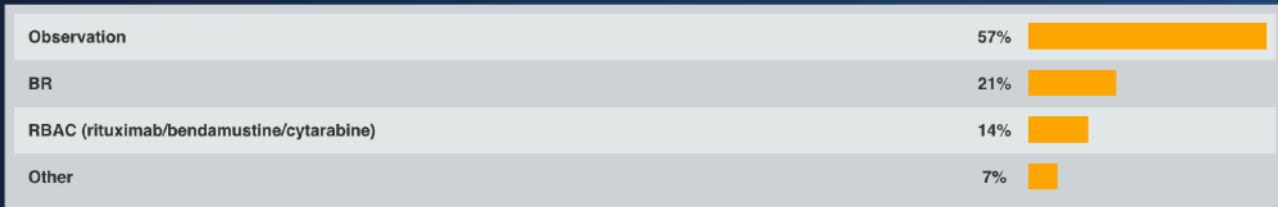
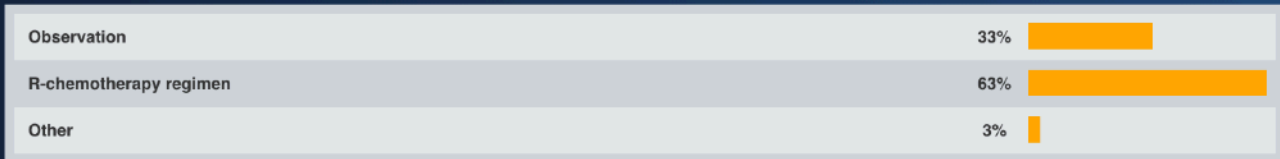


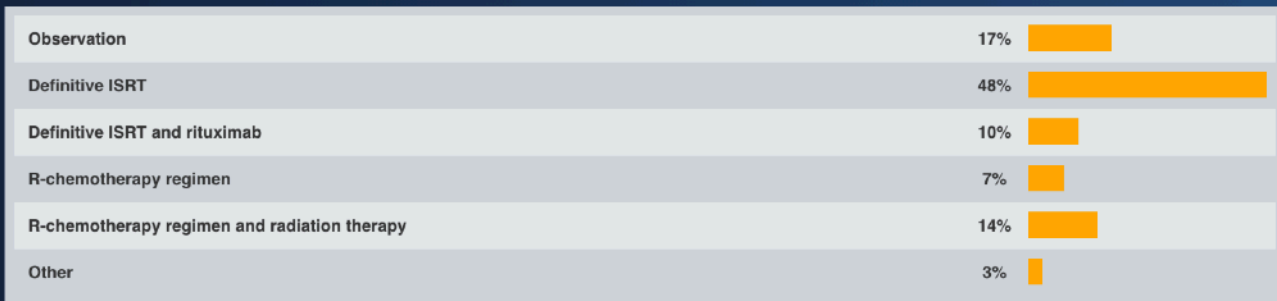
A 60-year-old patient presents with a white blood cell count of 50,000. Scans are notable for mild splenomegaly but no adenopathy, and bone marrow biopsy shows mantle cell lymphoma (MCL) with Sox-11 expression. Ki-67 is 20%. What would you recommend?



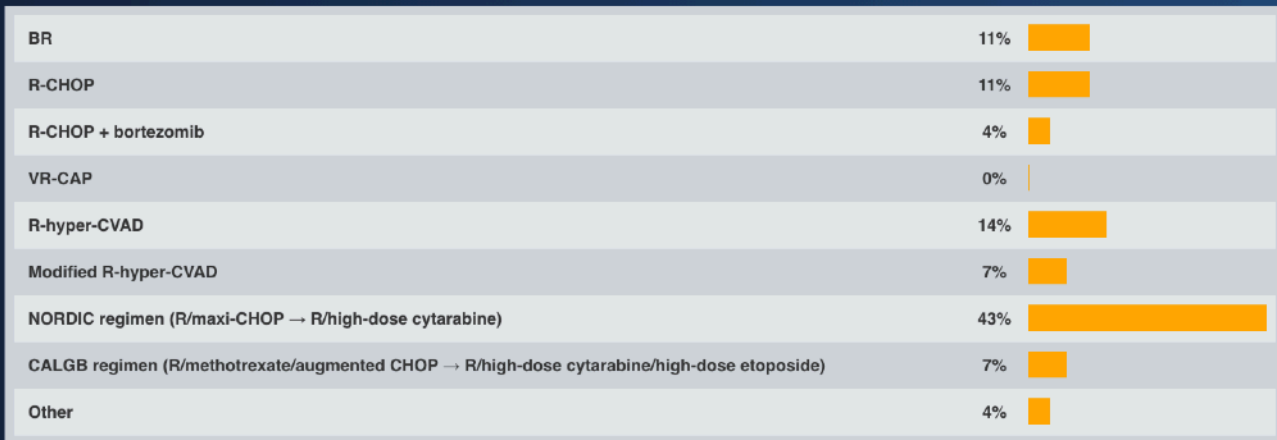
A 60-year-old man being evaluated for kidney stones is found to have abnormal bowel wall thickening. Colonoscopy reveals isolated MCL with extensive gastrointestinal involvement, but the patient is asymptomatic. What would you recommend?



