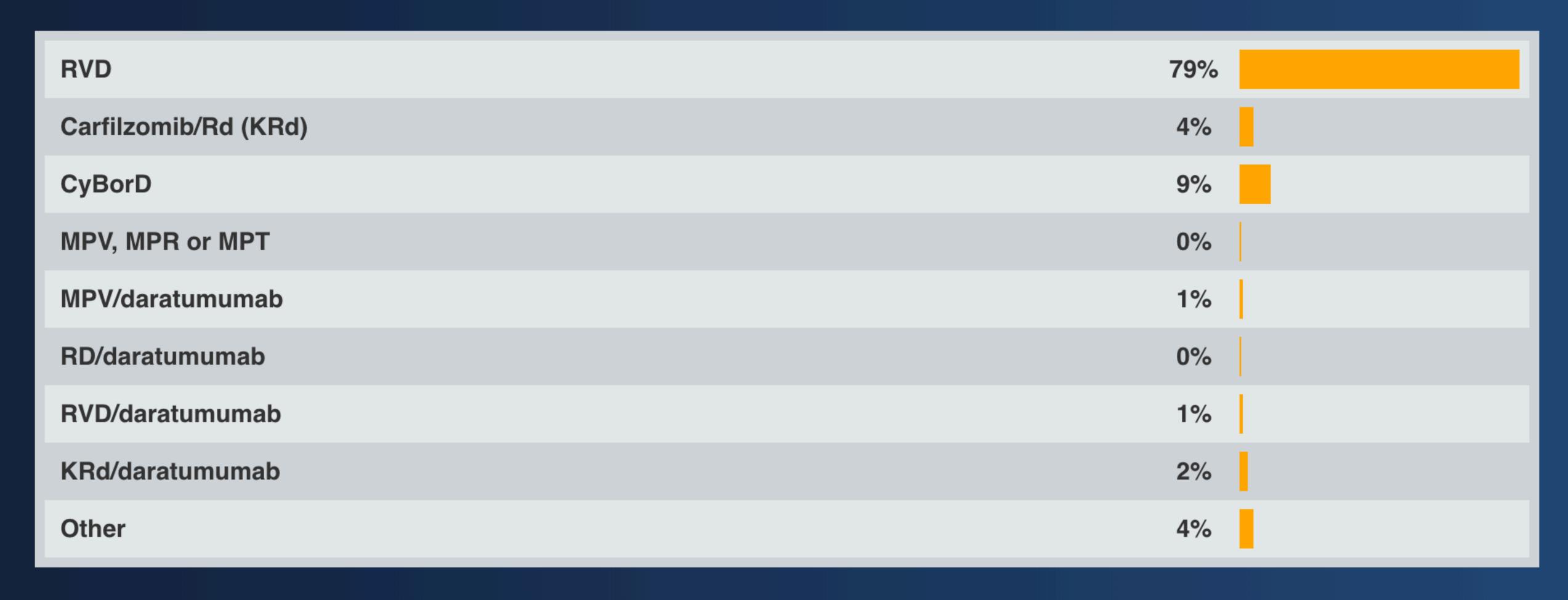
On routine blood work, a 68-year-old man is found to have IgA = 2.6 g/dL with decreased serum IgG and normal serum IgM, serum free light chain ratio of 15.4, bone marrow plasma cells = 20% and Hgb = 14.2. His calcium and renal functions are normal. PET/CT scan showed no focal bone lesions. Would you administer treatment to this patient?

Yes	28%
No	71%

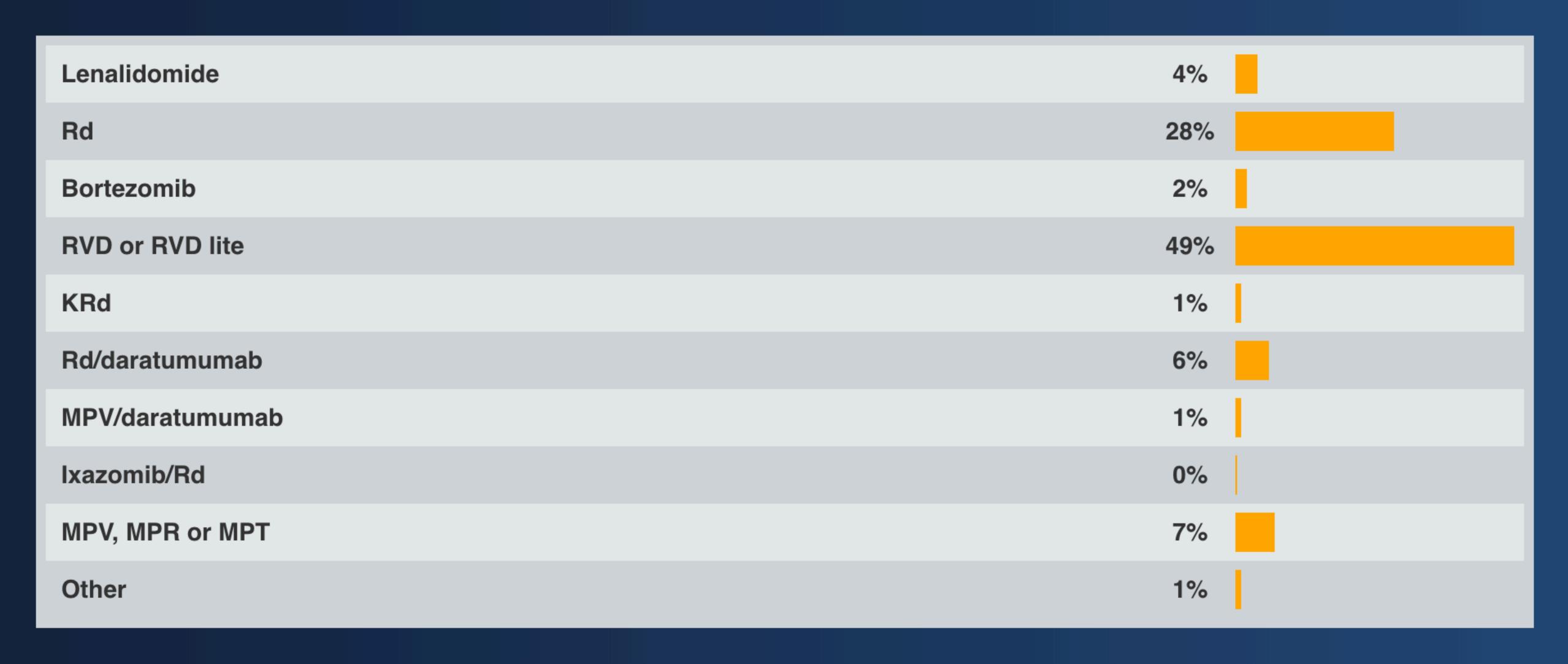
Currently, what is your usual pretransplant induction regimen for a patient with multiple myeloma (MM) and no high-risk features?



