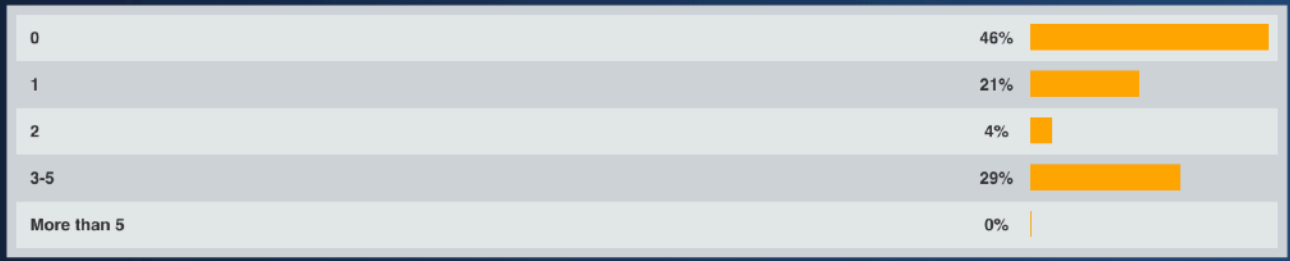
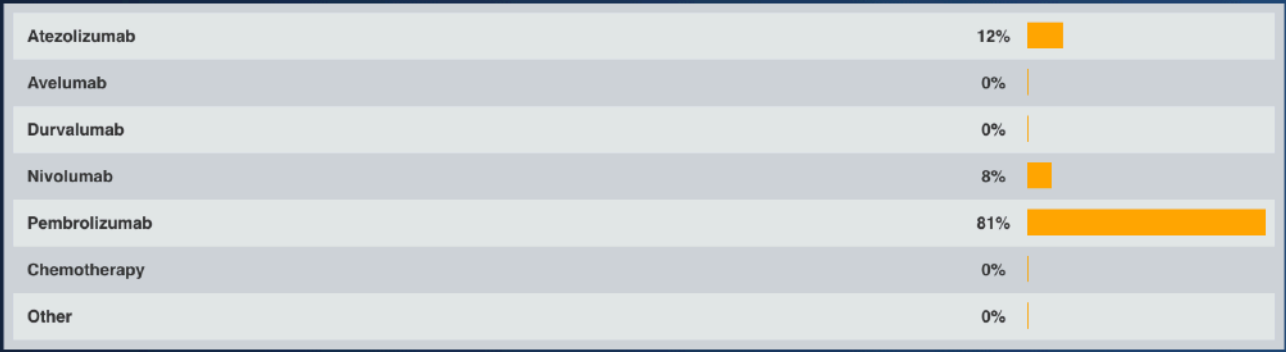
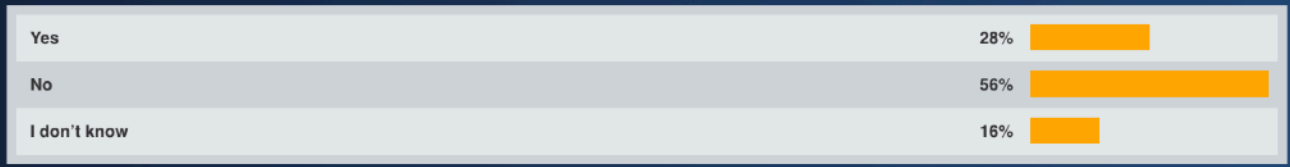
How many patients in your practice with metastatic urothelial bladder cancer (UBC) have experienced a complete clinical response to an anti-PD-1/PD-L1 antibody?



