

A 68-year-old man underwent prostatectomy for Gleason 7 prostate cancer followed by radiation therapy for early PSA recurrence with PSA nadir at 0.9 ng/mL. Eighteen months later PSA rises to 1.2 ng/mL and over the next 12 months continues to rise to 3.3 ng/mL with a PSA doubling time of 10 months. Would you administer androgen deprivation therapy (ADT)?

Yes

47%



No

53%



A 68-year-old man underwent prostatectomy for Gleason 7 prostate cancer followed by radiation therapy for early PSA recurrence with PSA nadir at 0.9 ng/mL. Eighteen months later PSA rises to 1.2 ng/mL and over the next 12 months continues to rise to 15 ng/mL with a PSA doubling time of 6 months. Would you administer ADT?

Yes

86%



No

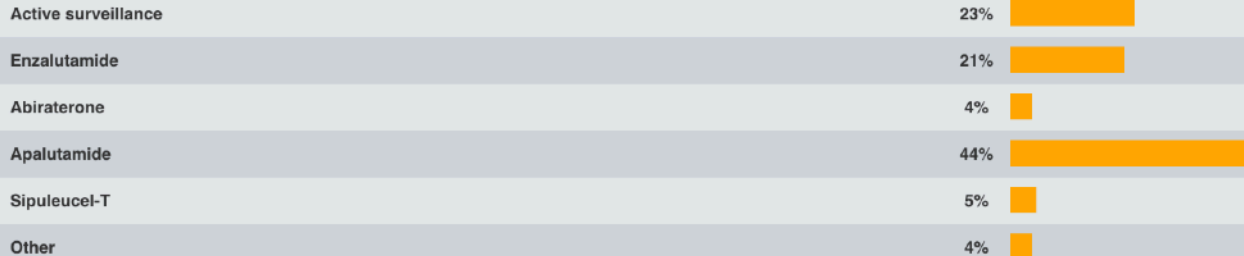
14%



The patient in the previous scenario receives an LHRH agonist and 1 year later experiences PSA progression with a PSA doubling time of 7 months and negative imaging. What would you recommend?



The patient in the previous scenario receives an LHRH agonist and 1 year later experiences PSA progression with a PSA doubling time of 7 months and negative imaging. Assuming apalutamide were available, what would you recommend?



Have you used enzalutamide or abiraterone for a patient with PSA-only disease?

Yes

38%



No

62%



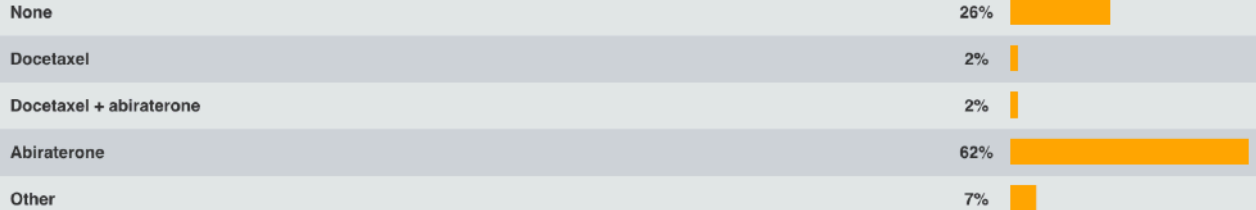
In addition to LHRH agonist/antagonist treatment, what systemic therapy, if any, would you recommend for a 60-year-old man presenting with Gleason 8 prostate cancer and 3 bone metastases that are minimally symptomatic?



In addition to LHRH agonist/antagonist treatment, what systemic therapy, if any, would you recommend for a 60-year-old man presenting with Gleason 8 prostate cancer and 6 bone metastases that are minimally symptomatic?



In addition to LHRH agonist/antagonist treatment, what systemic therapy, if any, would you recommend for an 80-year-old man presenting with Gleason 8 prostate cancer and 3 bone metastases that are minimally symptomatic?



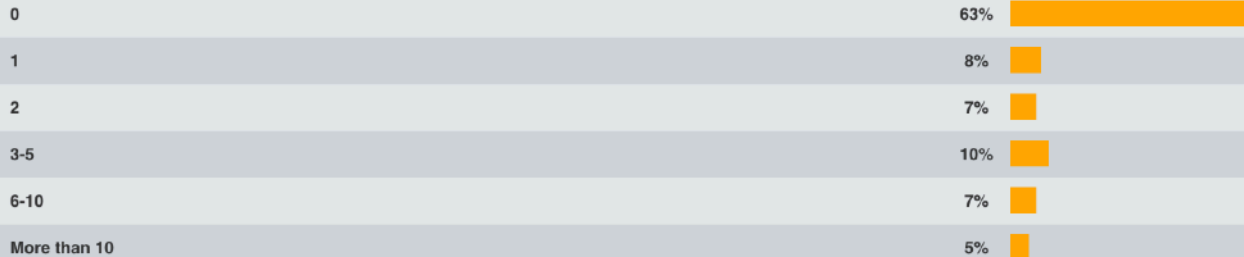
In addition to LHRH agonist/antagonist treatment, what systemic therapy, if any, would you recommend for an 80-year-old man presenting with Gleason 8 prostate cancer and 6 bone metastases that are minimally symptomatic?



