

**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%**

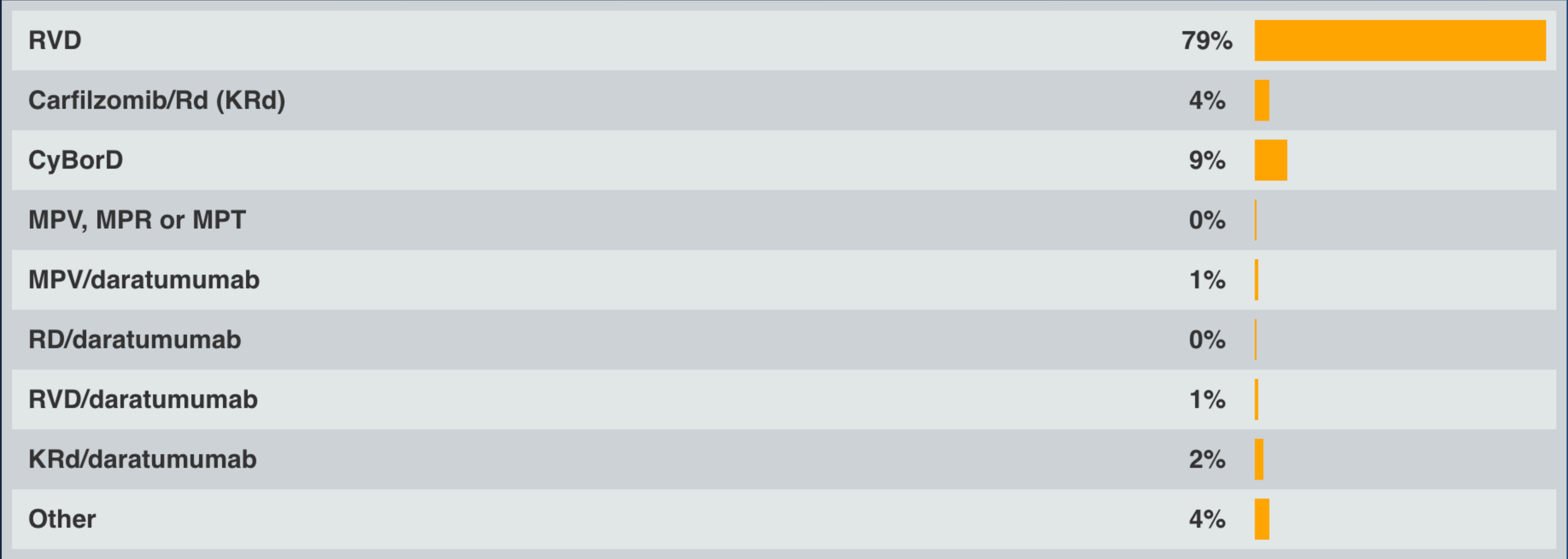


**No**

**71%**

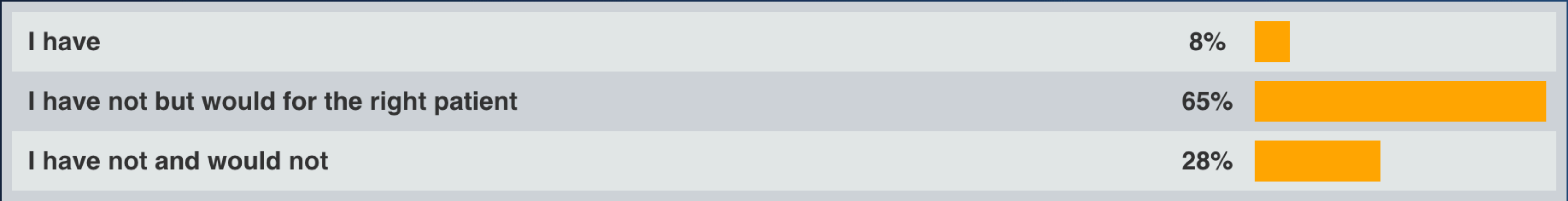


# Currently, what is your usual pretransplant induction regimen for a patient with multiple myeloma (MM) and no high-risk features?

