

## Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 65-year-old patient with extensive-stage small cell lung cancer (SCLC)?

Carboplatin/etoposide

27%



Cisplatin/etoposide

27%



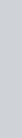
Carboplatin/etoposide + atezolizumab

45%



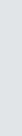
Carboplatin/irinotecan

0%



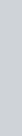
Cisplatin/irinotecan

0%

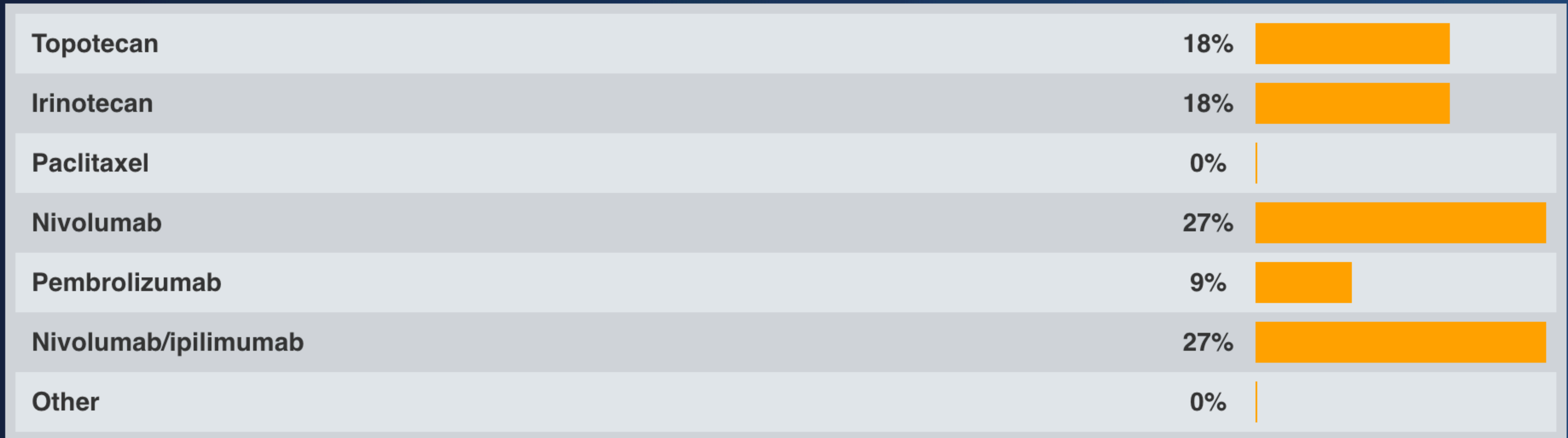


Other

0%



**A 65-year-old patient with metastatic SCLC experiences a response to first-line carboplatin/etoposide but then experiences disease progression after 3 months. What would you recommend?**



**Reimbursement and regulatory issues aside, which first-line treatment regimen would you recommend for a 65-year-old patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 TPS of 10%?**