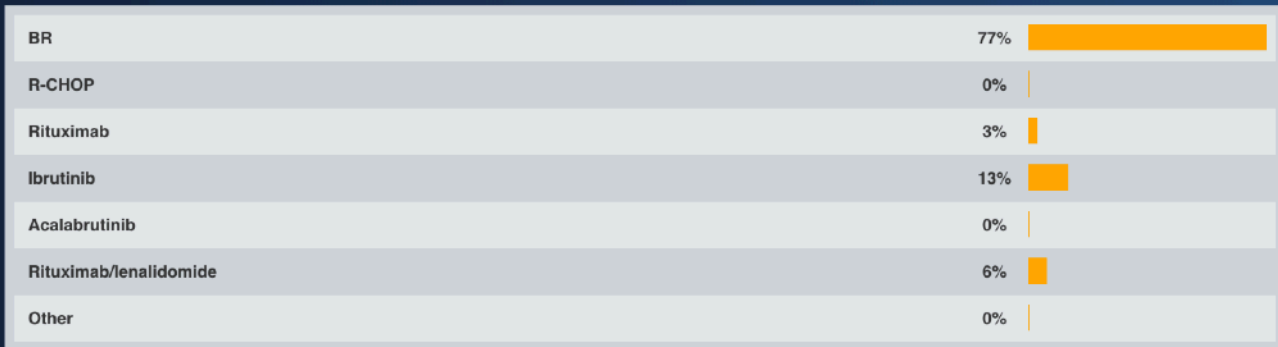
A 60-year-old asymptomatic patient is found to have a 4-cm cervical lymph node that demonstrates MCL (bone marrow and pan-endoscopy negative). What treatment would you recommend?



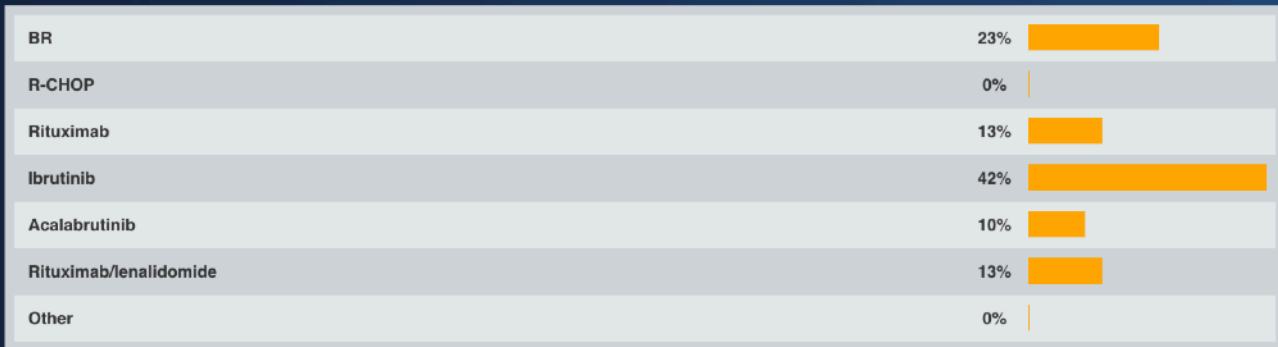
In a 60-year-old patient with newly diagnosed MCL who requires treatment, what induction regimen would you most likely recommend? (Assume therapy is prior to transplant if indicated.)