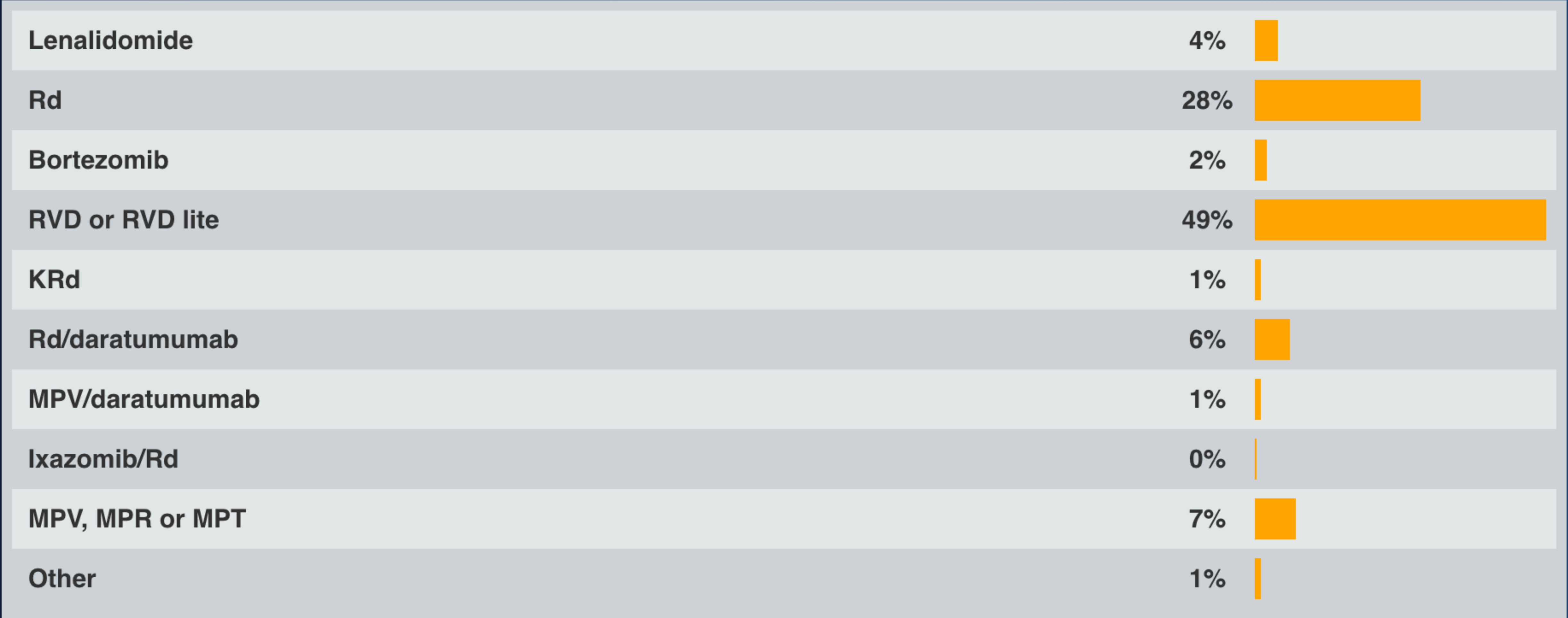




# Have you or would you order an MRD assay to inform the decision regarding autotransplant after induction treatment?



# 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)?

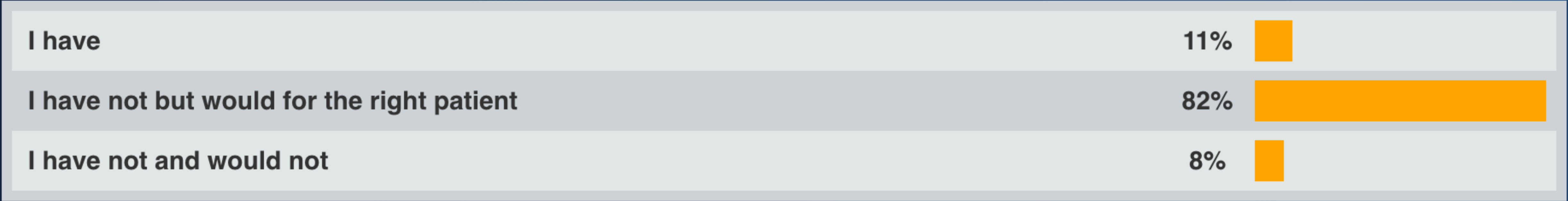


**What is your usual treatment recommendation for a patient with MM who received RVD → ASCT and lenalidomide maintenance for 1.5 years who then experiences an asymptomatic biochemical relapse?**

