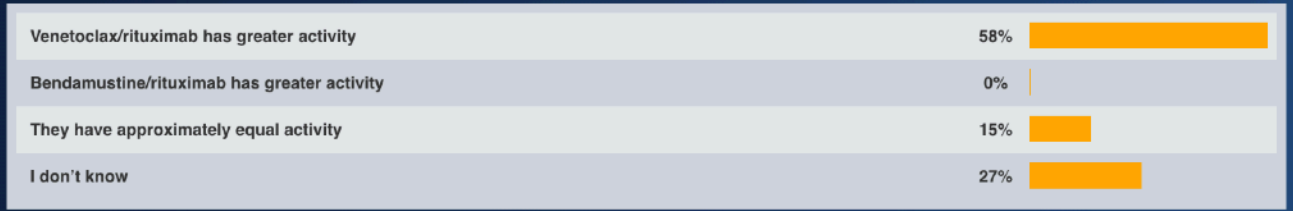
Reimbursement and regulatory issues aside, what second-line therapy would you recommend for an otherwise healthy 80-year-old patient with CLL without del(17p) or TP53 mutation who responded to BR and then experienced disease progression 3 years later?



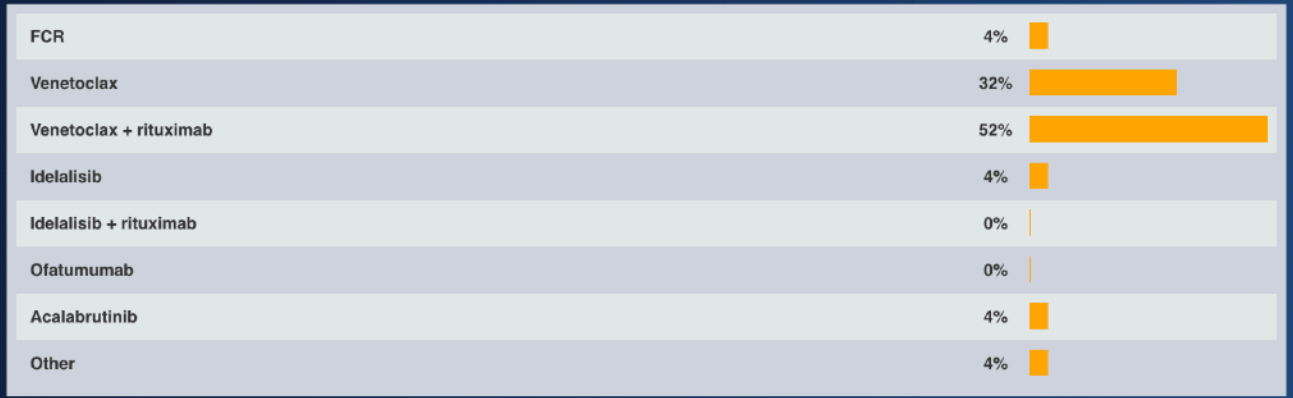
Reimbursement and regulatory issues aside, what second-line therapy would you recommend for a 60-year-old patient with CLL without del(17p) or TP53 mutation who responded to ibrutinib and then experienced disease progression 3 years later?



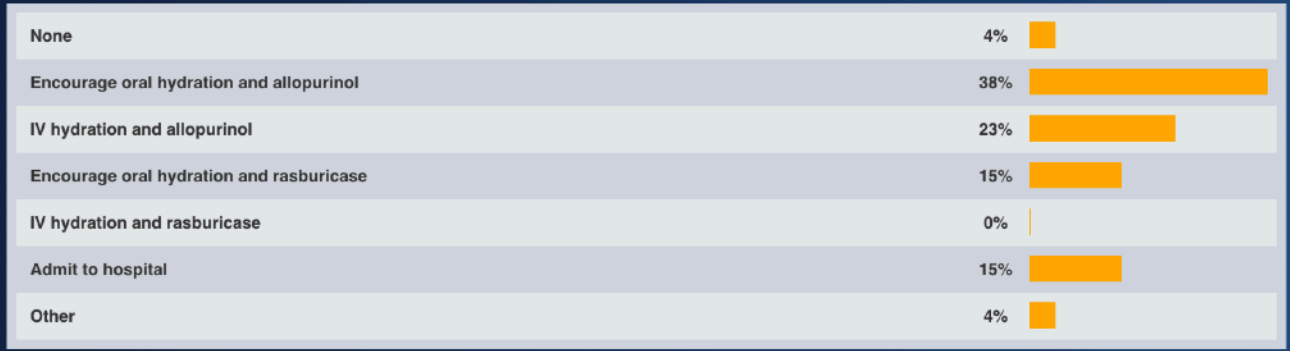
How would you globally compare the antitumor activity of venetoclax/rituximab to that of bendamustine/rituximab in patients with CLL?



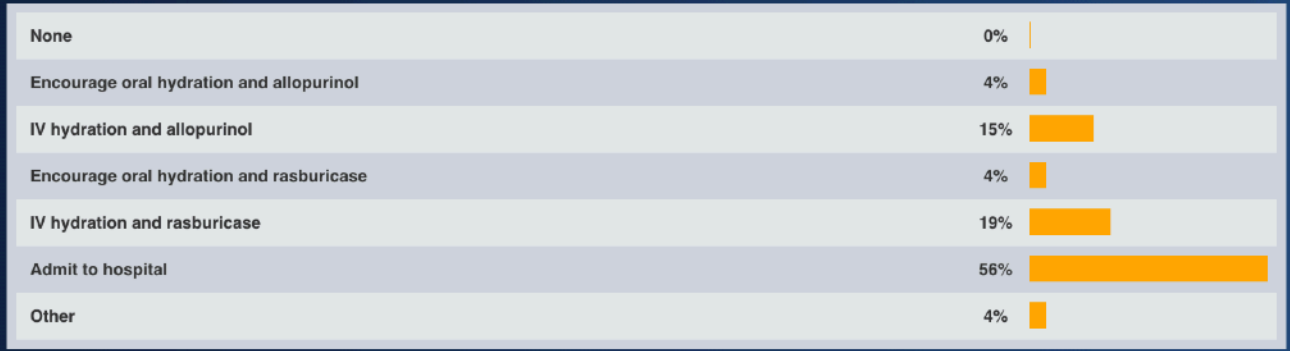
Reimbursement and regulatory issues aside, in general, what third-line therapy would you recommend for a 60-year-old patient with CLL without del(17p) or TP53 mutation who responds to BR for 24 months and experiences disease relapse, then receives ibrutinib for 18 months followed by disease progression?



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



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



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?