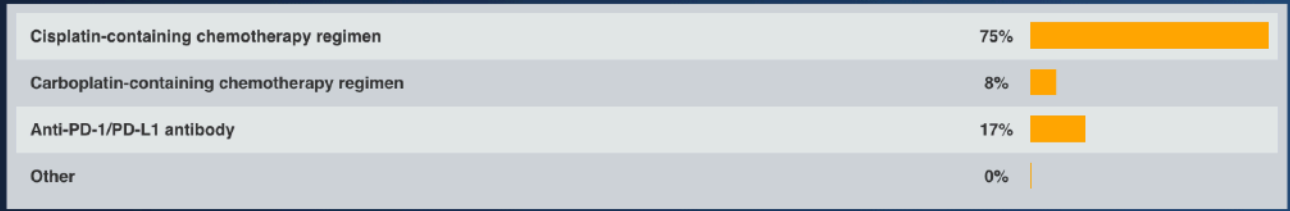
What would you generally recommend as second-line therapy for a patient with metastatic UBC whose disease progresses on cisplatin/gemcitabine?



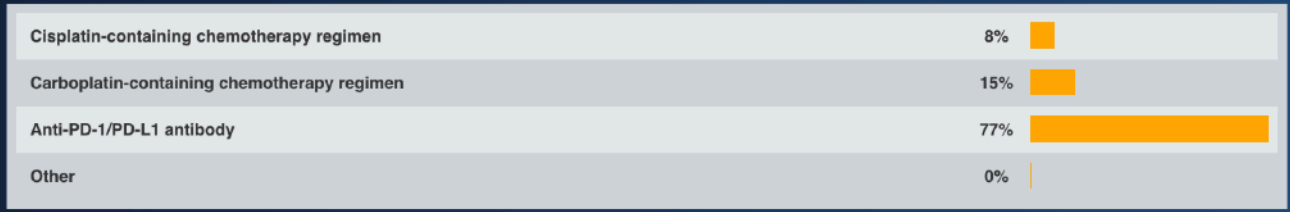
Based on available data and your own clinical experience, do you believe there are any clinically meaningful differences in the efficacy and tolerability of the five approved anti-PD-1/anti-PD-L1 antibodies?



Regulatory and reimbursement issues aside, for a 60-year-old asymptomatic patient, which first-line therapy for metastatic UBC do you believe provides the best risk-benefit ratio?



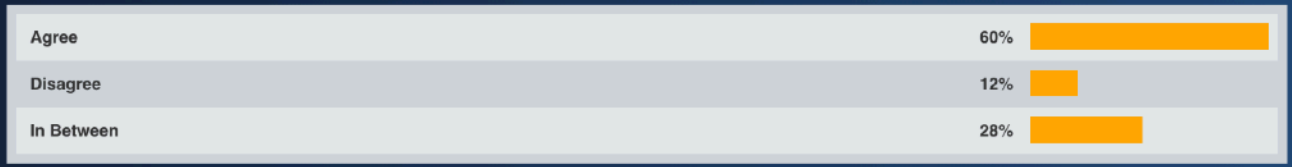
Regulatory and reimbursement issues aside, for an 85-year-old asymptomatic patient, which first-line therapy for metastatic UBC do you believe provides the best risk-benefit ratio?



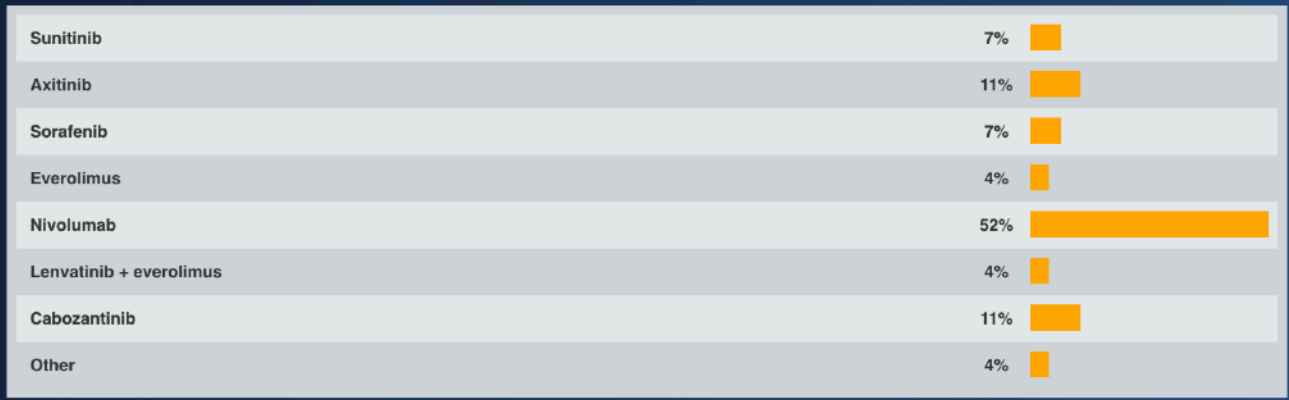
Would you generally offer an anti-PD-1/PD-L1 antibody (as opposed to hospice) to an elderly patient in prior good health who now has a performance status of 3 because of extensive metastatic UBC?