Have you or would you order an MRD assay to inform the decision regarding autotransplant after induction treatment?

I have	8%
I have not but would for the right patient	65%
I have not and would not	28%

What is your usual induction regimen for an 85-year-old patient with ISS Stage II MM who is transplant ineligible, with normal renal function and no high-risk features?



What is your usual recommendation for post-ASCT maintenance in patients with MM and del(17p)?

I would not use maintenance therapy	3%
Lenalidomide +/- dexamethasone	28%
Bortezomib +/- dexamethasone	28%
Lenalidomide + bortezomib +/- dexamethasone	22%
Ixazomib +/- dexamethasone	3%
Lenalidomide + ixazomib +/- dexamethasone	6%
Carfilzomib +/- lenalidomide/dexamethasone	9%
Other	0%

What is your usual treatment recommendation for a patient with MM who received RVD \rightarrow ASCT and lenalidomide maintenance for 1.5 years who then experiences an asymptomatic biochemical relapse?

Carfilzomib +/- dexamethasone	12%
Pomalidomide +/- dexamethasone	6%
Carfilzomib + pomalidomide +/- dexamethasone	16%
Elotuzumab + lenalidomide +/- dexamethasone	12%
Elotuzumab + pomalidomide +/- dexamethasone	4%
Daratumumab + lenalidomide +/- dexamethasone	11%
Daratumumab + pomalidomide +/- dexamethasone	14%
Daratumumab + bortezomib +/- dexamethasone	18%
Ixazomib + Rd	2%
Other	4%

Have you or would you use subcutaneous daratumumab to treat relapsed/refractory MM?

I have	11%
I have not but would for the right patient	82%
I have not and would not	8%

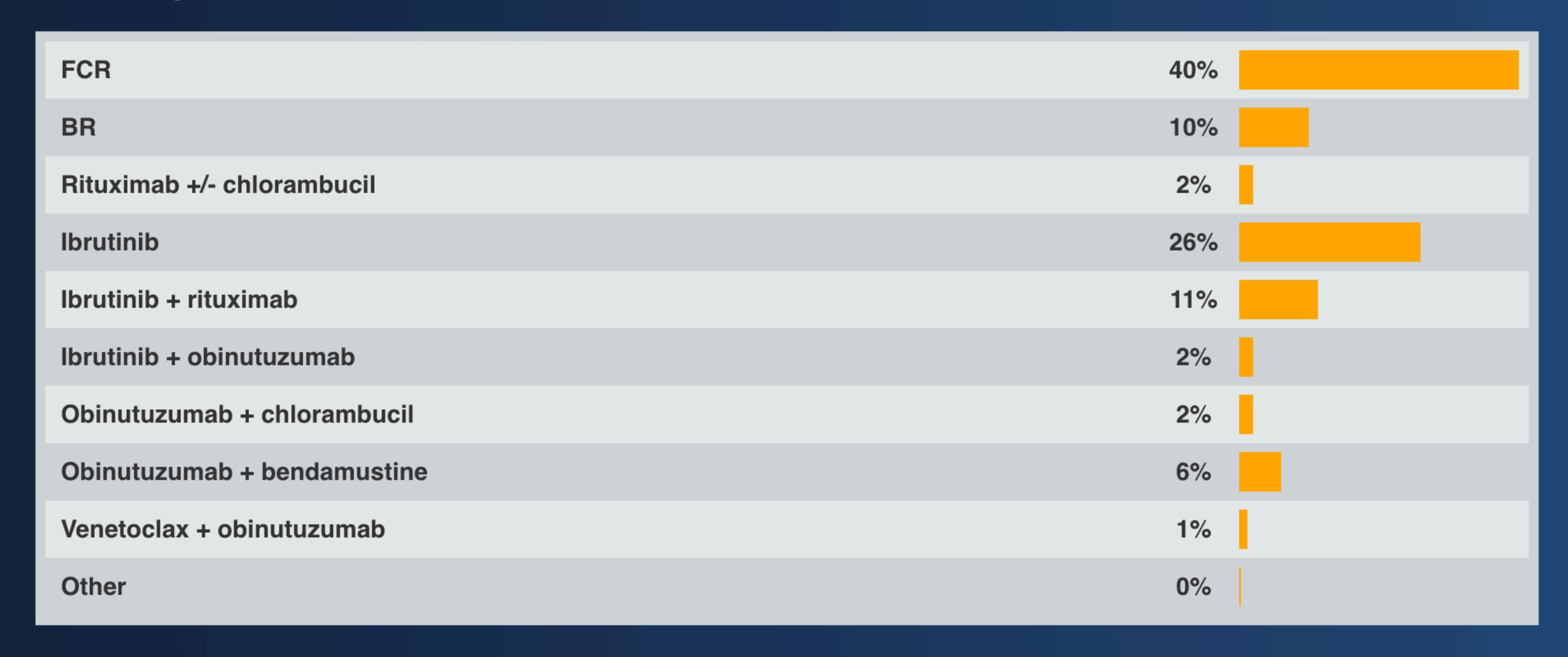
Have you or would you administer venetoclax to a patient with relapsed/refractory MM?

