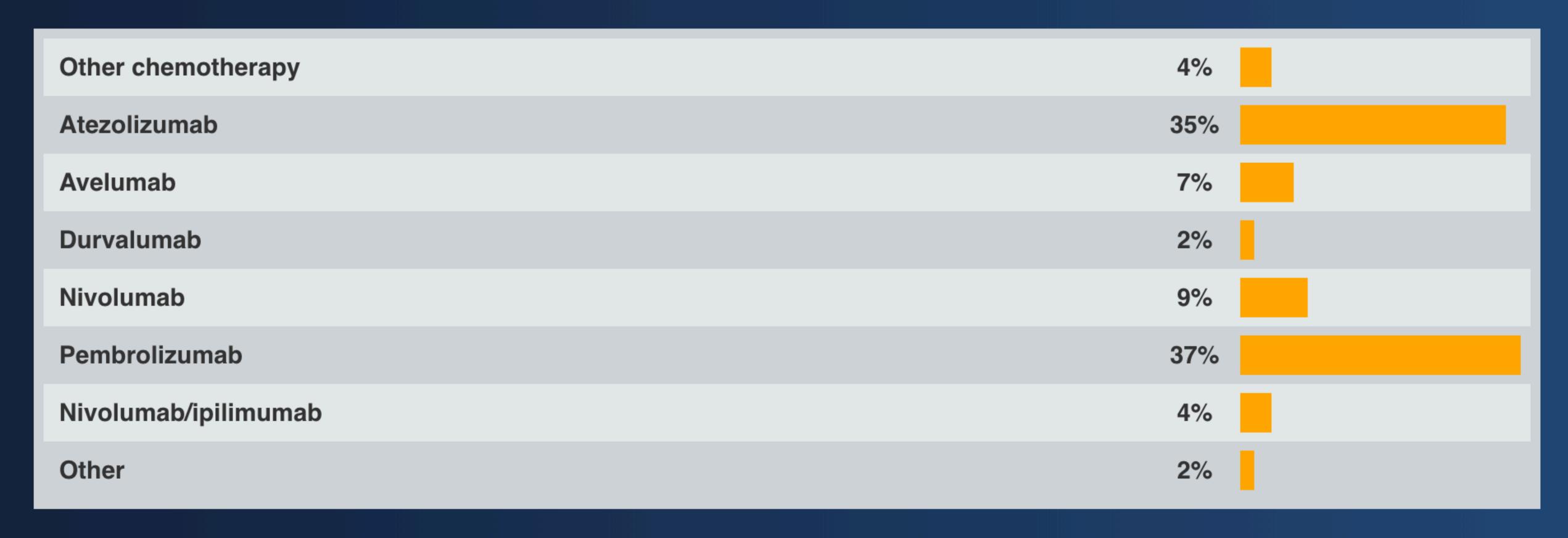
Regulatory and reimbursement issues aside, what would you generally recommend as second-line therapy for a patient with metastatic UBC whose disease progresses on first-line cisplatin/gemcitabine?



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?

Yes	24%
No	55%
I don't know	20%

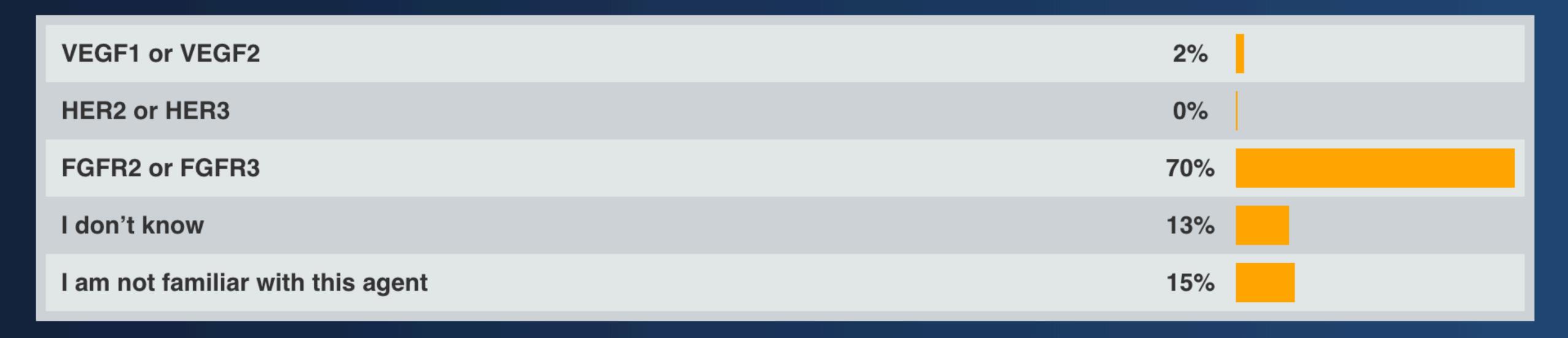
## Which first-line therapy would you recommend for a 78-year-old patient with metastatic UBC who is not a candidate for <u>cisplatin-based chemotherapy</u>?

Carboplatin/gemcitabine	19%
Atezolizumab	17%
Pembrolizumab	19%
Test PD-L1 level and administer atezolizumab if PD-L1 stained tumor-infiltrating immune cells cover ≥5% of the tumor area	13%
Test PD-L1 level and administer pembrolizumab if PD-L1 combined positive score ≥10	28%
Other	4%

## Which first-line therapy would you recommend for a 78-year-old patient with metastatic UBC who is not a candidate for <u>platinum-based chemotherapy</u>?

Atezolizumab	28%
Pembrolizumab	24%
Test PD-L1 level and administer atezolizumab if PD-L1 stained tumor-infiltrating immune cells cover ≥5% of the tumor area	12%
Test PD-L1 level and administer pembrolizumab if PD-L1 combined positive score ≥10	28%
Other	6%

Erdafitinib is approved for use in patients with metastatic UBC with a susceptible genetic alteration who have progressed on or after chemotherapy.



A recent study demonstrated that more than one third of patients with high-risk nonmuscle-invasive UBC unresponsive to BCG experienced a complete response to anti-PD-1/PD-L1 antibody therapy.

Agree	60%
Disagree	5%
I don't know	35%

## Which first-line therapy would you recommend for a 78-year-old patient with metastatic UBC who is not a candidate for <u>cisplatin-based chemotherapy</u>?