Would you offer an anti-PD-1/PD-L1 antibody as “pseudoadjuvant” therapy to a patient with UBC who is s/p surgical resection of metastatic disease (ie, Stage IV NED)?

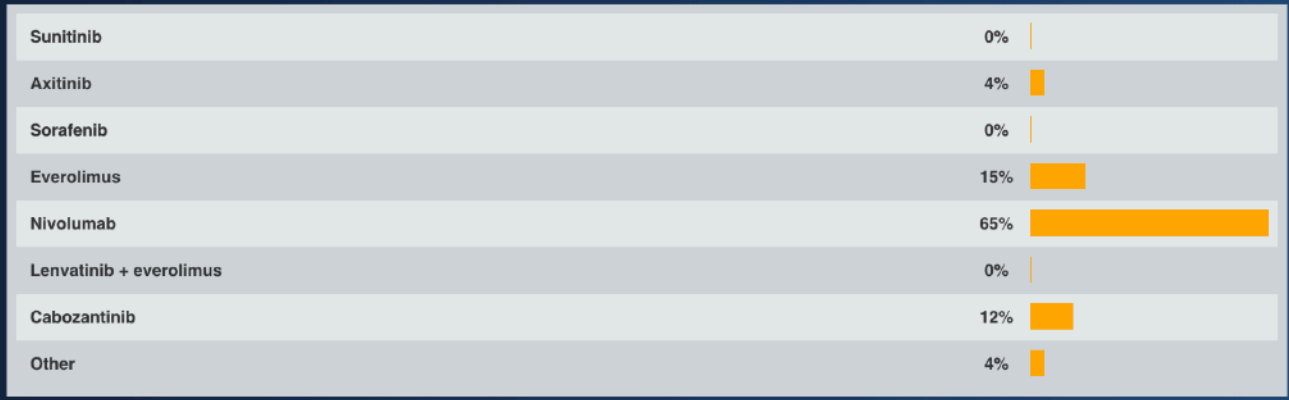
Do you generally agree with Dr Rupard's comment about the tolerability of TKIs for RCC?



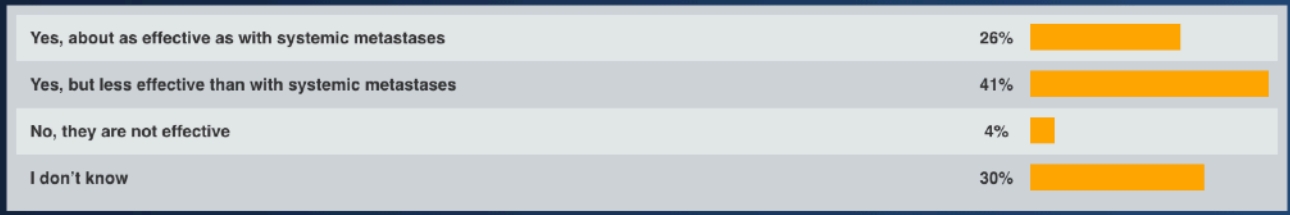
In general, what second-line therapy would you recommend in a patient with metastatic renal cell carcinoma (RCC) who experienced a good response to pazopanib in the first line and tolerated it well?