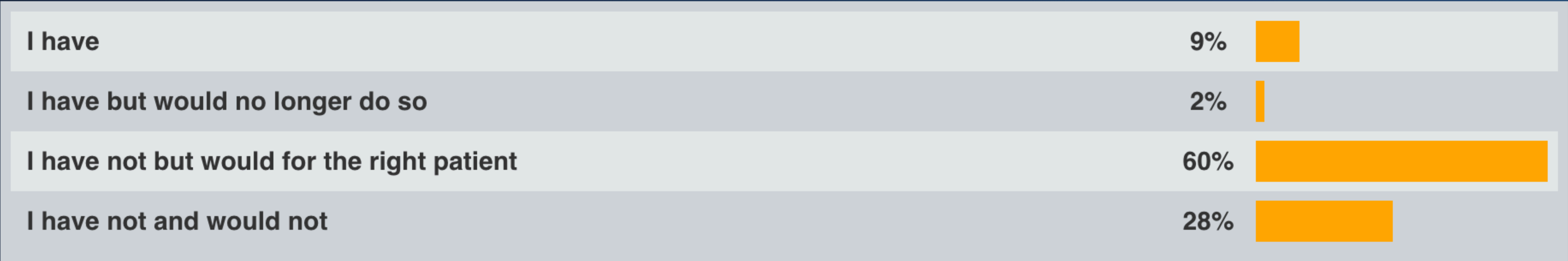




# Have you or would you use subcutaneous daratumumab to treat relapsed/refractory MM?

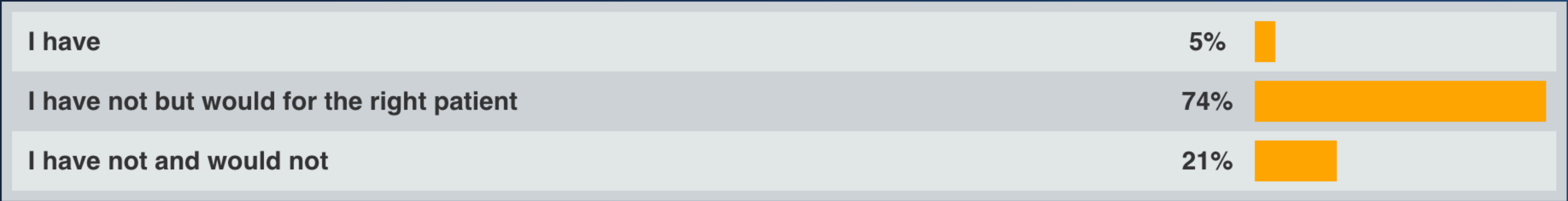


# Have you or would you administer venetoclax to a patient with relapsed/refractory MM?

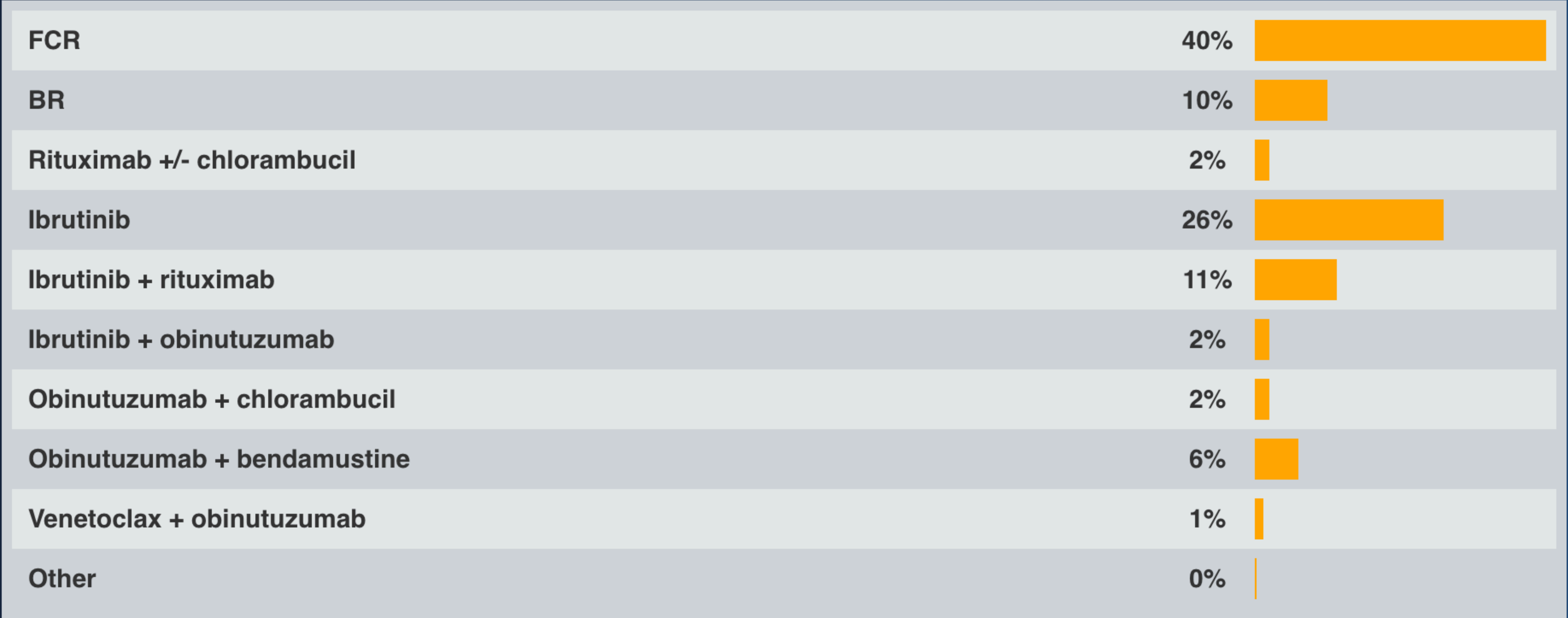




# Have you or would you administer CAR T-cell therapy for a patient with relapsed/refractory MM?

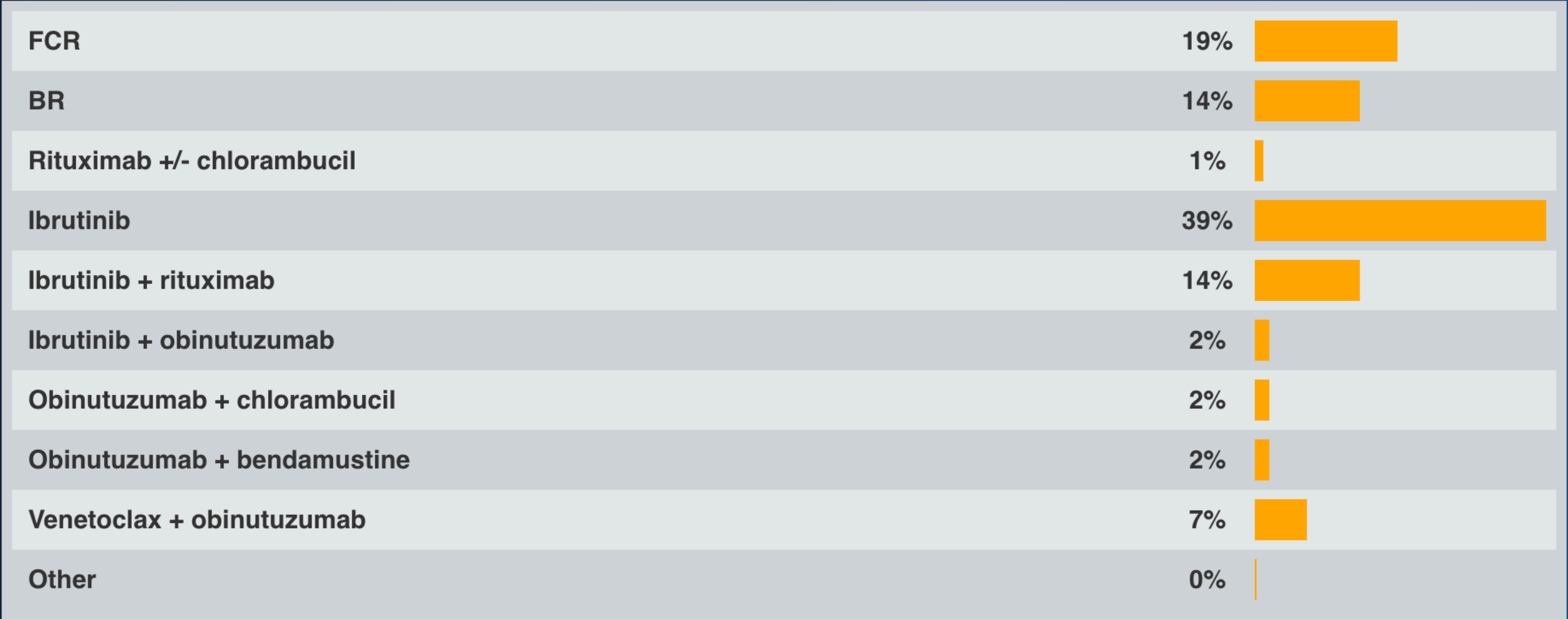