I have	9%
I have but would no longer do so	2%
I have not but would for the right patient	60%
I have not and would not	28%

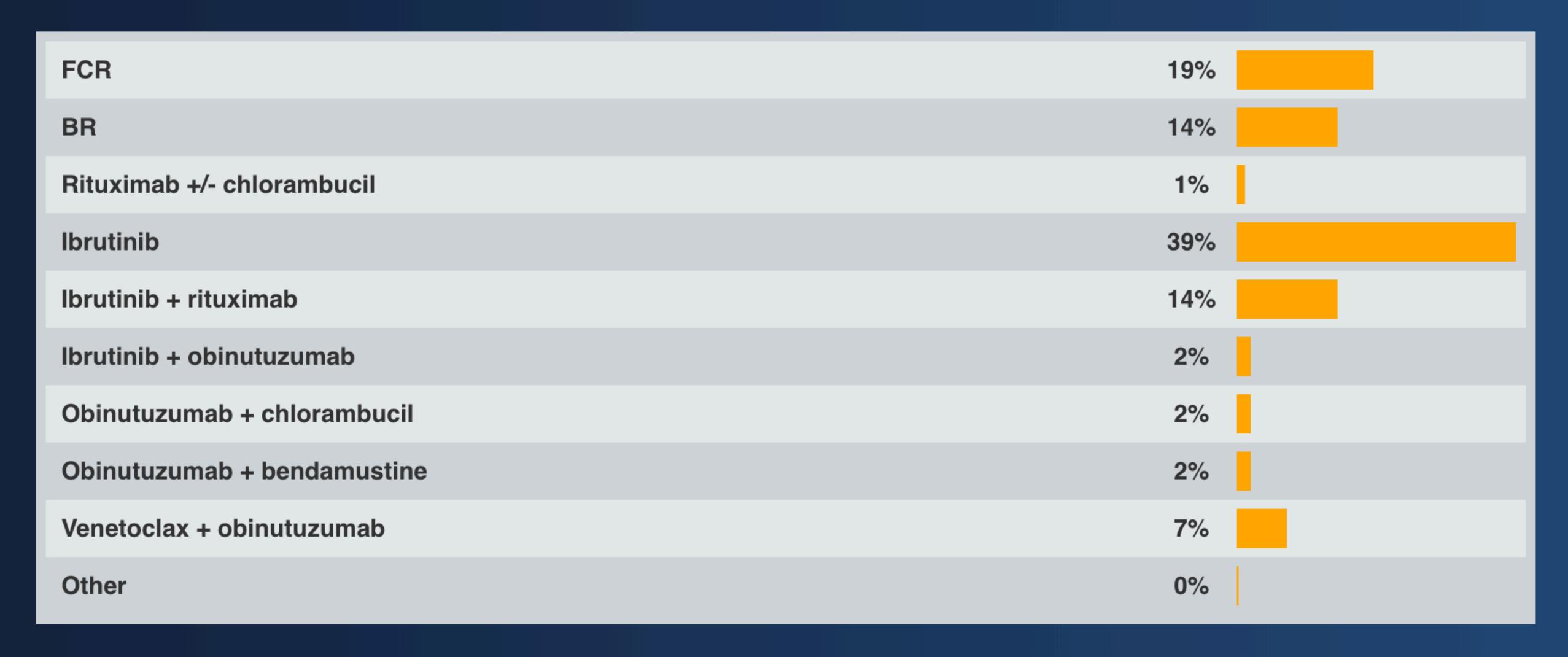
Have you or would you administer CAR T-cell therapy for a patient with relapsed/refractory MM?

I have	5%
I have not but would for the right patient	74%
I have not and would not	21%

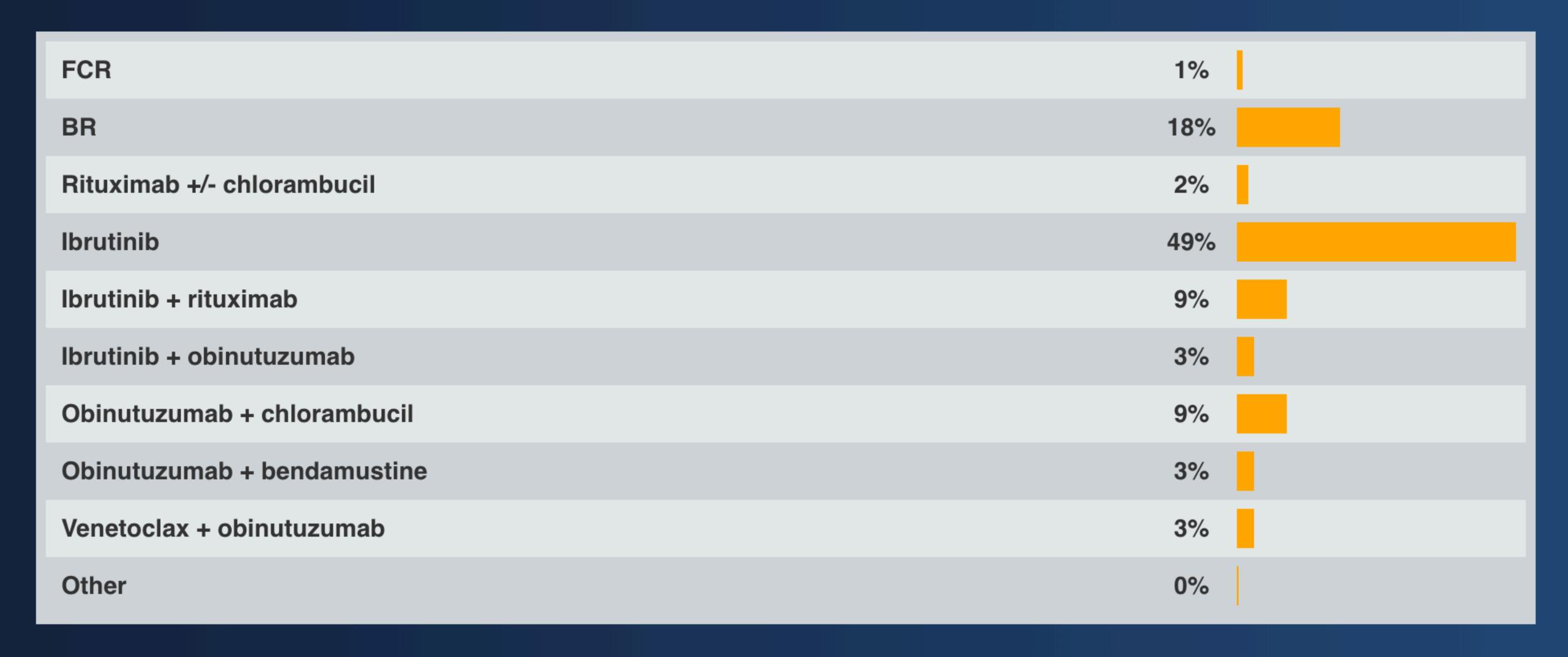
What is your usual preferred initial regimen for a <u>60-year-old</u> patient with <u>IGHV-mutated</u> chronic lymphocytic leukemia (CLL) without del(17p) or TP53 mutation who requires treatment?