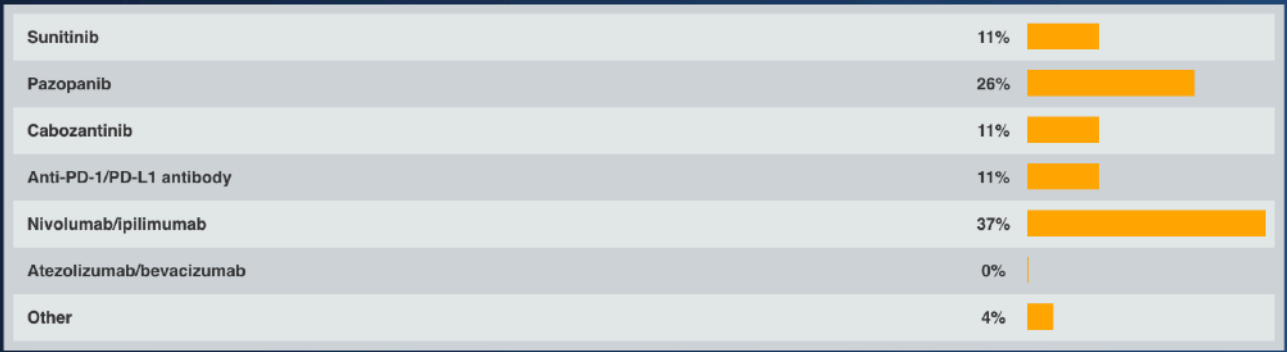
In general, what second-line therapy would you recommend in a patient with metastatic RCC who did not respond to pazopanib in the first line and tolerated it poorly?



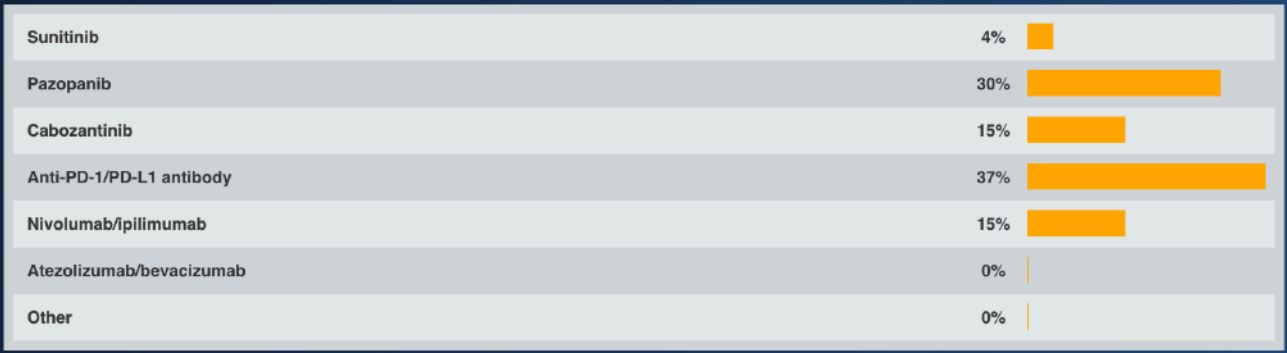
Are anti-PD-1/PD-L1 antibodies effective in patients with brain metastases?