What is your usual preferred initial regimen for a 60-year-old patient with IGHV-mutated chronic lymphocytic leukemia (CLL) without del(17p) or TP53 mutation who requires treatment?

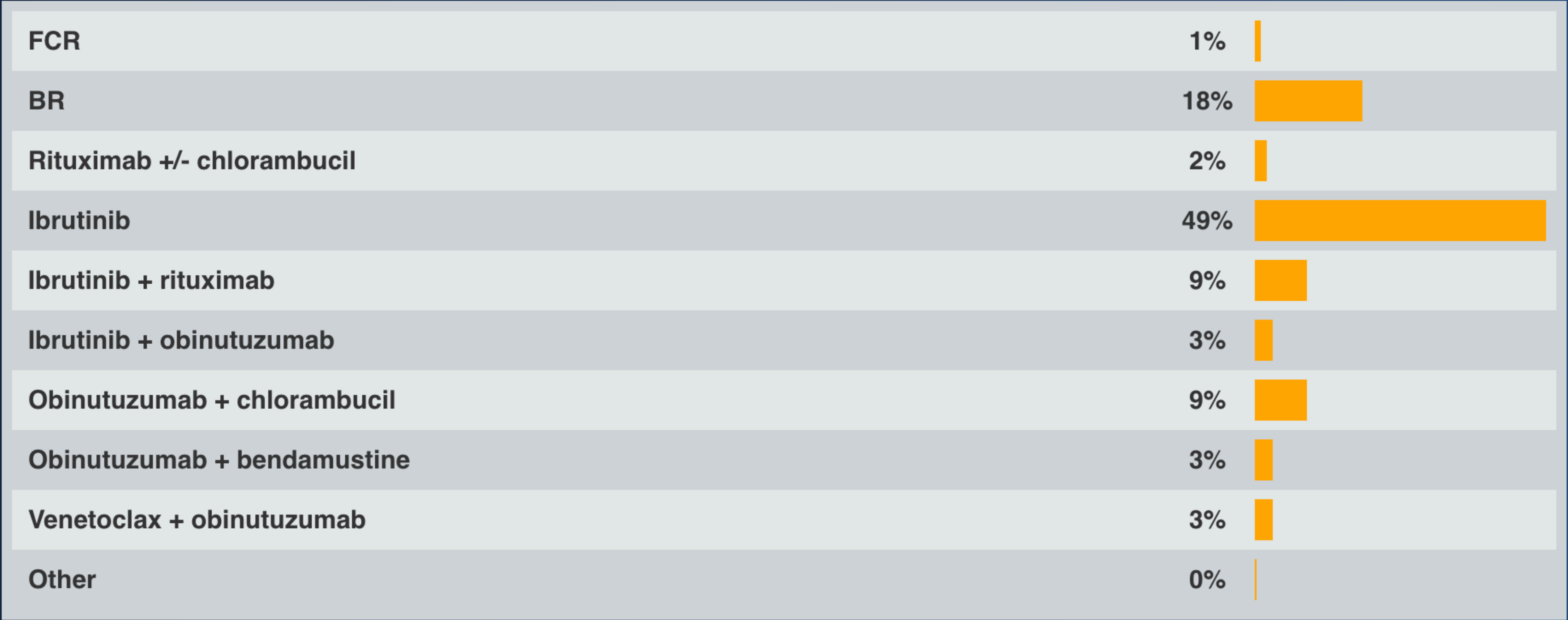




What is your usual preferred initial regimen for a 60-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment?