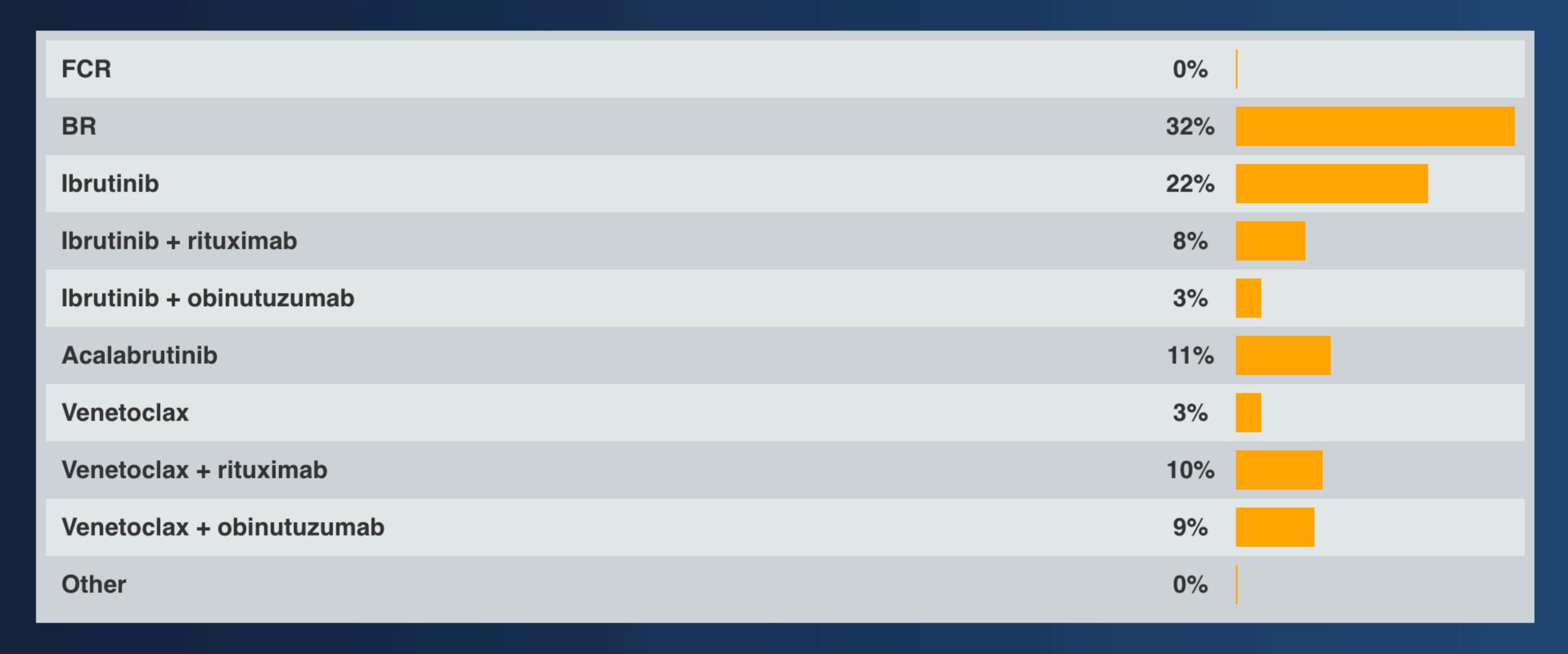
What is your usual preferred initial regimen for a 60-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment?



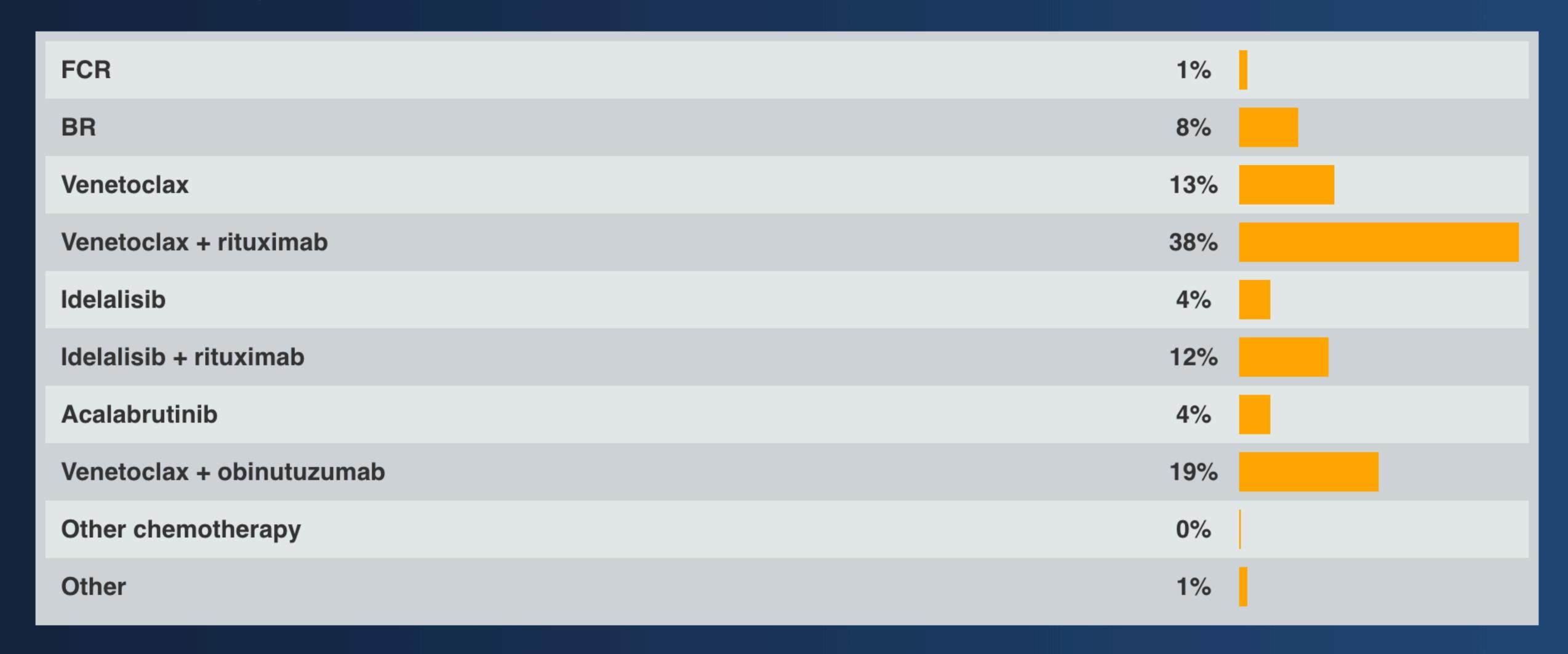
What is your usual preferred initial regimen for a <u>75-year-old</u> patient with <u>IGHV-mutated</u> CLL without del(17p) or TP53 mutation who requires treatment?