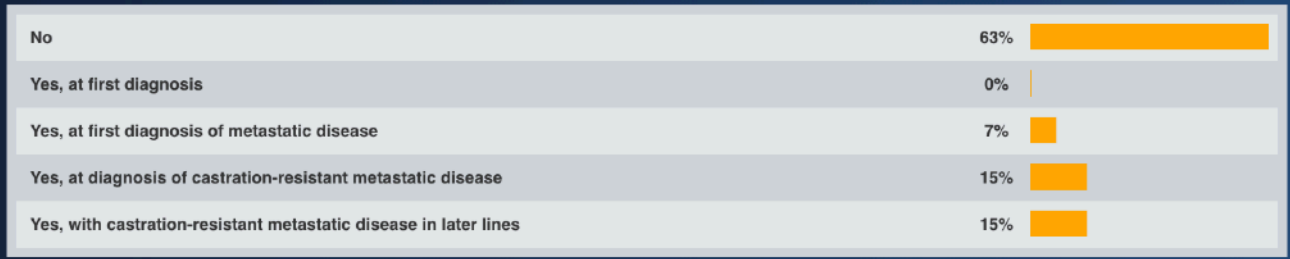
Regulatory and reimbursement issues aside, for a 60-year-old asymptomatic patient, which first-line therapy for metastatic RCC do you believe provides the best risk-benefit ratio?



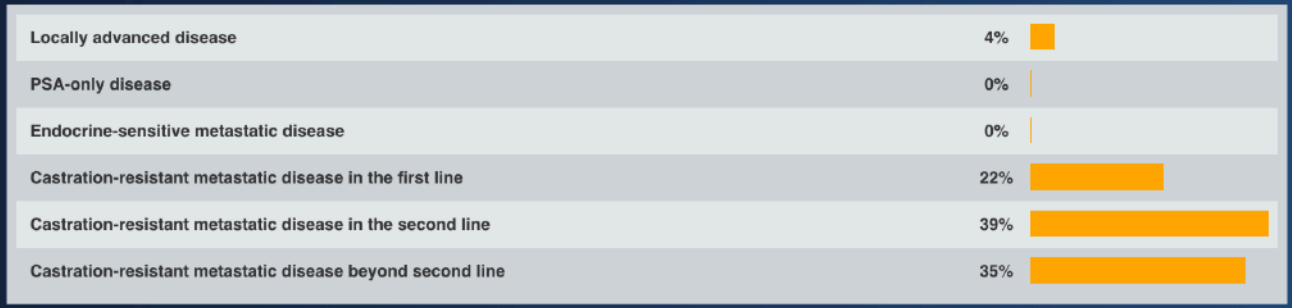
Regulatory and reimbursement issues aside, for an 85-year-old asymptomatic patient, which first-line therapy for metastatic RCC do you believe provides the best risk-benefit ratio?



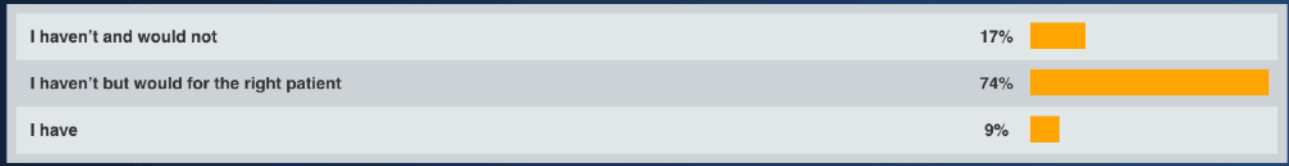
Do you generally perform microsatellite instability (MSI) testing for your patients with prostate cancer?



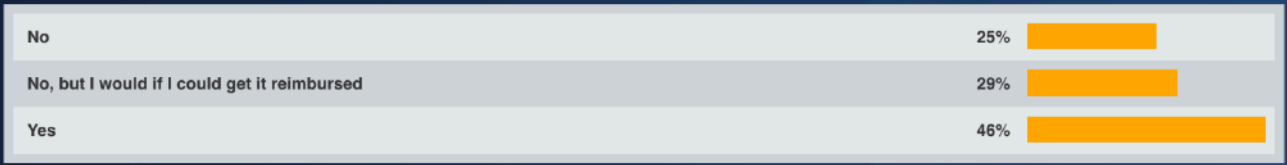
What would generally be the earliest setting in which you would administer an anti-PD-1/PD-L1 antibody to a patient with MSI-high prostate cancer?