In general, what's your usual first-line systemic treatment for a patient who develops asymptomatic nodal metastases while receiving ADT?



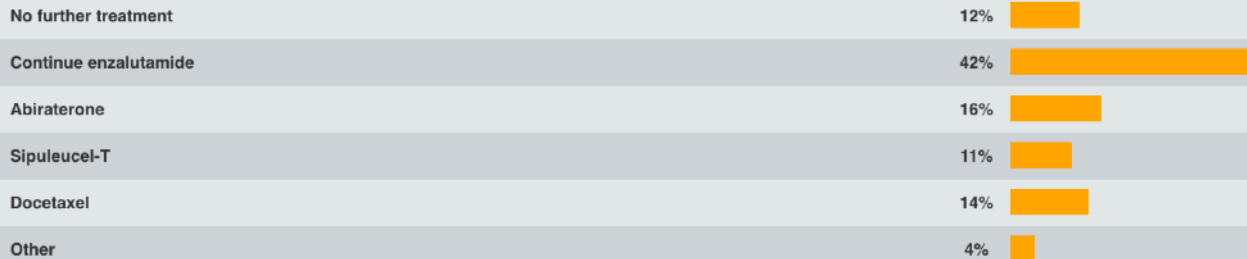
Approximately how many times have you used sipuleucel-T in the past year?



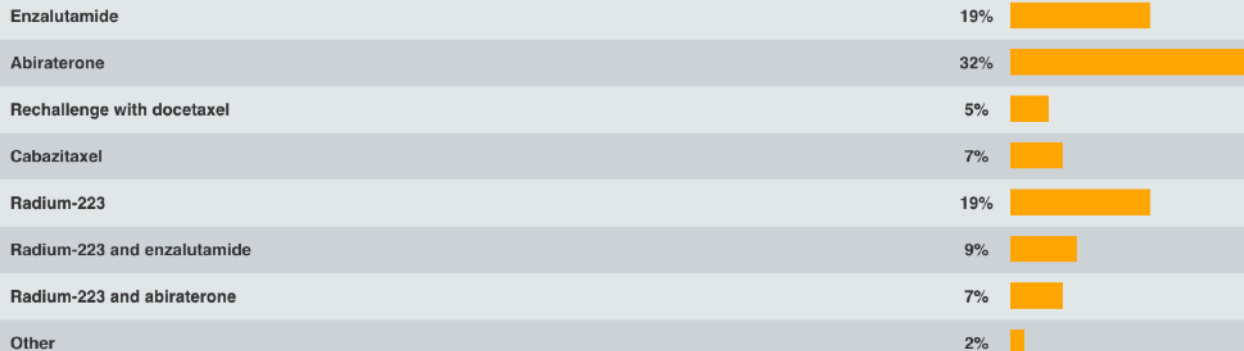
A patient who develops asymptomatic nodal metastases while receiving ADT begins a course of sipuleucel-T, and at the completion of treatment his PSA level has risen from 12 ng/mL to 16.4 ng/mL but the patient is clinically stable. What would you most likely recommend?



A 58-year-old man who has received prior ADT responds to enzalutamide for the treatment of nodal metastases but now has asymptomatic clear-cut PSA-only progression. What would you most likely recommend?



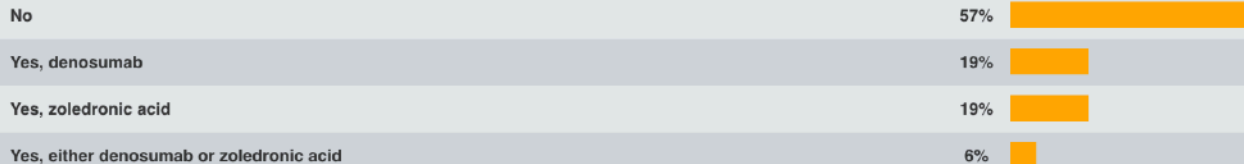
In general, what's your usual second-line systemic therapy for a patient who receives leuprolide and docetaxel for de novo metastatic prostate cancer to the bone only but experiences symptomatic disease progression 14 months later?