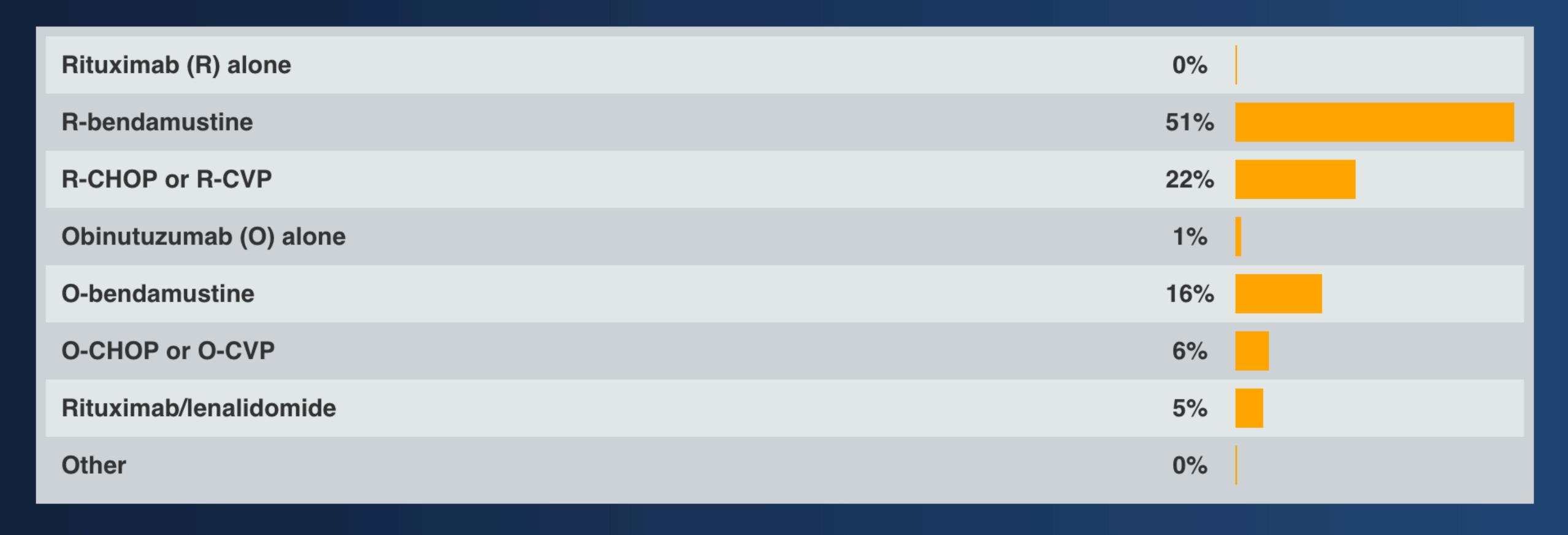
What is your usual preferred initial regimen for a 75-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment and is receiving anticoagulation for recent bilateral pulmonary emboli?



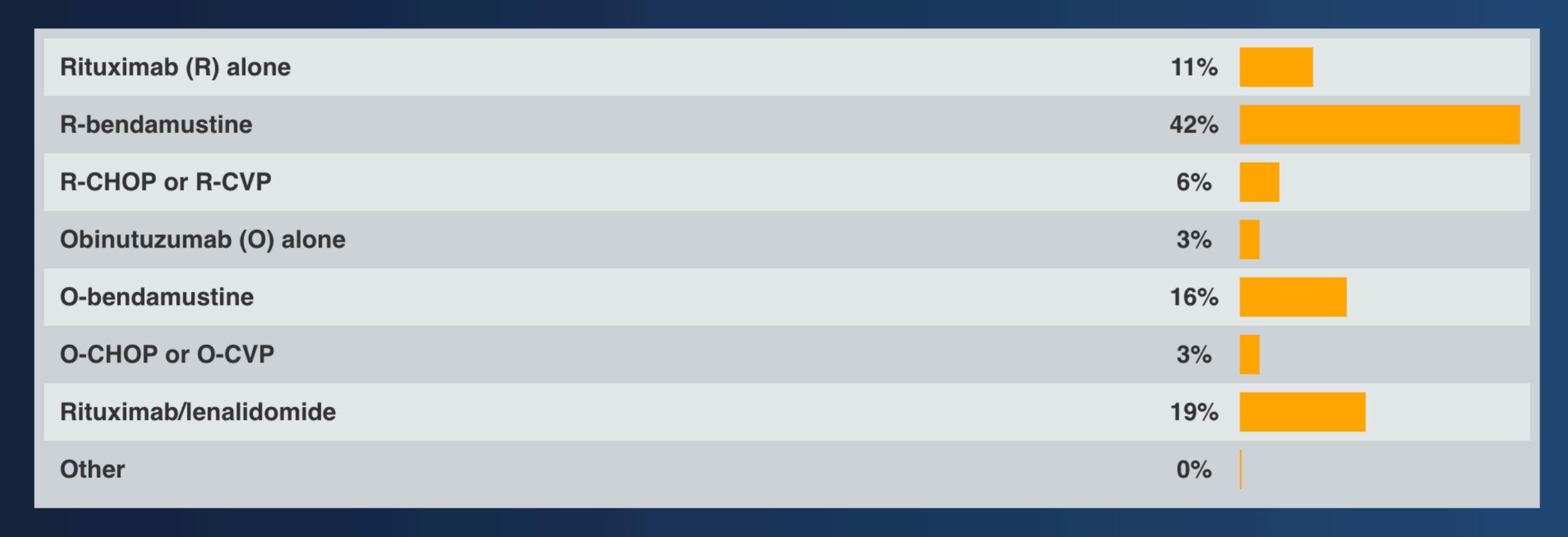
Reimbursement and regulatory issues aside, what second-line systemic therapy would you recommend for a 75-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responded to ibrutinib and then experienced disease progression 4 years later?



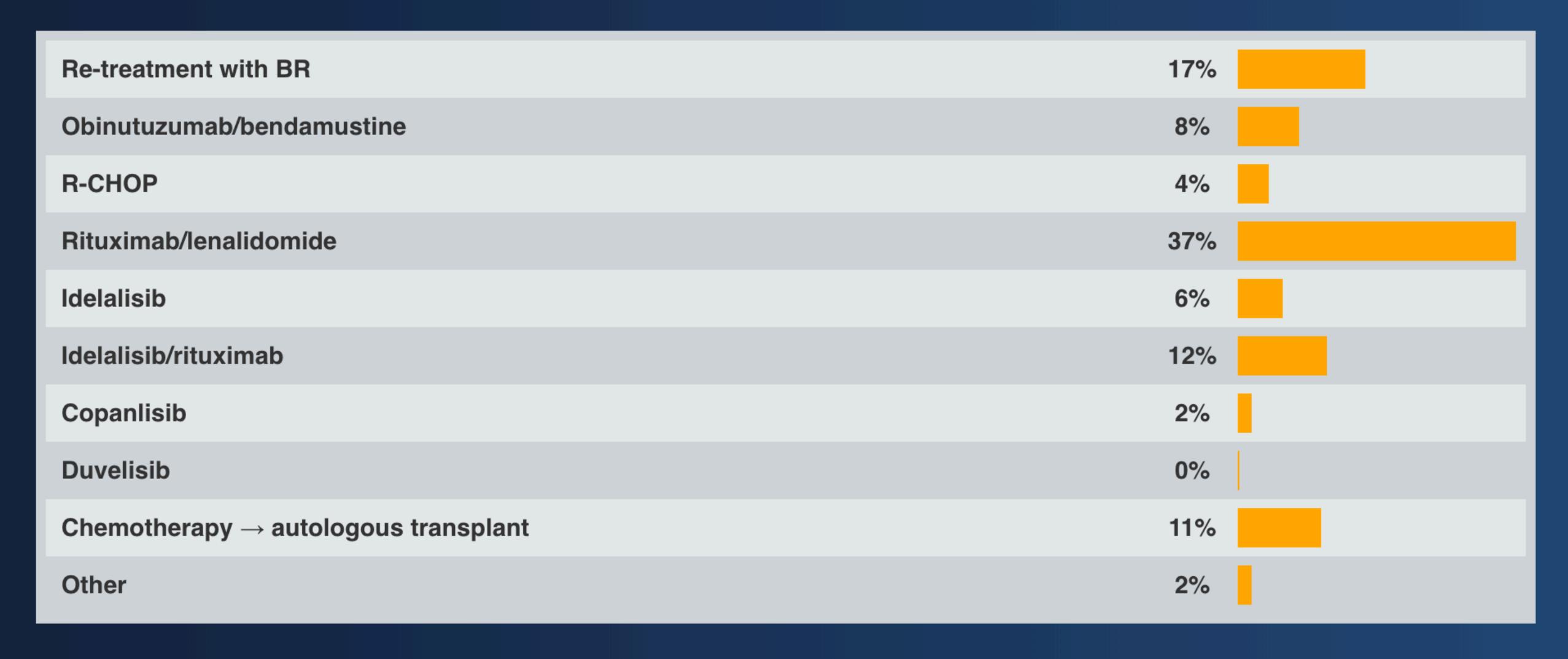
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a <u>60-year-old</u> patient with Stage III, Grade 1/2 follicular lymphoma (FL) with fatigue and symptomatic bulky adenopathy who requires treatment?