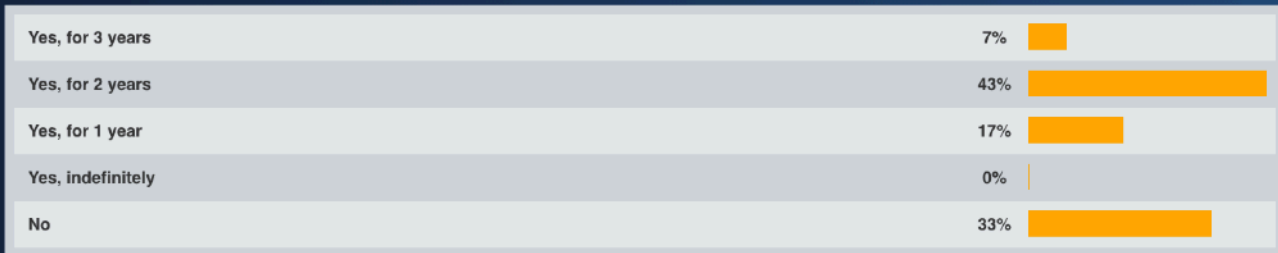
In an 80-year-old patient with newly diagnosed MCL who requires treatment, what induction regimen would you most likely recommend?



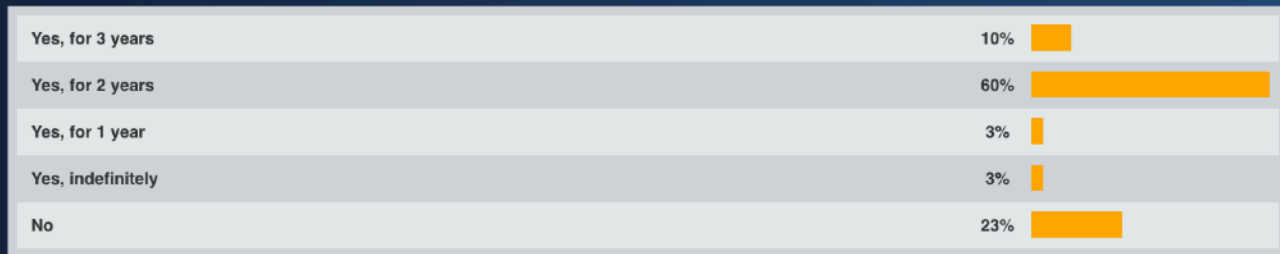
In a 90-year-old patient with newly diagnosed MCL who requires treatment, what induction regimen would you most likely recommend?



Do you generally use maintenance rituximab for younger patients with MCL who have undergone transplant?



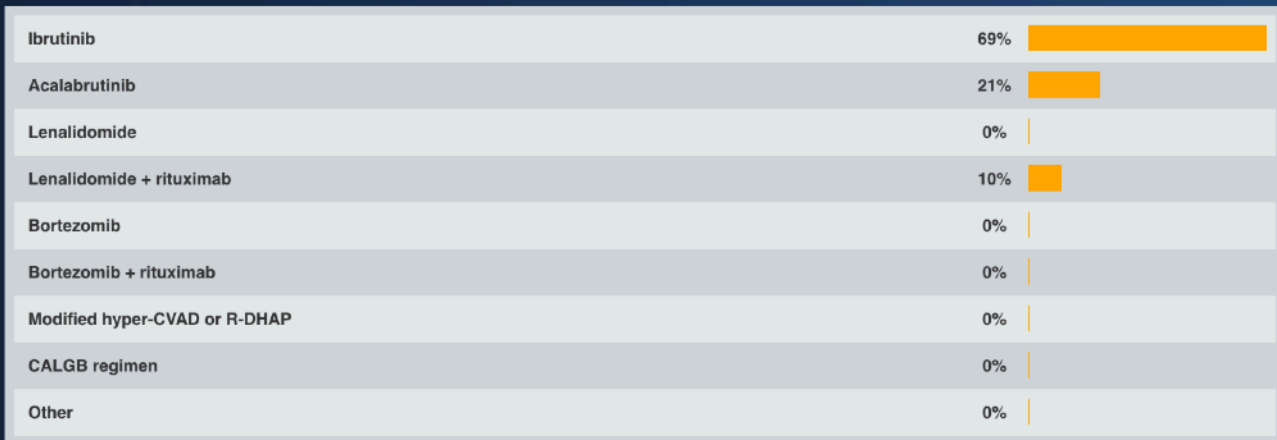
Do you generally use maintenance rituximab for patients with MCL who are not transplant candidates?



In general, how, if at all, have you incorporated subcutaneous rituximab into your management of MCL?



A 60-year-old patient with MCL initially treated with the NORDIC regimen followed by autologous transplant and 2 years of rituximab maintenance relapses 3 years later. What would you recommend?



The patient in the previous scenario receives ibrutinib and achieves a complete response. What would you do next?

Continue ibrutinib until disease progression

69%



Consider allotransplant

28%

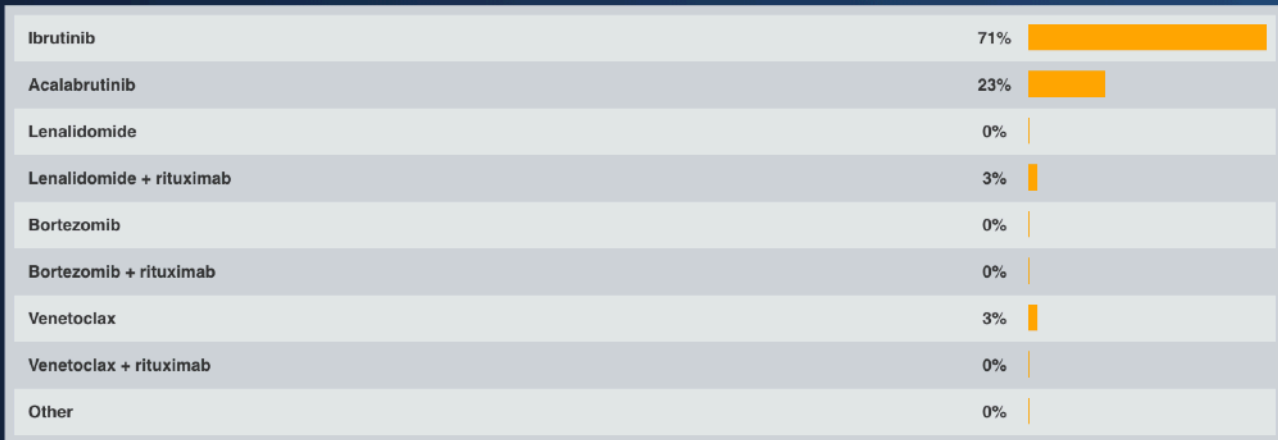


Other

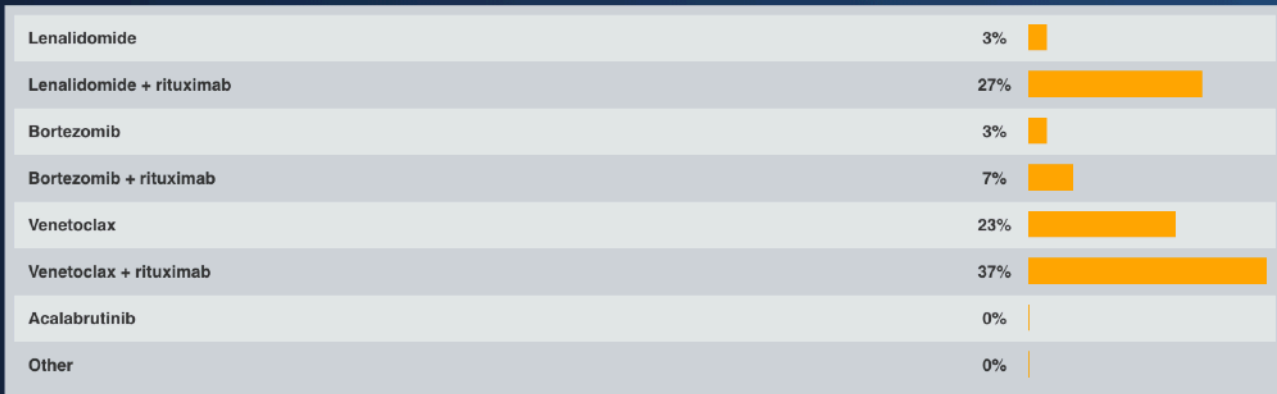