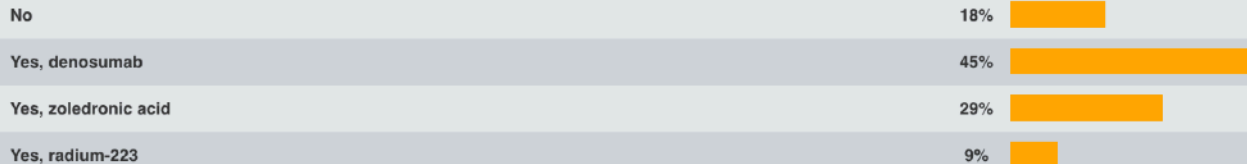
Have you or would you order a liquid biopsy for a patient with metastatic prostate cancer?



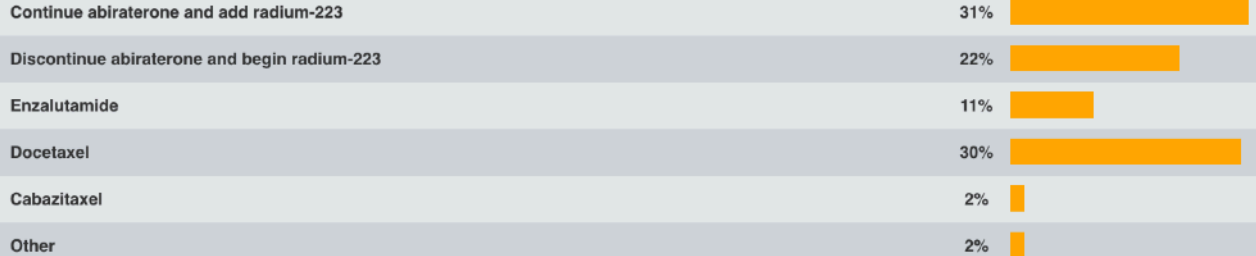
For a patient presenting with hormone-sensitive metastatic prostate cancer and bone metastases for whom you are about to initiate ADT with or without docetaxel or abiraterone, do you generally administer either denosumab or zoledronic acid?



For a patient with metastatic prostate cancer to the bone only who is receiving abiraterone or enzalutamide, would you add bone-targeted treatment?



A 68-year-old man who is receiving abiraterone for metastatic prostate cancer to the bone responds for 6 months and then begins experiencing subtle bone discomfort along with weight loss and fatigue. Imaging reveals new bone metastases. What would be your treatment approach?



Based on available data and your own clinical experience, do you believe that radium-223 relieves pain?

Yes

84%

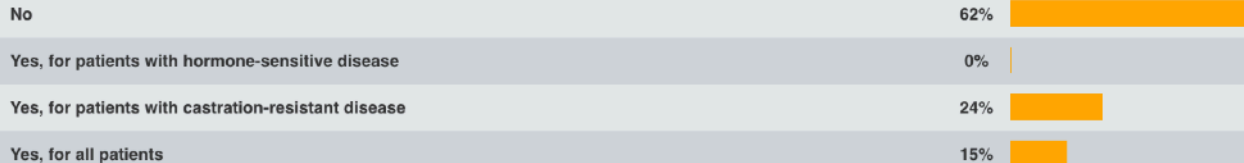


No

16%



Do you generally perform multiplex genomic testing (ie, next-generation sequencing) for your patients with metastatic prostate cancer?



Do you generally perform BRCA testing for your patients with metastatic prostate cancer?



Have you or would you prescribe a PARP inhibitor to a patient with metastatic prostate cancer and a BRCA germline mutation?

I haven't and would not

11%



I haven't but would for the right patient

62%

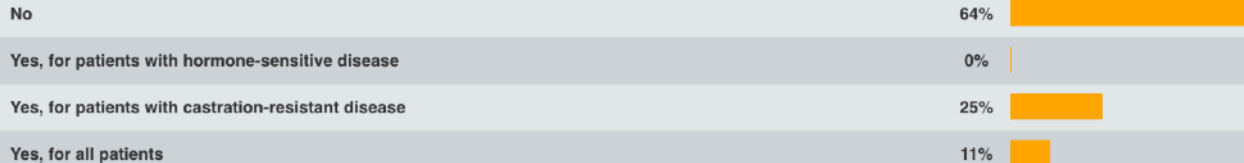


I have

27%



Do you generally perform microsatellite instability testing for your patients with metastatic prostate cancer?



The CD274 gene amplification seen in Hodgkin lymphoma that is thought to relate to its sensitivity to PD-1/PD-L1 blockade has also been found in:

