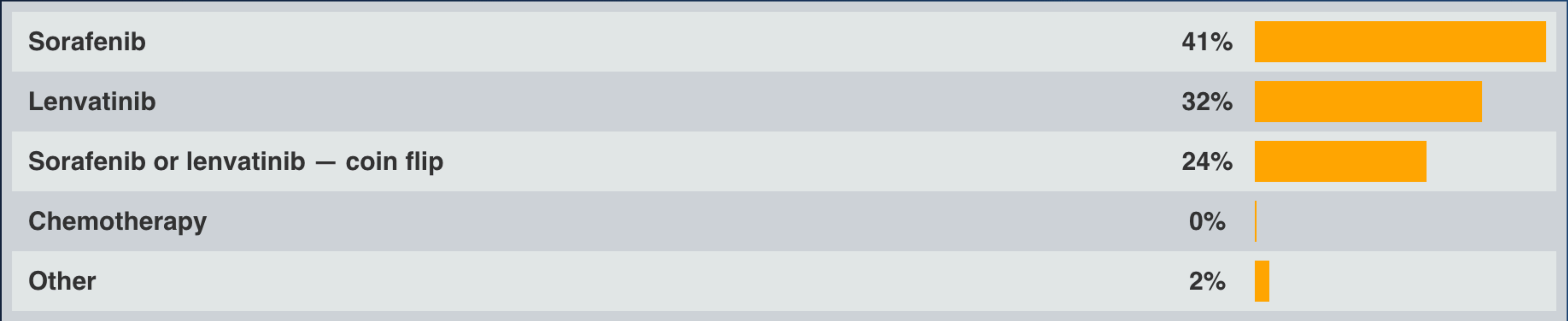
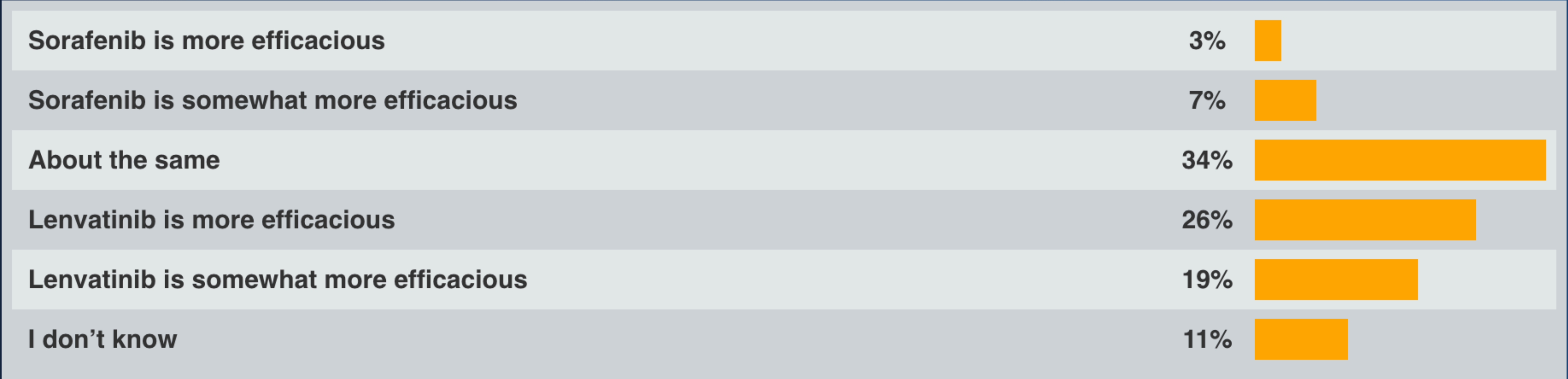


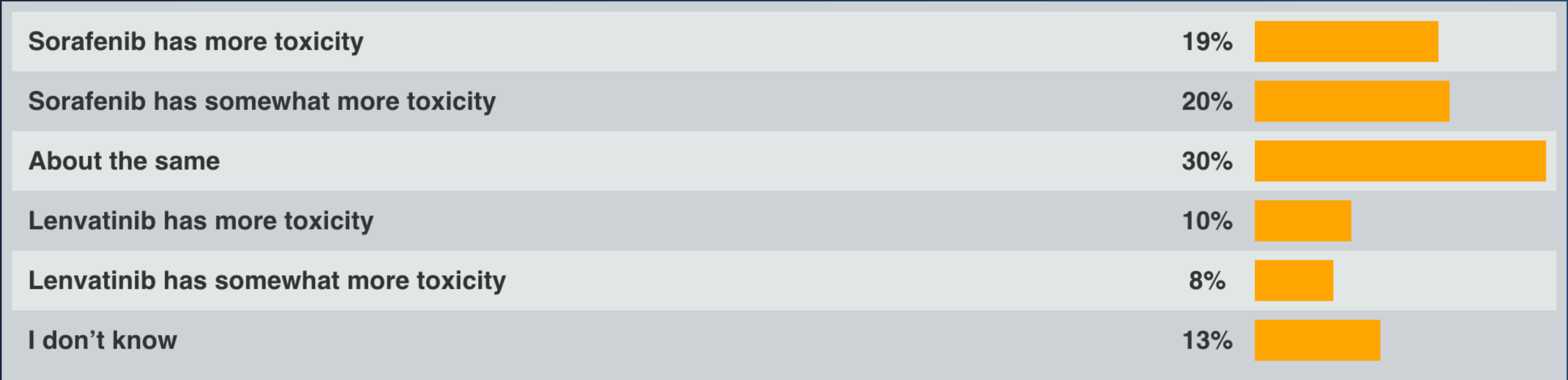
What would be your most likely first-line systemic treatment for a 65-year-old patient with hepatocellular carcinoma (HCC), a Child-Pugh A score and a performance status (PS) of 1?



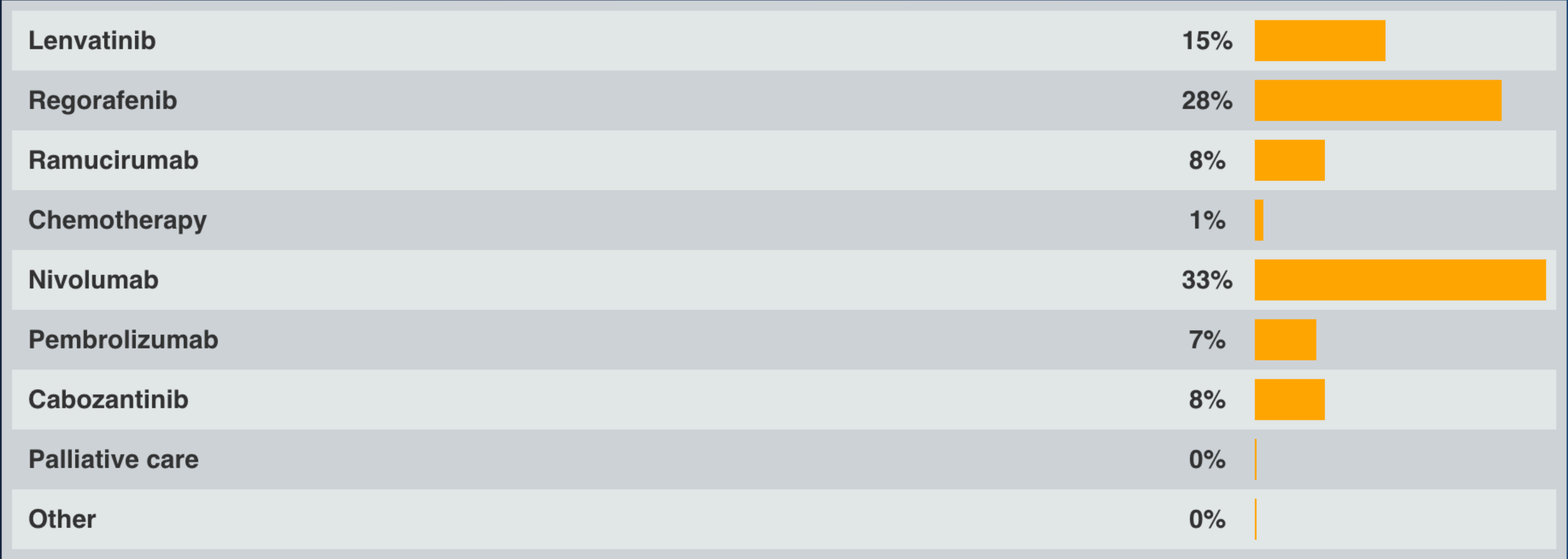
Based on current clinical trial data and your personal experience, how would you compare the global antitumor efficacy of lenvatinib and sorafenib when used as first-line therapy for HCC?



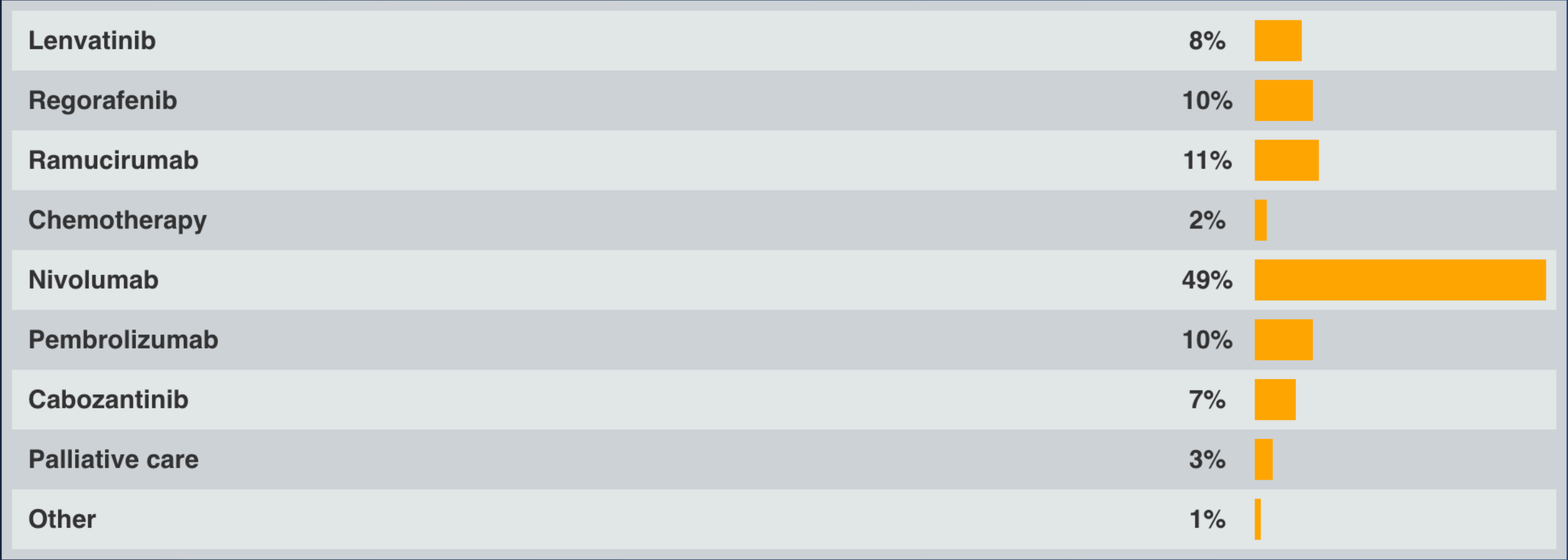
Based on current clinical trial data and your personal experience, how would you compare the global tolerability profile (how patients feel in terms of quality of life rather than changes in laboratory values) of lenvatinib and sorafenib when used as first-line therapy for HCC?