3%



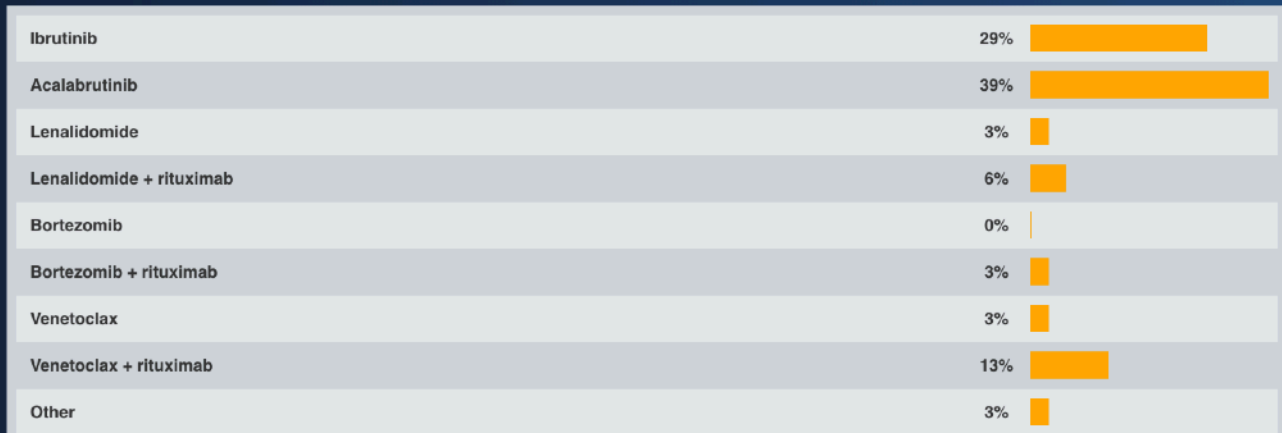
An 80-year-old patient with MCL responds to BR followed by rituximab maintenance but after 3 years develops disease progression. The patient is not a candidate for transplant. In general, what would be your most likely next treatment recommendation?



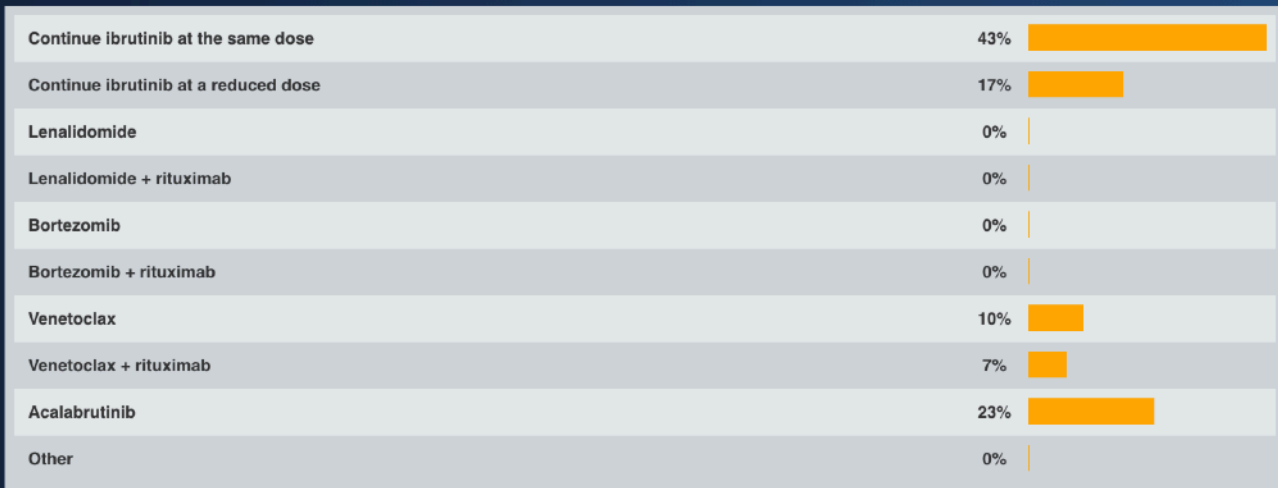
In general, what would be your most likely treatment recommendation for a transplant-ineligible 60-year-old patient with MCL who responds to R-hyper-CVAD and then ibrutinib on relapse but subsequently develops disease progression?