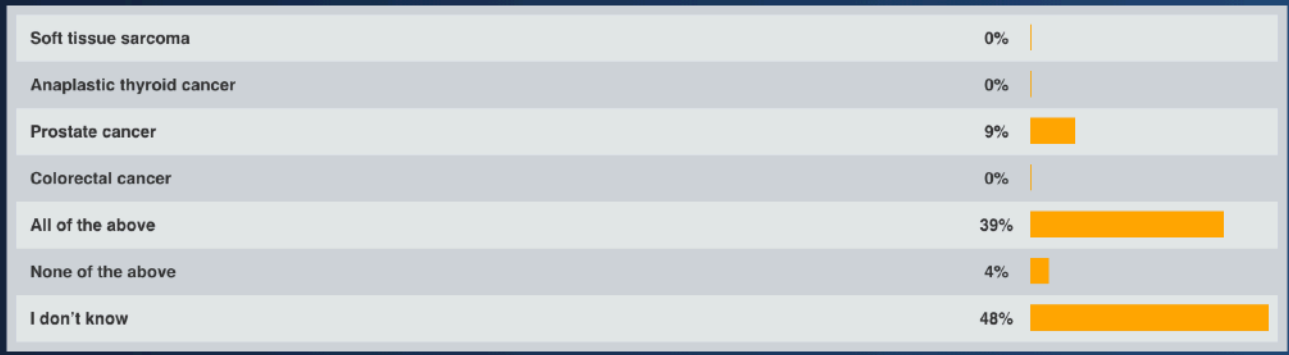
Have you or would you use an anti-PD-1/PD-L1 antibody in a patient with metastatic microsatellite-stable prostate cancer who has exhausted all approved options?



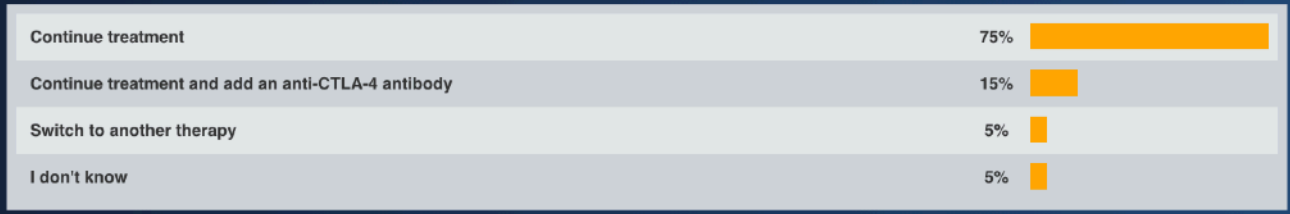
Do you generally perform multiplex genomic testing (ie, next-generation sequencing) for your patients with metastatic prostate cancer who have a good performance status but have exhausted all available treatment options?



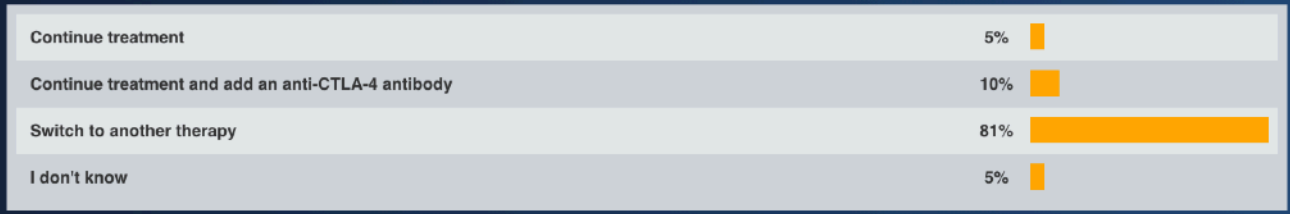
The CD274 gene amplification seen in Hodgkin lymphoma that is thought to relate to its sensitivity to PD-1/PD-L1 blockade has also been found in:



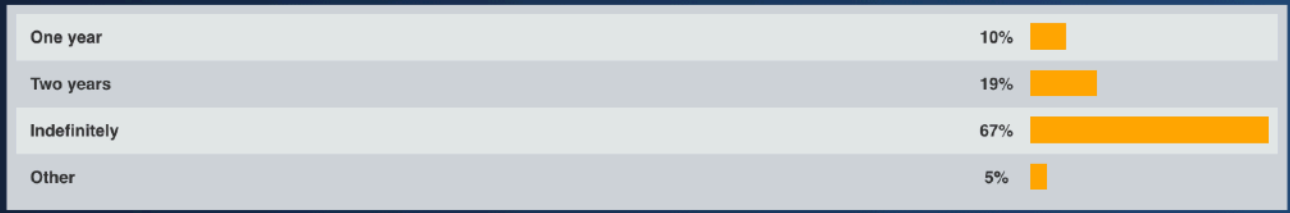
A 58-year-old asymptomatic patient is receiving an anti-PD-1/PD-L1 antibody as second-line treatment for metastatic RCC. On initial restaging there is about a 20% increase in the size of some metastatic lesions but no new lesions, and the patient feels well. What would you most likely do?



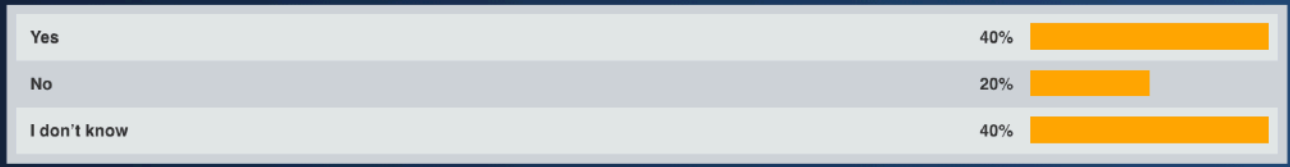
A 58-year-old asymptomatic patient is receiving an anti-PD-1/PD-L1 antibody as second-line treatment for metastatic RCC. On initial restaging there is about a 20% increase in the size of some metastatic lesions and the patient's clinical status is deteriorating with moderate symptoms and a decrease in performance status. What would you most likely do?



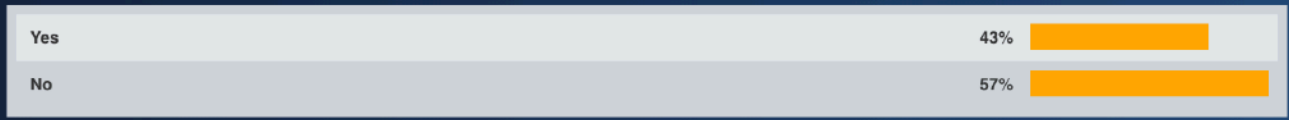
In a patient who has achieved a complete clinical response to an anti-PD-1/PD-L1 antibody without significant toxicity, how long would you generally continue therapy?



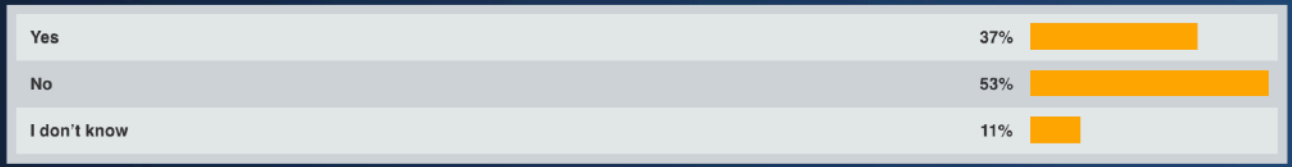
Based on your own clinical experience and the available data, do you believe hyperprogression is an actual clinical phenomenon?