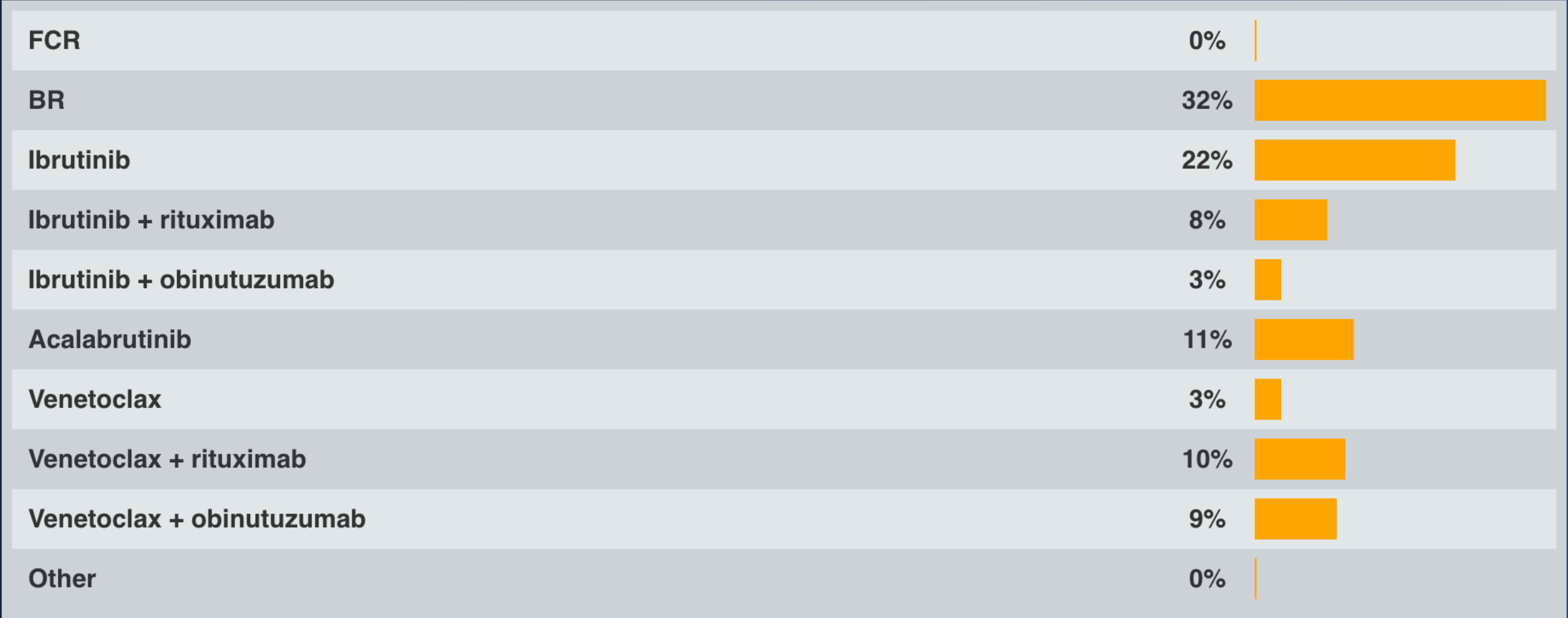


# What is your usual preferred initial regimen for a 75-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?

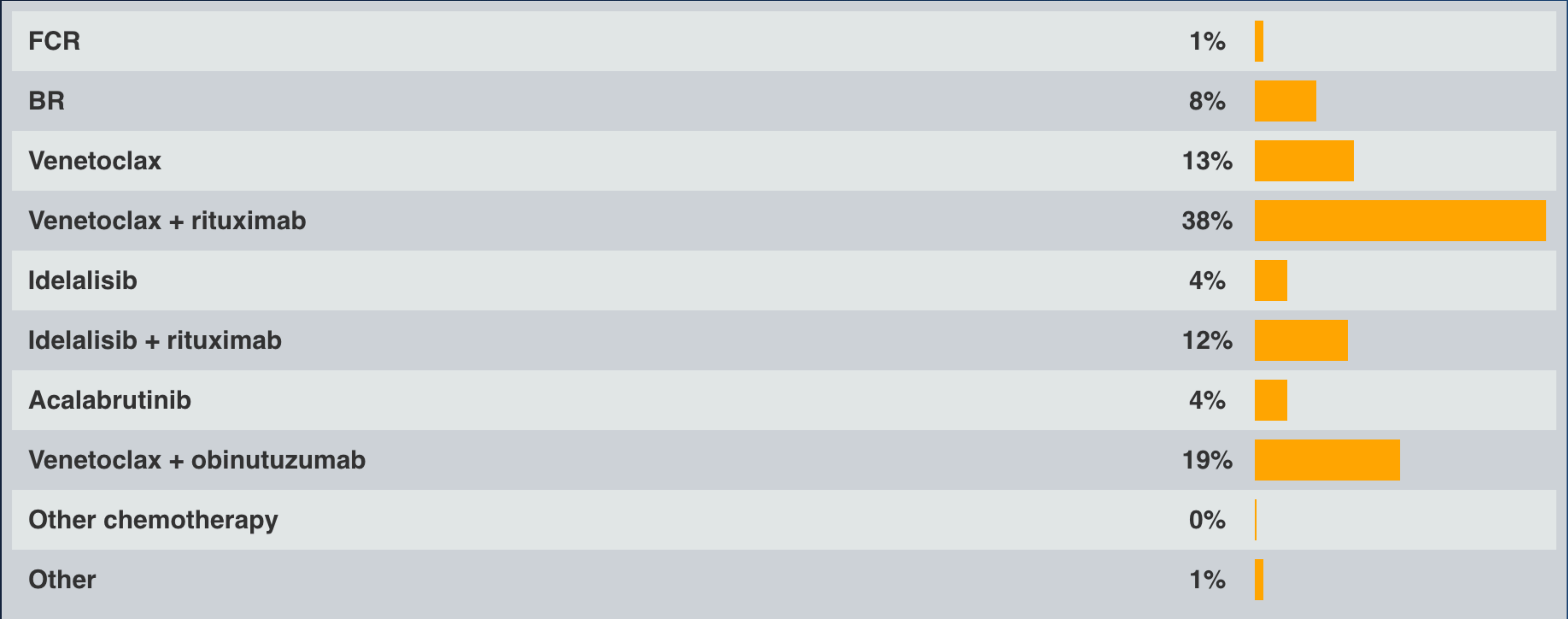




**What is your usual preferred initial regimen for a 75-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment and is receiving anticoagulation for recent bilateral pulmonary emboli?**

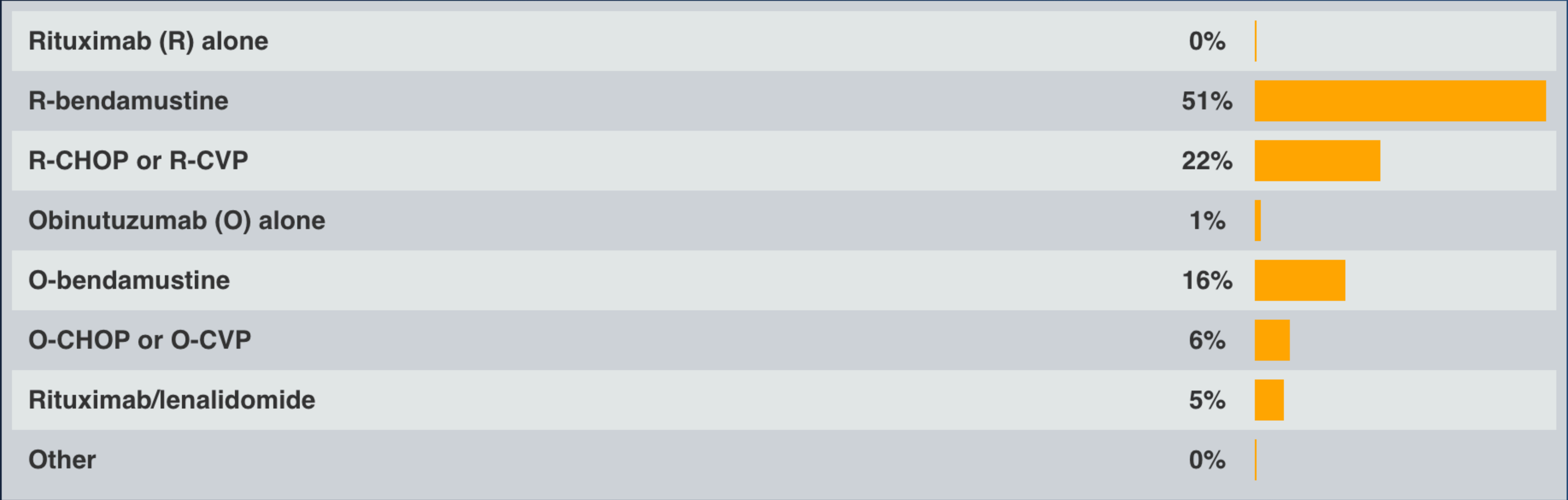


Reimbursement and regulatory issues aside, what second-line systemic therapy would you recommend for a 75-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responded to ibrutinib and then experienced disease progression 4 years later?

