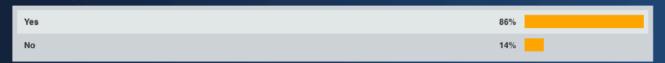
A 68-year-old man underwent prostatectomy for Gleason 7 prostate cancer followed by radiation therapy for early PSA recurrence with PSA nadir at 0.9 ng/mL. Eighteen months later PSA rises to 1.2 ng/mL and over the next 12 months continues to rise to 3.3 ng/mL with a PSA doubling time of 10 months. Would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

Yes	47%
No	53%

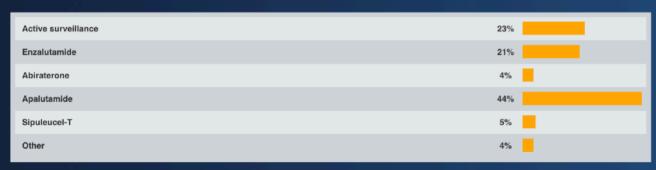
A 68-year-old man underwent prostatectomy for Gleason 7 prostate cancer followed by radiation therapy for early PSA recurrence with PSA nadir at 0.9 ng/mL. Eighteen months later PSA rises to 1.2 ng/mL and over the next 12 months continues to rise to 15 ng/mL with a PSA doubling time of 6 months. Would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



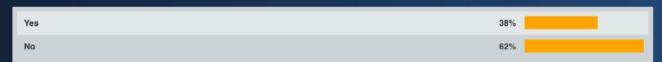
The patient in the previous scenario receives an LHRH agonist and <u>1 year later</u> experiences PSA progression with a PSA doubling time of 7 months and negative imaging. What would you recommend?

Active surveillance	34%
Enzalutamide	39%
Abiraterone	12%
Sipuleucel-T	8%
Other	7%

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



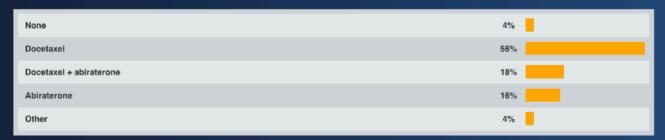
Have you used enzalutamide or abiraterone for a patient with PSA-only disease?



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?

None	7%
Docetaxel	25%
Docetaxel + abiraterone	9%
Abiraterone	50%
Other	7%

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?

None	26%
Docetaxel	2%
Docetaxel + abiraterone	2%
Abiraterone	62%
Other	7%

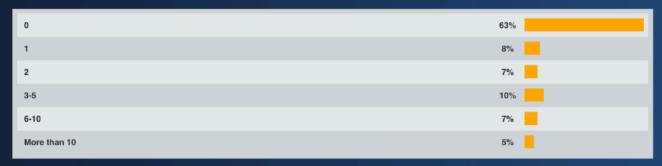
In addition to LHRH agonist/antagonist treatment, what systemic therapy, if any, would you recommend for an 80-year-old man presenting with Gleason 8 prostate cancer and 6 bone metastases that are minimally symptomatic?

None	14%
Docetaxel	3%
Docetaxel + abiraterone	3%
Abiraterone	69%
Other	9%

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

Enzalutamide	22%
Abiraterone	36%
Sipuleucel-T	14%
Docetaxel	16%
Other	12%

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



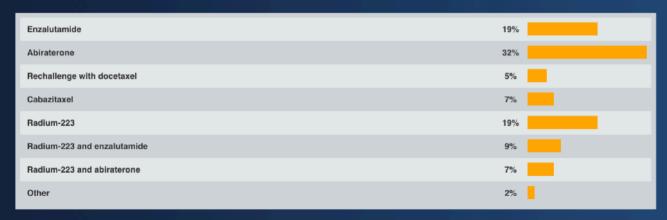
A patient who develops asymptomatic nodal metastases while receiving ADT begins a course of sipuleucel-T, and at the completion of treatment his PSA level has risen from 12 ng/mL to 16.4 ng/mL but the patient is clinically stable. What would you most likely recommend?

No further treatment	59%
Enzalutamide	14%
Abiraterone	19%
Docetaxel	3%
Other	5%

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?

No further treatment	12%
Continue enzalutamide	42%
Abiraterone	16%
Sipuleucel-T	11%
Docetaxel	14%
Other	4%

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?

I haven't	56%
I haven't but would for the right patient	14%
I have once	2%
I have 2 to 5 times	12%
I have more than 5 times	14%

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?

No	57%
Yes, denosumab	19%
Yes, zoledronic acid	19%
Yes, either denosumab or zoledronic acid	6%

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

No	18%
Yes, denosumab	45%
Yes, zoledronic acid	29%
Yes, radium-223	9%

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?

Continue abiraterone and add radium-223	31%
Discontinue abiraterone and begin radium-223	22%
Enzalutamide	11%
Docetaxel	30%
Cabazitaxel	2%
Other	2%

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, nextgeneration sequencing) for your patients with metastatic prostate cancer?

No	62%
Yes, for patients with hormone-sensitive disease	0%
Yes, for patients with castration-resistant disease	24%
Yes, for all patients	15%

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

No	56%
Yes, for patients with hormone-sensitive disease	2%
Yes, for patients with castration-resistant disease	24%
Yes, for all patients	18%

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?

No	64%
Yes, for patients with hormone-sensitive disease	0%
Yes, for patients with castration-resistant disease	25%
Yes, for all patients	11%

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:

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Soft tissue sarcoma	2%
Anaplastic thyroid cancer	2%
Prostate cancer	7%
Colorectal cancer	5%
All of the above	4%
None of the above	2%
I don't know	78%