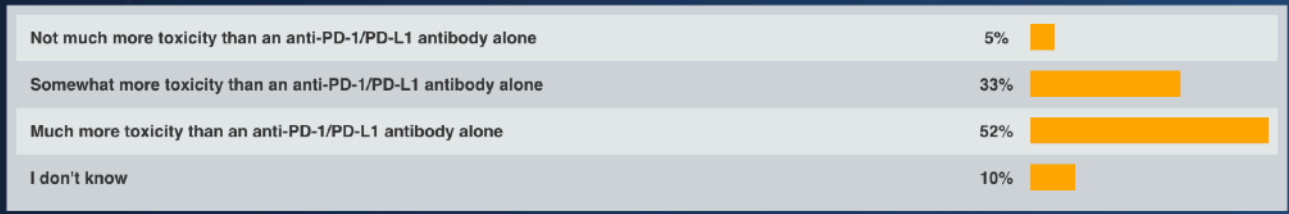
Have you had to discontinue a checkpoint inhibitor because of dermatologic toxicity?



Is there a significant difference in pulmonary and other toxicities between anti-PD-1 and anti-PD-L1 inhibitors?

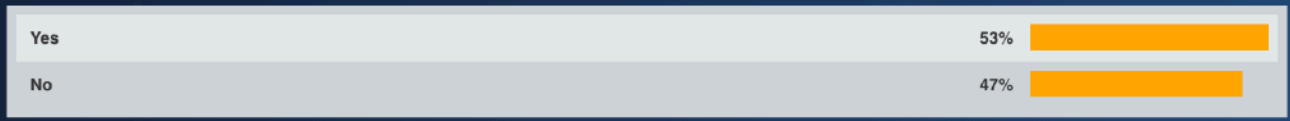


How much more toxicity does adding an anti-CTLA-4 antibody to an anti-PD-1/PD-L1 antibody cause?



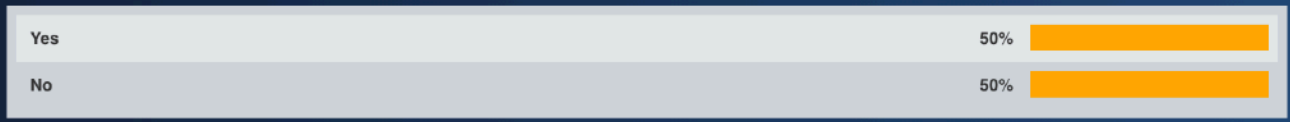
Outside of a protocol setting, would you generally offer an anti-PD-1/anti-PD-L1 antibody to a patient with metastatic UBC whose disease has progressed on 2 lines of chemotherapy but has a prior history of…

Crohn's disease that is well controlled on infliximab



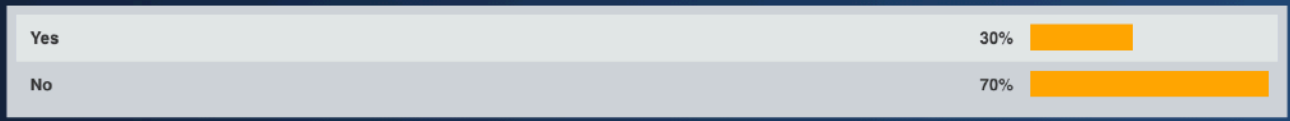
Outside of a protocol setting, would you generally offer an anti-PD-1/anti-PD-L1 antibody to a patient with metastatic UBC whose disease has progressed on 2 lines of chemotherapy but has a prior history of...

Multiple sclerosis with minimal neurologic defect who is not receiving active therapy



Outside of a protocol setting, would you generally offer an anti-PD-1/anti-PD-L1 antibody to a patient with metastatic UBC whose disease has progressed on 2 lines of chemotherapy but has a prior history of…

Kidney transplant



Outside of a protocol setting, would you generally offer an anti-PD-1/anti-PD-L1 antibody to a patient with metastatic UBC whose disease has progressed on 2 lines of chemotherapy but has a prior history of…

Heart transplant