Carboplatin/pemetrexed/pembrolizumab

50%



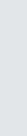
Pembrolizumab

17%



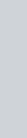
Chemotherapy +/- bevacizumab

0%



Atezolizumab

0%



Atezolizumab/carboplatin/paclitaxel +/- bevacizumab

17%



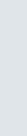
Atezolizumab/platinum/pemetrexed

8%



Atezolizumab/platinum/*nab* paclitaxel

0%



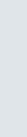
Nivolumab/ipilimumab

8%

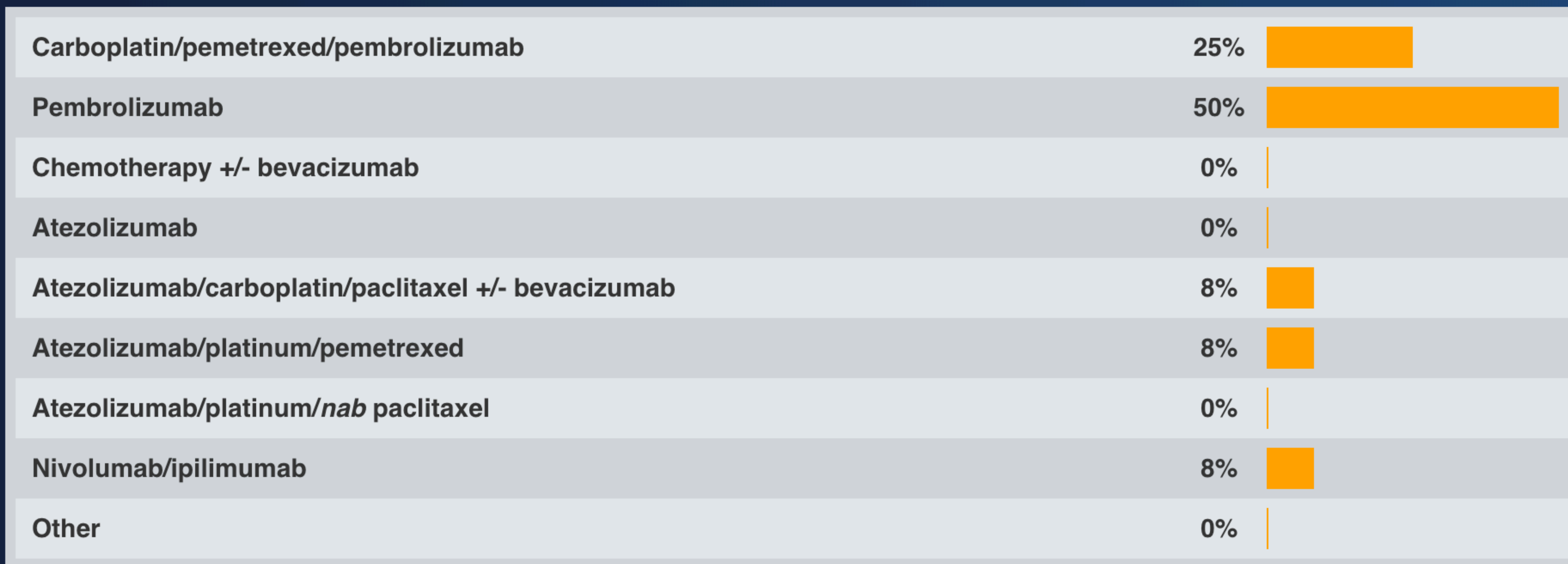


Other

0%



**Reimbursement and regulatory issues aside, which first-line treatment regimen would you recommend for a 65-year-old patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 TPS of 60%?**



**A patient presents with metastatic nonsquamous lung cancer with no identified targetable mutations, a PD-L1 TPS of 90% and moderate respiratory distress secondary to extensive tumor in the lung. What would be your most likely treatment recommendation?**

**Carboplatin/pemetrexed/pembrolizumab**

**40%**



**Pembrolizumab**

**30%**



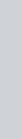
**Chemotherapy +/- bevacizumab**

**10%**



**Atezolizumab**

**0%**



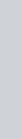
**Atezolizumab/carboplatin/paclitaxel +/- bevacizumab**

**20%**



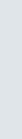
**Atezolizumab/platinum/pemetrexed**

**0%**



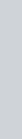
**Atezolizumab/platinum/*nab* paclitaxel**

**0%**



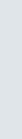
**Nivolumab/ipilimumab**

**0%**



**Other**

**0%**



## In general, when do you believe checkpoint inhibitors should be introduced into the treatment algorithm for a patient who is presenting with metastatic NSCLC with an EGFR tumor mutation and a PD-L1 TPS of 60%?



**Reimbursement and regulatory issues aside, which first-line treatment regimen would you recommend for a 65-year-old patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 tumor proportion score (TPS) of 0%?**

Carboplatin/pemetrexed/pembrolizumab

44%



Pembrolizumab

11%



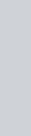
Chemotherapy +/- bevacizumab

11%



Atezolizumab

0%



Atezolizumab/carboplatin/paclitaxel +/- bevacizumab

11%



Atezolizumab/platinum/pemetrexed

11%



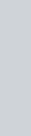
Atezolizumab/platinum/*nab* paclitaxel

11%



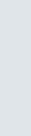
Nivolumab/ipilimumab

0%








Other

0%



**Reimbursement and regulatory issues aside, which first-line treatment regimen would you recommend for a 65-year-old patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 TPS of 0% and a tumor mutational burden of 15 mut/Mb?**