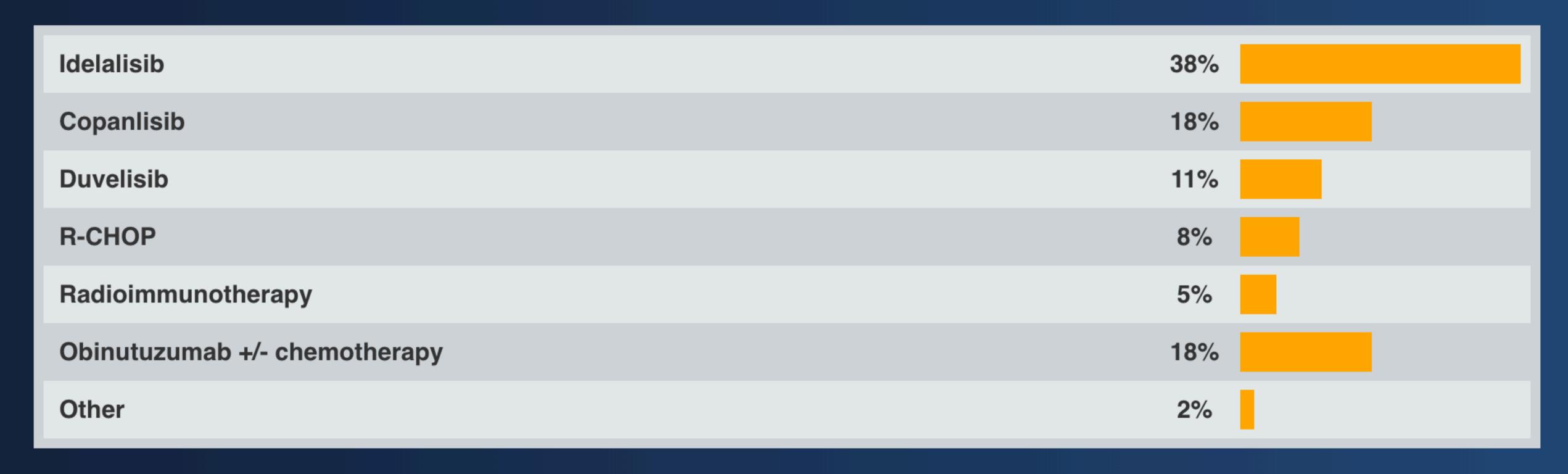
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a <u>75-year-old</u> patient with Stage III, Grade 1/2 FL with fatigue and symptomatic bulky adenopathy who requires treatment?



Regulatory and reimbursement issues aside, what is your usual second-line therapy for a 65-year-old patient with FL who achieves a complete response to BR followed by 2 years of rituximab maintenance but then experiences disease relapse 4 years later?



What is your usual third-line treatment for a nontransplant-eligible patient with FL who received first-line BR, second-line lenalidomide/rituximab and then develops disease progression?



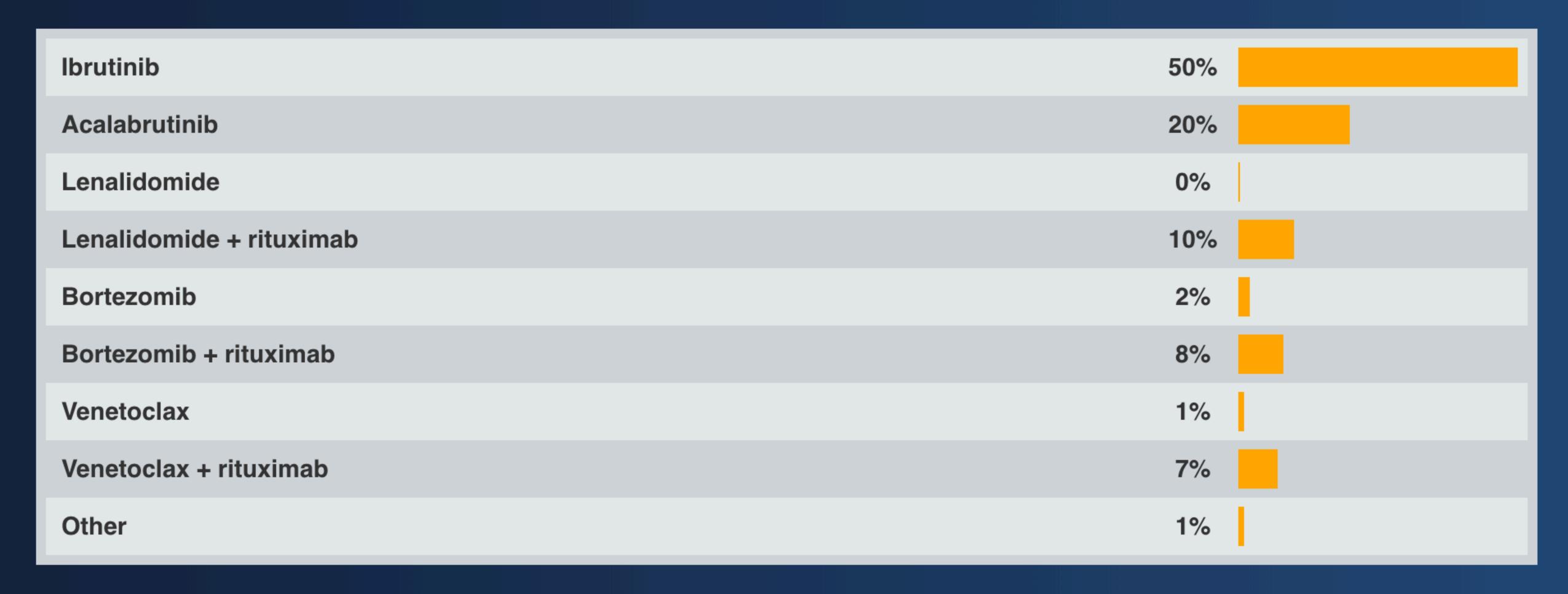
A 27-year-old man is diagnosed with Stage IVB classical Hodgkin lymphoma (HL) with nodal, spleen and bone involvement. Albumin is 3.1 g/dL, Hgb is 8.6 g/dL and white blood cell count is 17,5000. IPS = 5. What initial treatment would you recommend?