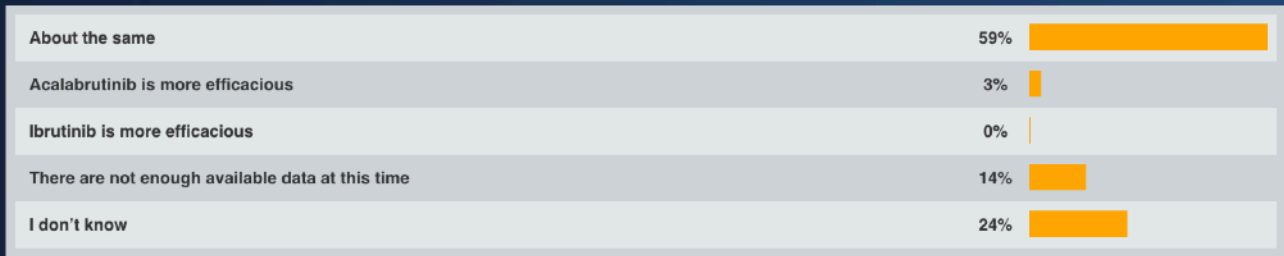
A 60-year-old patient with MCL responds to R-hyper-CVAD followed by autologous transplant and rituximab maintenance but after 1 year develops disease progression. The patient is no longer a candidate for transplant. What would be your most likely next treatment recommendation if the patient had a history of atrial fibrillation and was receiving anticoagulation with warfarin?



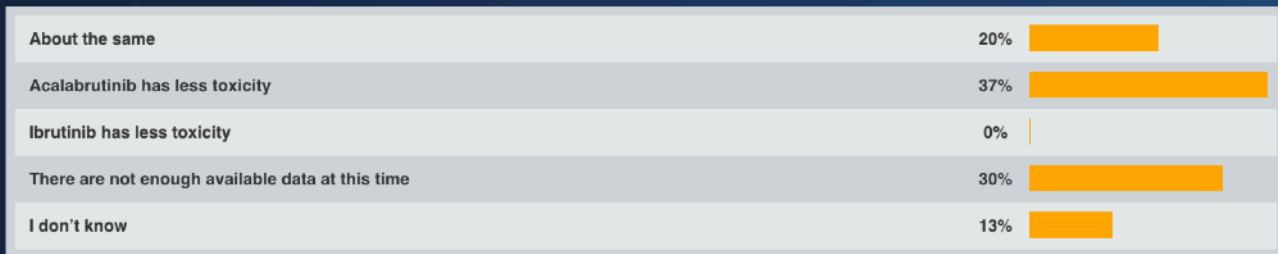
A 60-year-old patient with MCL responds to BR and then ibrutinib on relapse but develops atrial fibrillation requiring anticoagulation with warfarin. Regulatory and reimbursement issues aside, what would you recommend?



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



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



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

Yes

89%

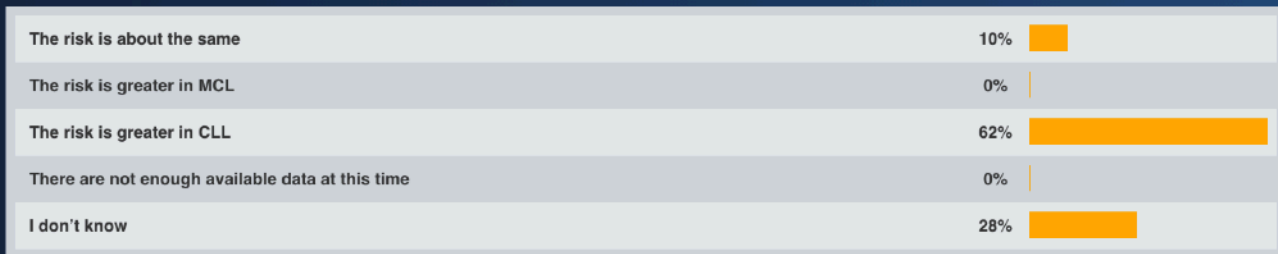


No

11%



How would you compare the risk of tumor lysis syndrome in patients with MCL receiving venetoclax to that of patients with CLL receiving venetoclax?



An 80-year-old patient with MCL, an absolute lymphocyte count of 7,000 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?