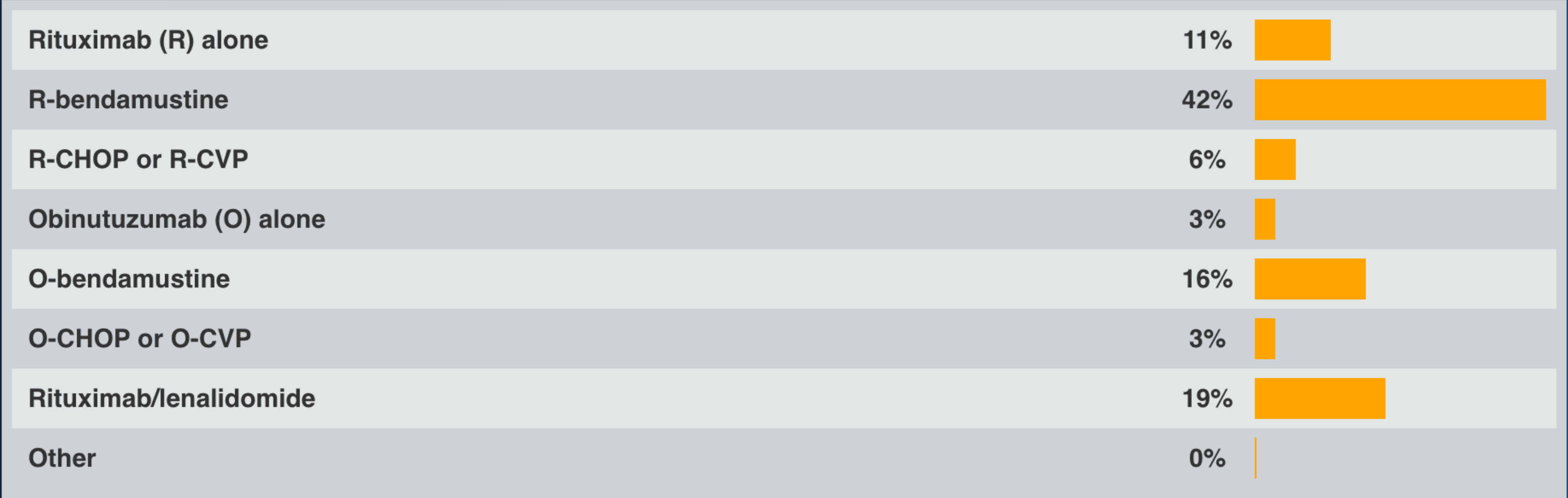




**Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 60-year-old patient with Stage III, Grade 1/2 follicular lymphoma (FL) with fatigue and symptomatic bulky adenopathy who requires treatment?**



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

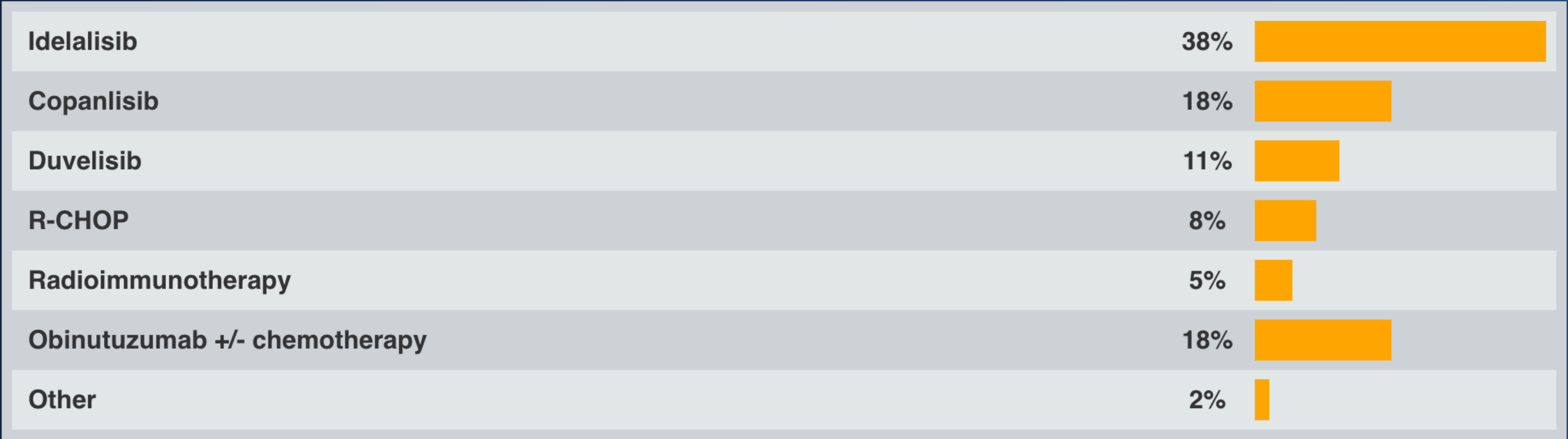




**Regulatory and reimbursement issues aside, what is your usual second-line therapy for a 65-year-old patient with FL who achieves a complete response to BR followed by 2 years of rituximab maintenance but then experiences disease relapse 4 years later?**

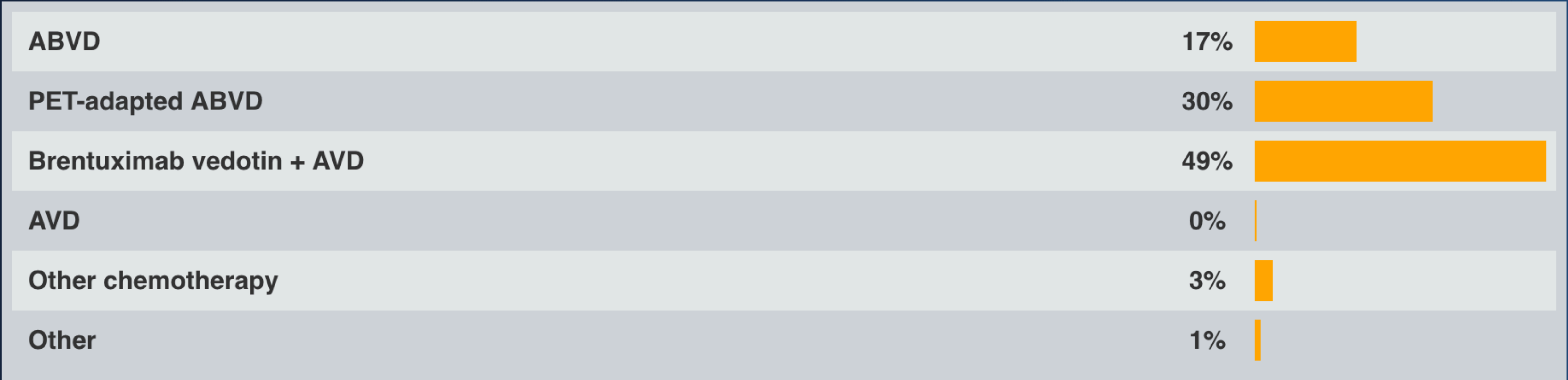


**What is your usual third-line treatment for a nontransplant-eligible patient with FL who received first-line BR, second-line lenalidomide/rituximab and then develops disease progression?**