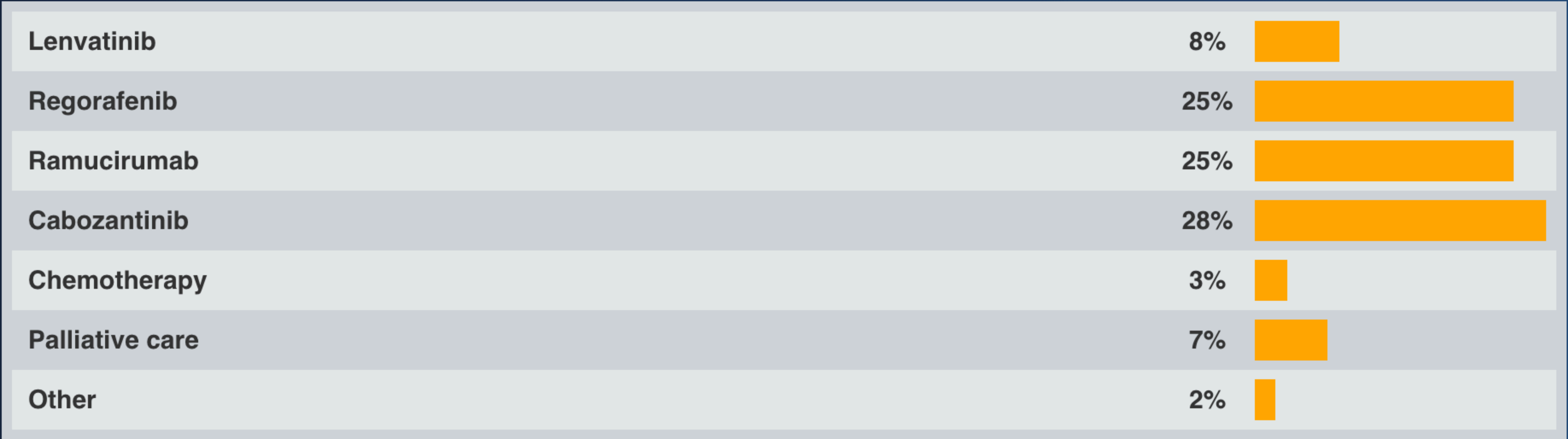
What would be your most likely second-line systemic therapy for a 65-year-old patient with HCC, a Child-Pugh A score and a PS of 0 who received first-line standard-dose sorafenib with minimal toxicity, had stable disease for 14 months and then experienced disease progression (AFP = 2,500)?



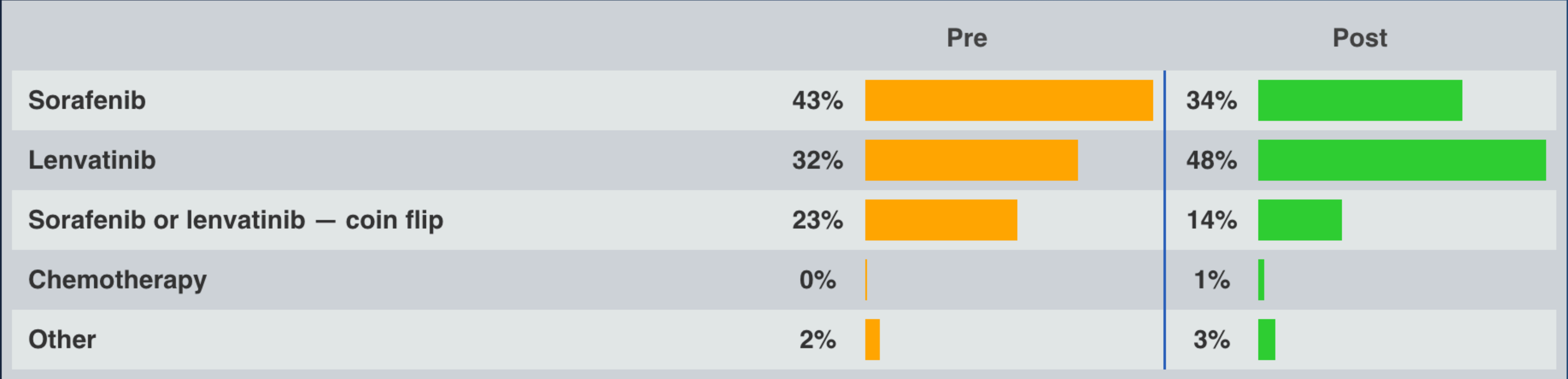
What would be your most likely second-line systemic therapy for a 65-year-old patient with HCC, a Child-Pugh B7 score and a PS of 1 who received first-line sorafenib and required a dose reduction to 400 mg daily, had stable disease for 5 months and then experienced disease progression (AFP = 2,500)?



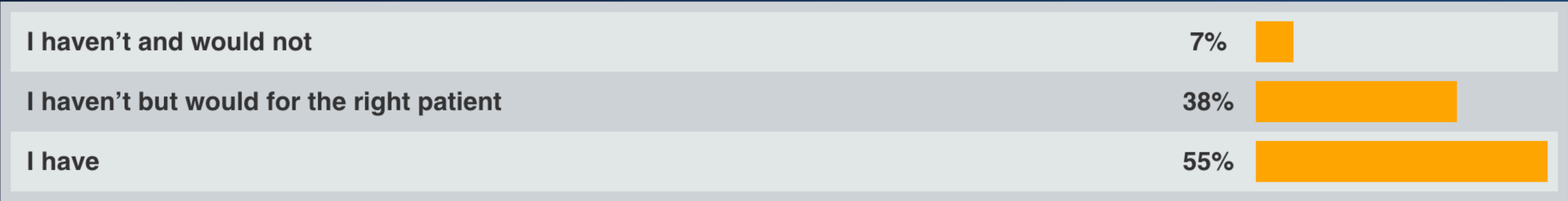
What would be your most likely third-line systemic therapy recommendation for an otherwise healthy 65-year-old patient with HCC who experienced disease progression on first-line sorafenib and second-line nivolumab (AFP = 2,500)?



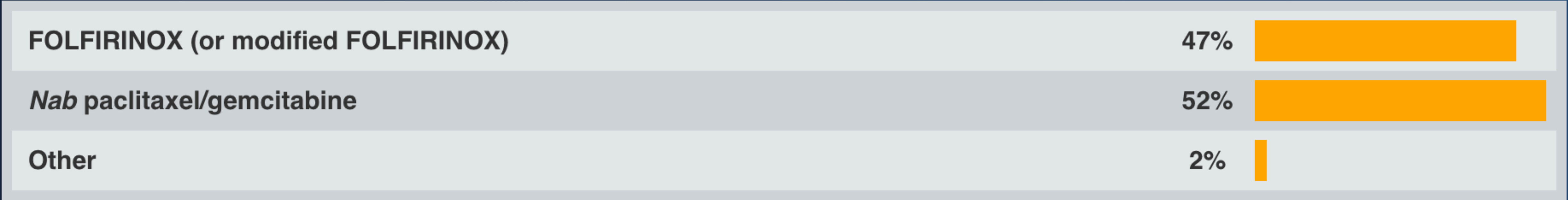
What would be your most likely first-line systemic treatment for a 65-year-old patient with hepatocellular carcinoma (HCC), a Child-Pugh A score and a performance status (PS) of 1?



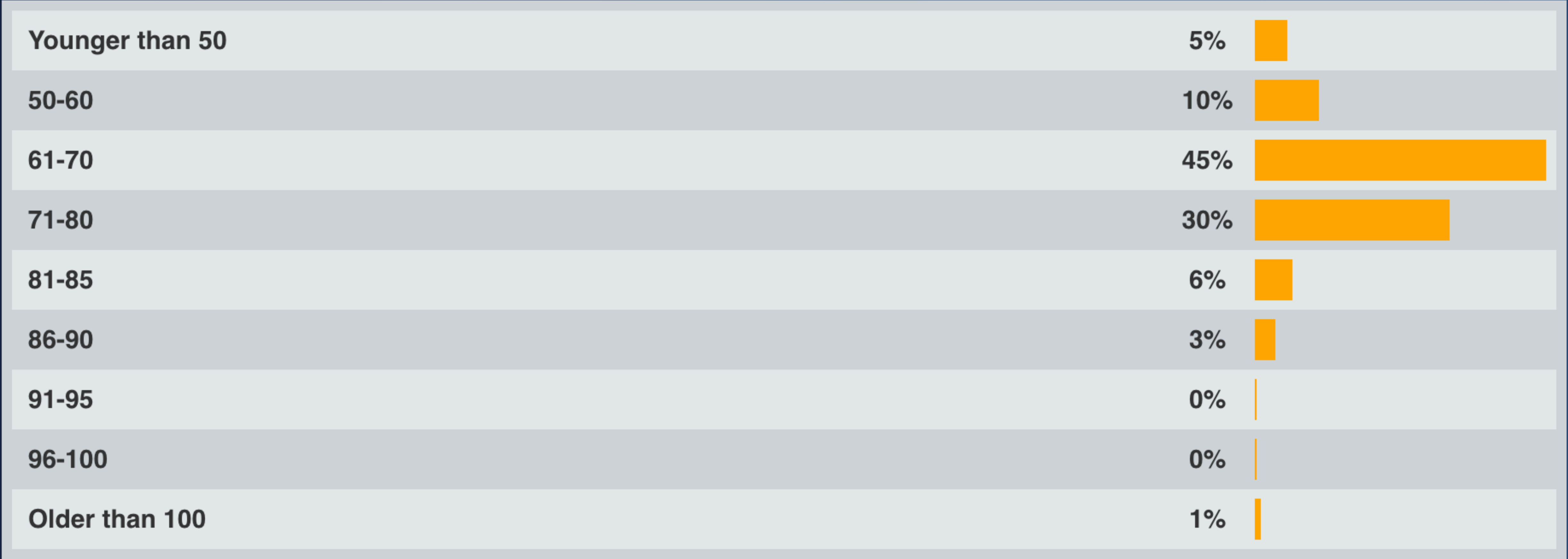
Have you or would you administer neoadjuvant therapy to a patient with pancreatic adenocarcinoma that appears to be resectable?



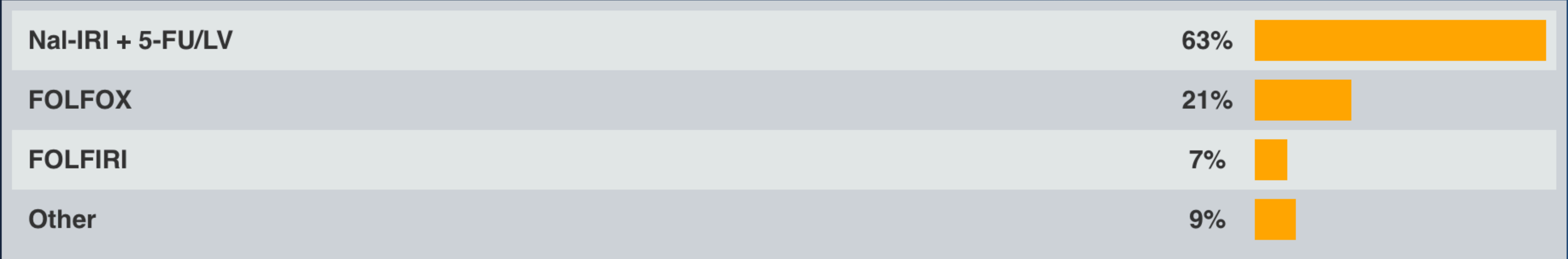
What is your usual neoadjuvant systemic therapy recommendation for a 78-year-old patient with borderline resectable pancreatic cancer?



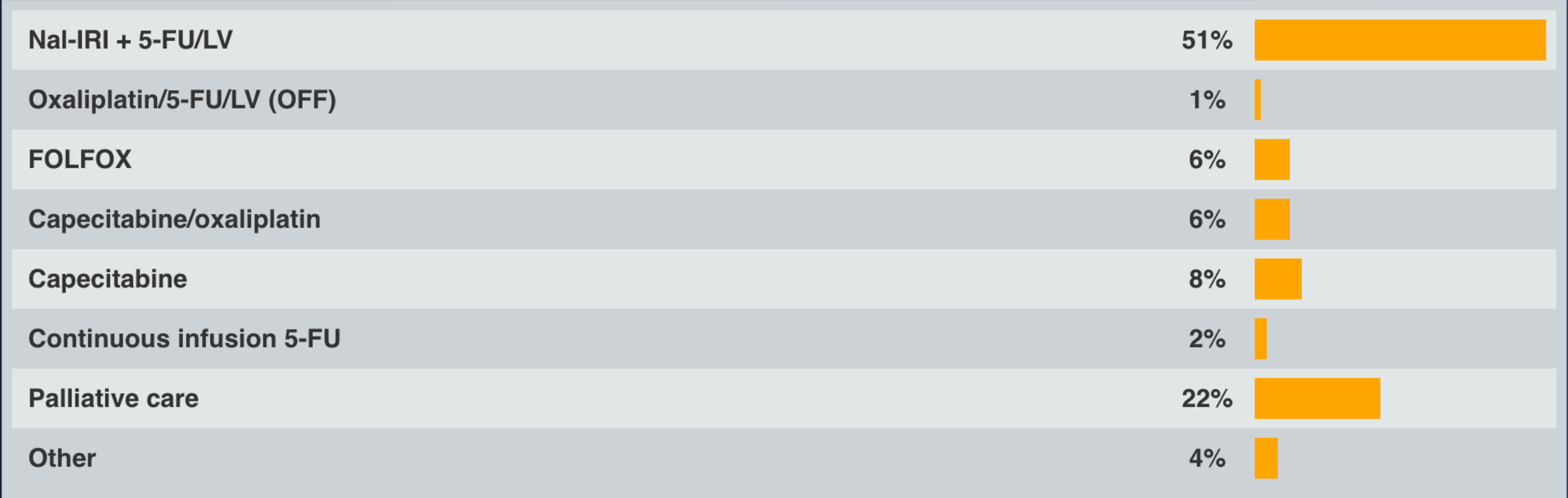
What is the age of the oldest patient to whom you would administer FOLFIRINOX or modified FOLFIRINOX as first-line therapy for metastatic pancreatic cancer?



A 77-year-old patient who is not considered a candidate for FOLFIRINOX receives first-line gemcitabine/*nab* paclitaxel for metastatic pancreatic cancer and experiences disease progression after 5 months. What second-line therapy would you recommend?



In general, what treatment would you recommend for a 65-year-old patient who receives first-line FOLFIRINOX followed by second-line gemcitabine/*nab* paclitaxel for metastatic pancreatic cancer and experiences disease progression?



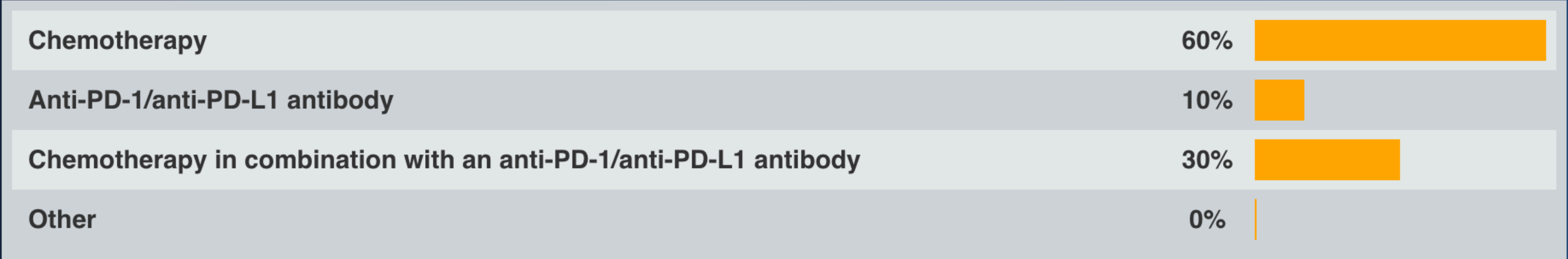
Currently, what is the optimal first-line systemic treatment for a patient with metastatic pancreatic cancer and a germline BRCA mutation?



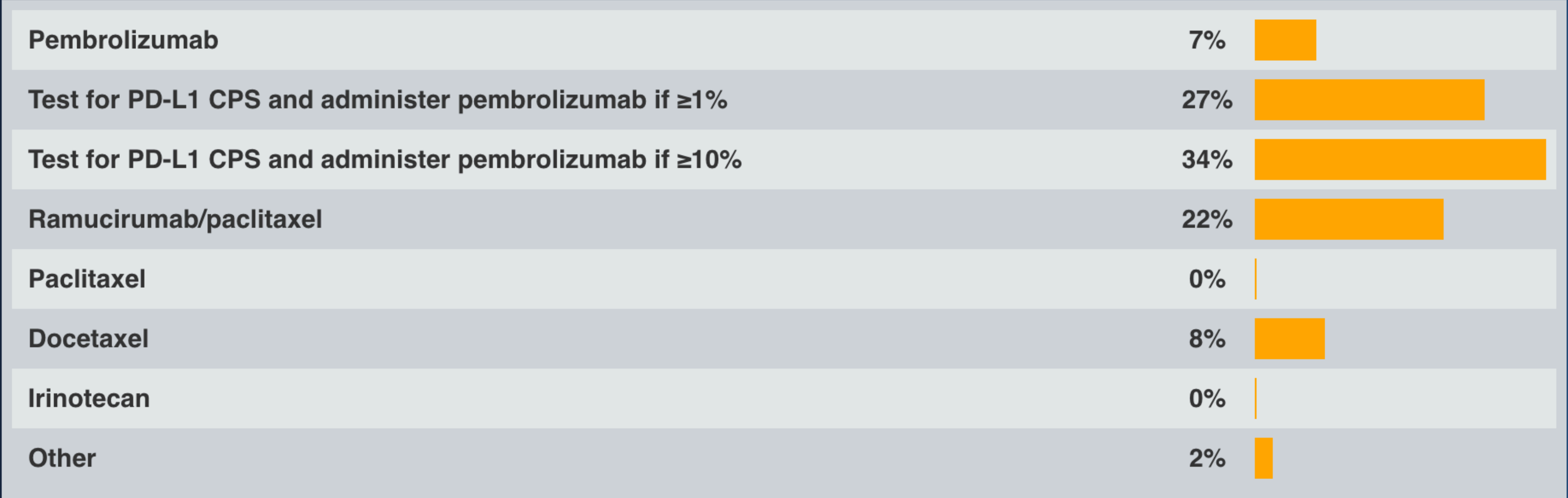
Currently, what is the optimal first-line systemic treatment for a patient with metastatic pancreatic cancer and a germline BRCA mutation?

	Pre		Post	
Chemotherapy	18%	<div></div>	5%	<div></div>
PARP inhibitor	12%	<div></div>	2%	<div></div>
Chemotherapy followed by PARP inhibitor maintenance	56%	<div></div>	92%	<div></div>
Chemotherapy combined with a PARP inhibitor	15%	<div></div>	2%	<div></div>
Other	0%	<div></div>	0%	<div></div>

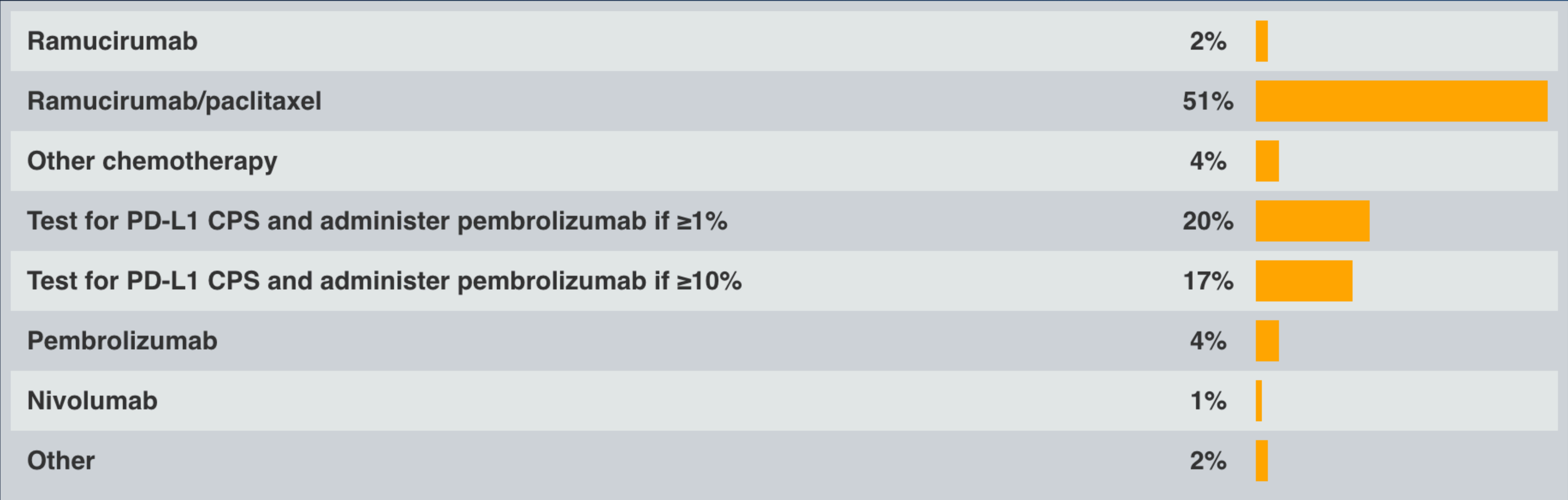
Regulatory and reimbursement issues aside, in general what is the optimal first-line treatment for a patient with metastatic HER2-negative, microsatellite-stable (MSS) gastric cancer with a PD-L1 combined positive score (CPS) ≥ 1 ?



Regulatory and reimbursement issues aside, what second-line therapy would you recommend for a patient with metastatic squamous cell carcinoma of the esophagus whose disease has progressed on first-line FOLFOX?



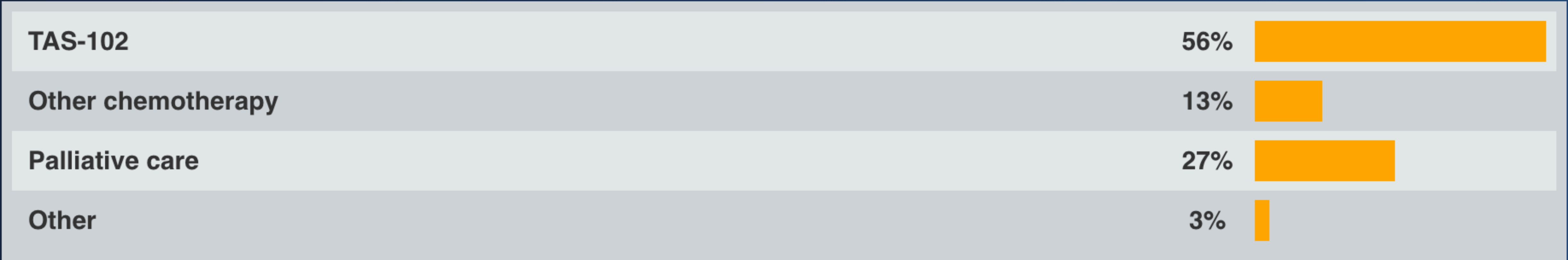
Regulatory and reimbursement issues aside, what would you currently recommend as second-line therapy for a patient with metastatic HER2-negative, MSS gastric adenocarcinoma who has experienced disease progression on first-line FOLFOX?



A patient in his late 30s with metastatic HER2-positive, MSS gastric cancer responds to FOLFOX/trastuzumab but then experiences disease progression after 6 months. What second-line treatment would you recommend?



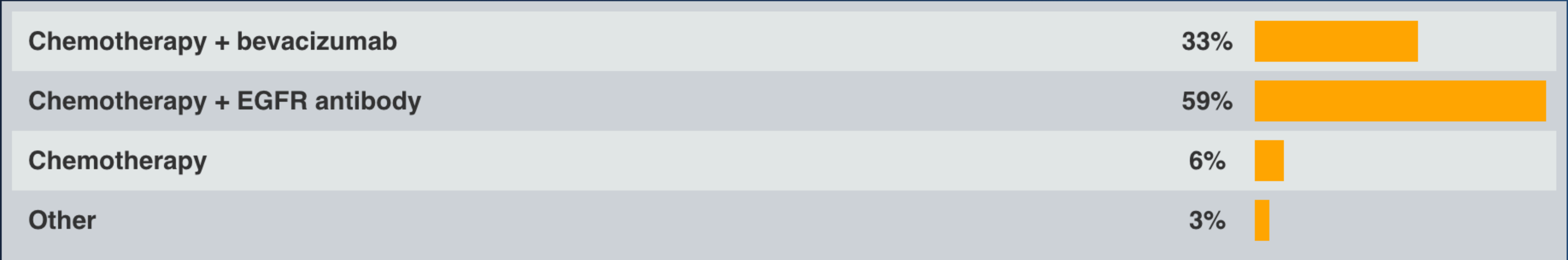
What is your usual next treatment for a patient with metastatic HER2-negative, MSS gastric adenocarcinoma who has experienced disease progression on FOLFOX, ramucirumab/paclitaxel and an anti-PD-1/PD-L1 antibody?



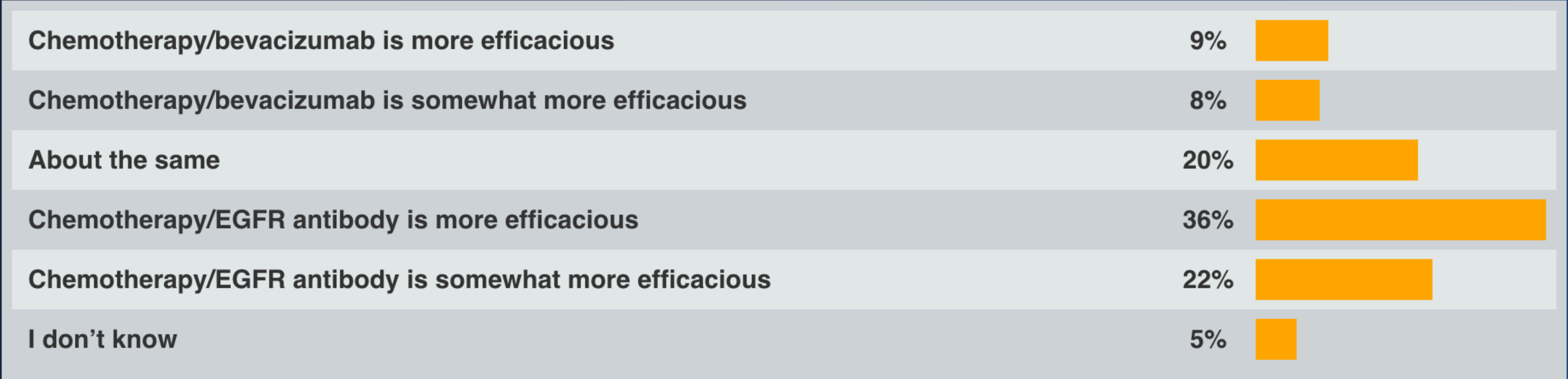
Regulatory and reimbursement issues aside, in general what is the optimal first-line treatment for a patient with metastatic HER2-negative, microsatellite-stable (MSS) gastric cancer with a PD-L1 combined positive score (CPS) ≥ 1 ?

	Pre		Post	
Chemotherapy	59%	<div></div>	71%	<div></div>
Anti-PD-1/anti-PD-L1 antibody	10%	<div></div>	10%	<div></div>
Chemotherapy in combination with an anti-PD-1/anti-PD-L1 antibody	31%	<div></div>	19%	<div></div>
Other	0%	<div></div>	0%	<div></div>

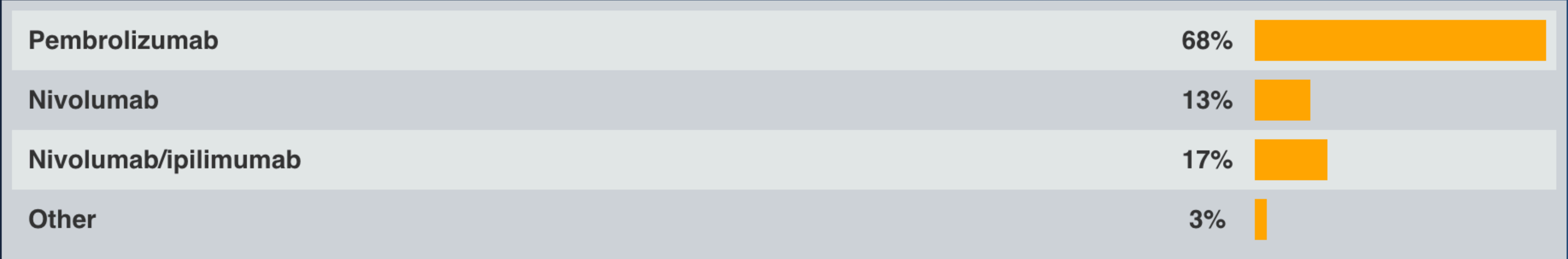
What is your usual first-line treatment strategy for a 65-year-old patient with left-sided, MSS, pan-RAS wild-type metastatic colorectal cancer (mCRC)?



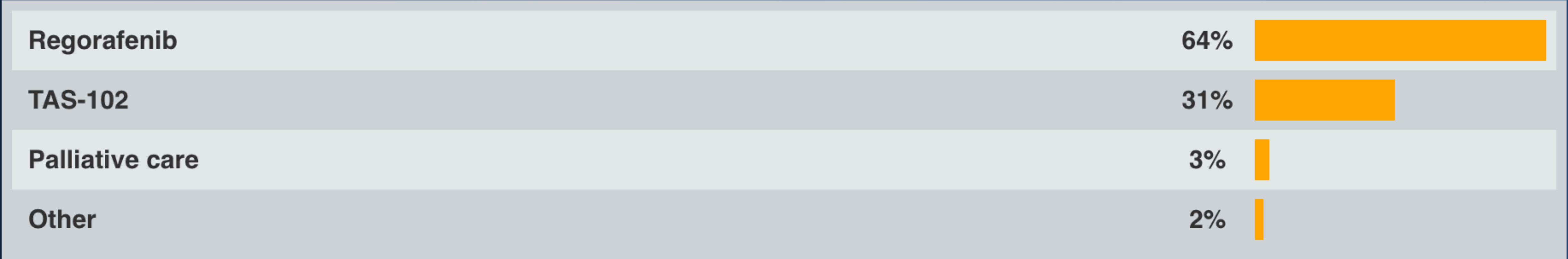
Based on current clinical trial data and your personal experience, how would you compare the global antitumor efficacy of chemotherapy/bevacizumab and chemotherapy/EGFR antibody when used as first-line therapy for left-sided, MSS, pan-RAS wild-type mCRC?



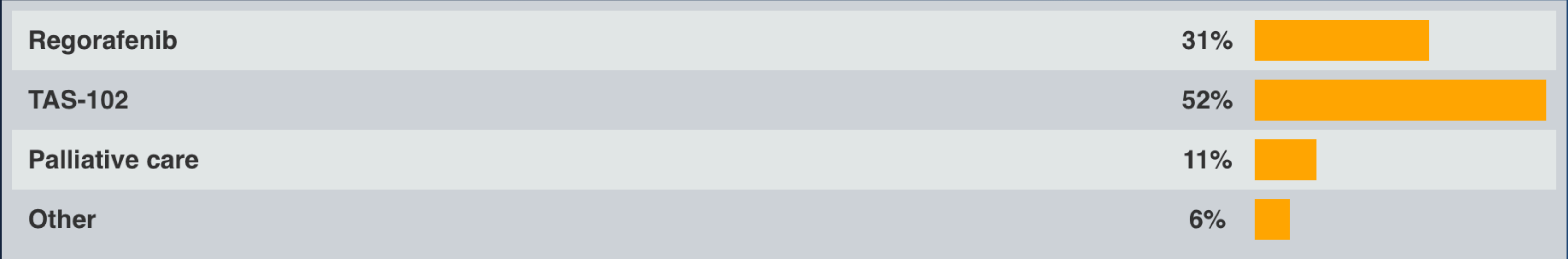
For a younger, otherwise healthy patient with MSI-high mCRC for whom you are planning to administer immune checkpoint inhibitor therapy, what agent or regimen would you most likely recommend?



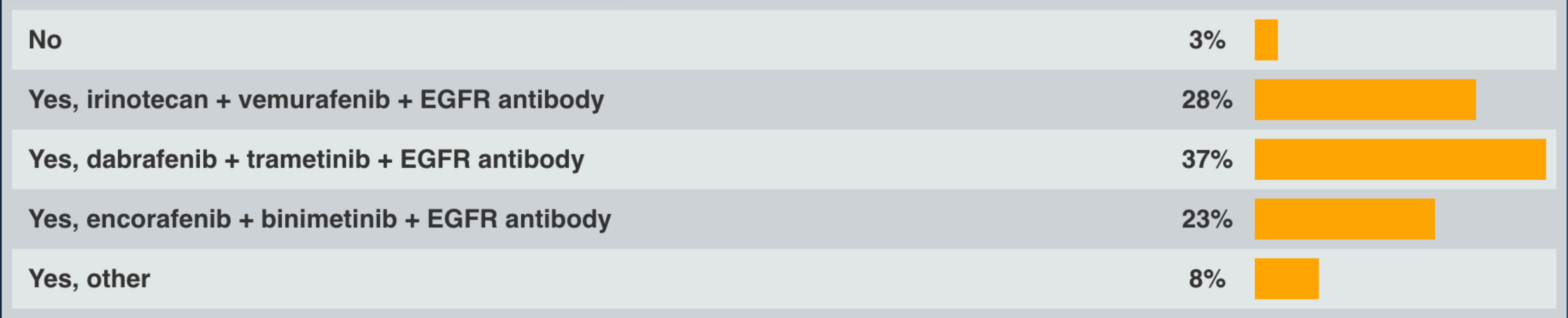
A 68-year-old patient with RAS-mutant, MSS mCRC receives first-line FOLFOX/bevacizumab and second-line FOLFIRI/bevacizumab and is now experiencing disease progression with a PS of 0. What would be your most likely third-line treatment recommendation?



A 68-year-old patient with RAS-mutant, MSS mCRC receives first-line FOLFOX/bevacizumab and second-line FOLFIRI/bevacizumab and is now experiencing disease progression with a PS of 1-2. What would be your most likely third-line treatment recommendation?



Reimbursement and regulatory issues aside, for a patient with mCRC and a BRAF V600E mutation, would you likely administer targeted therapy at some point?



What is your usual first-line treatment strategy for a 65-year-old patient with left-sided, MSS, pan-RAS wild-type metastatic colorectal cancer (mCRC)?