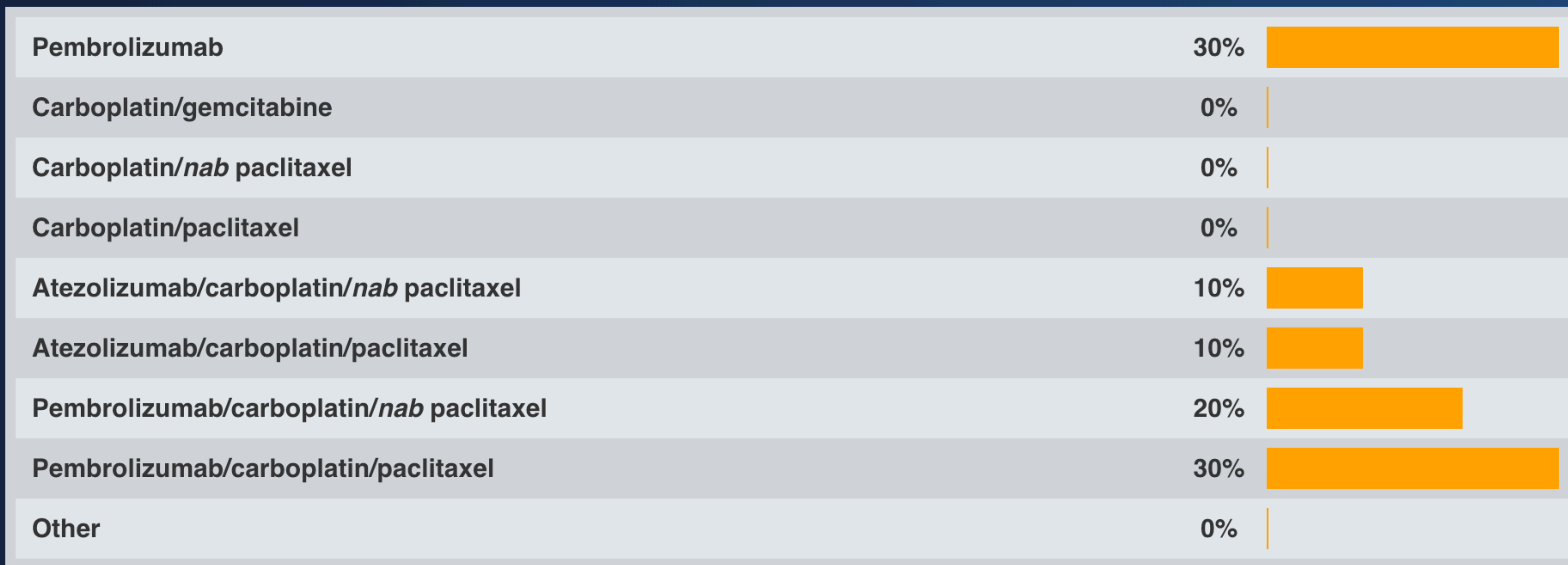
Carboplatin/pemetrexed/pembrolizumab	25%	
Pembrolizumab	25%	
Chemotherapy +/- bevacizumab	0%	
Atezolizumab	0%	
Atezolizumab/carboplatin/paclitaxel +/- bevacizumab	25%	
Atezolizumab/platinum/pemetrexed	13%	
Atezolizumab/platinum/ <i>nab</i> paclitaxel	0%	
Nivolumab/ipilimumab	13%	
Other	0%	



# Reimbursement and regulatory issues aside, what first-line treatment regimen would you recommend for a 65-year-old patient with metastatic squamous cell lung cancer and a PD-L1 TPS of 10%?

Pembrolizumab	10%	
Carboplatin/gemcitabine	0%	
Carboplatin/ <i>nab</i> paclitaxel	10%	
Carboplatin/paclitaxel	20%	
Atezolizumab/carboplatin/ <i>nab</i> paclitaxel	20%	
Atezolizumab/carboplatin/paclitaxel	0%	
Pembrolizumab/carboplatin/ <i>nab</i> paclitaxel	20%	
Pembrolizumab/carboplatin/paclitaxel	20%	
Other	0%	

# Reimbursement and regulatory issues aside, what first-line treatment regimen would you recommend for a 65-year-old patient with metastatic squamous cell lung cancer and a PD-L1 TPS of 60%?



## The risk of Grade 3/4 toxicities with checkpoint inhibitors is...

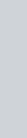
Greater in patients older than 75 than in patients younger than 65

8%



Less in patients older than 75 than in patients younger than 65

0%



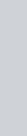
About the same in patients older than 75 and those younger than 65

92%



I don't know

0%



**Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 65-year-old patient with extensive-stage SCLC and neurologic paraneoplastic syndrome causing moderate to severe proximal myopathy?**