ABVD	17%
PET-adapted ABVD	30%
Brentuximab vedotin + AVD	49%
AVD	0%
Other chemotherapy	3%
Other	1%

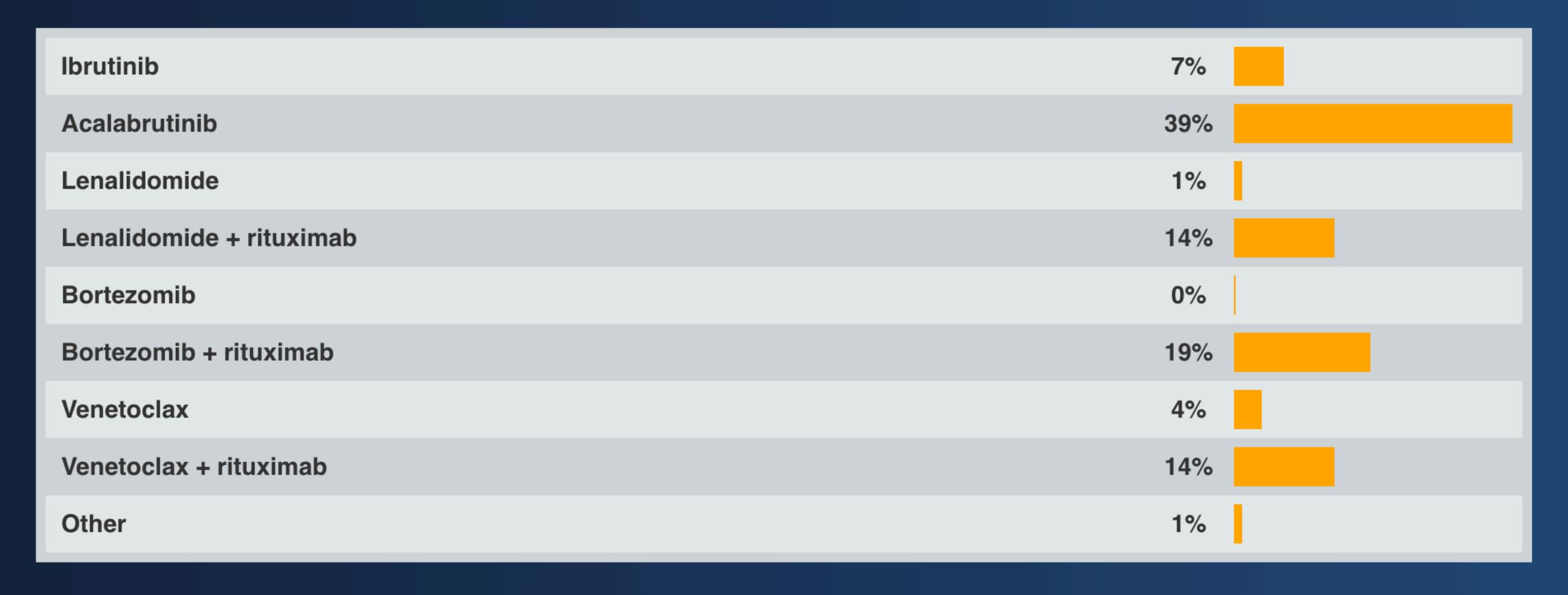
Regulatory and reimbursement issues aside, in general, what would be your preferred bridge to transplant for a patient with HL who is experiencing relapse after up-front ABVD?

ICE	38%
Brentuximab vedotin	32%
Brentuximab vedotin + nivolumab	27%
Other	3%

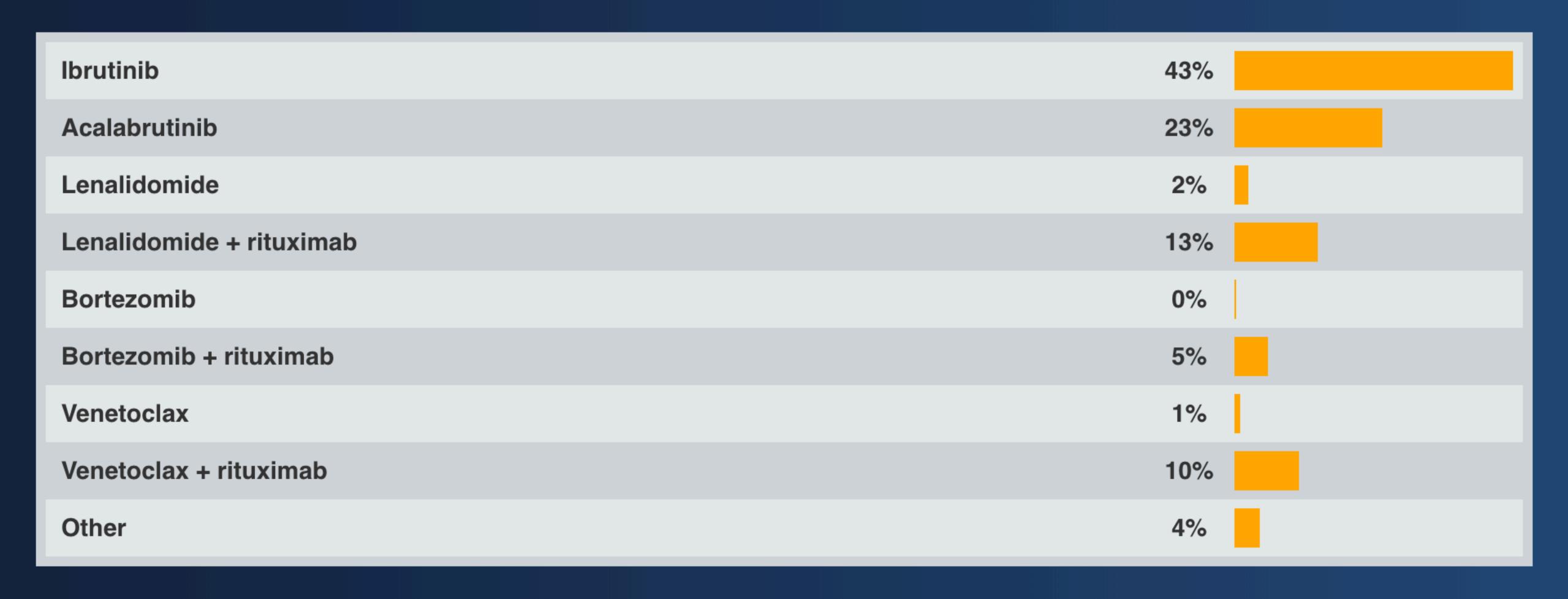
A 65-year-old patient with mantle cell lymphoma (MCL) initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. What would you recommend?



A 65-year-old patient with MCL initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. The patient has a history of atrial fibrillation and is receiving anticoagulation. What would you recommend?



An 80-year-old patient with MCL initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. What would you recommend?



Based on available data and regulatory and reimbursement issues aside, would you attempt to access venetoclax for select patients with relapsed/refractory MCL?