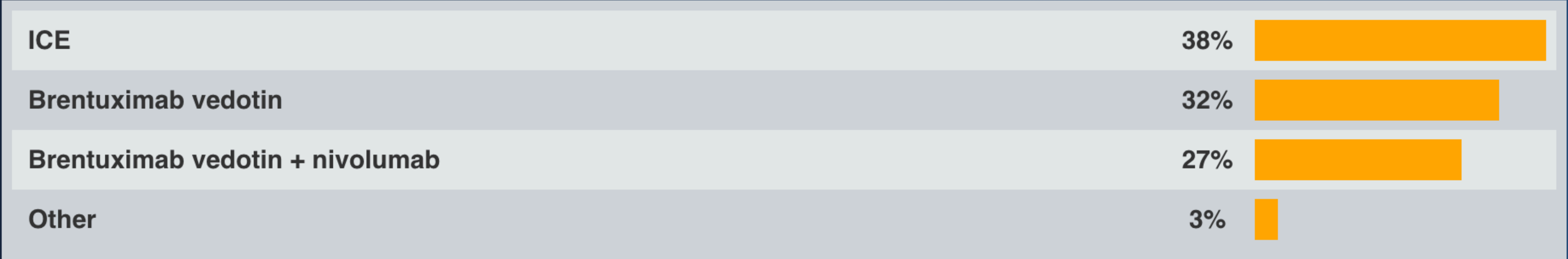




A 27-year-old man is diagnosed with Stage IVB classical Hodgkin lymphoma (HL) with nodal, spleen and bone involvement. Albumin is 3.1 g/dL, Hgb is 8.6 g/dL and white blood cell count is 17,5000. IPS = 5. What initial treatment would you recommend?

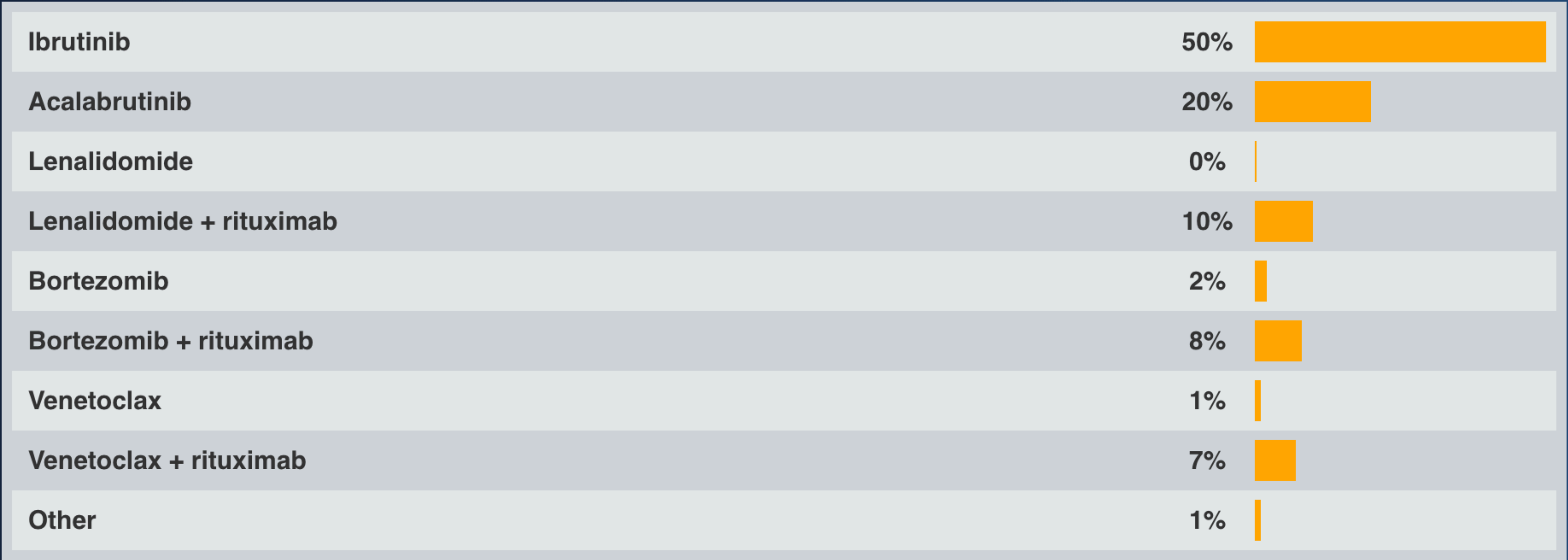


**Regulatory and reimbursement issues aside, in general, what would be your preferred bridge to transplant for a patient with HL who is experiencing relapse after up-front ABVD?**

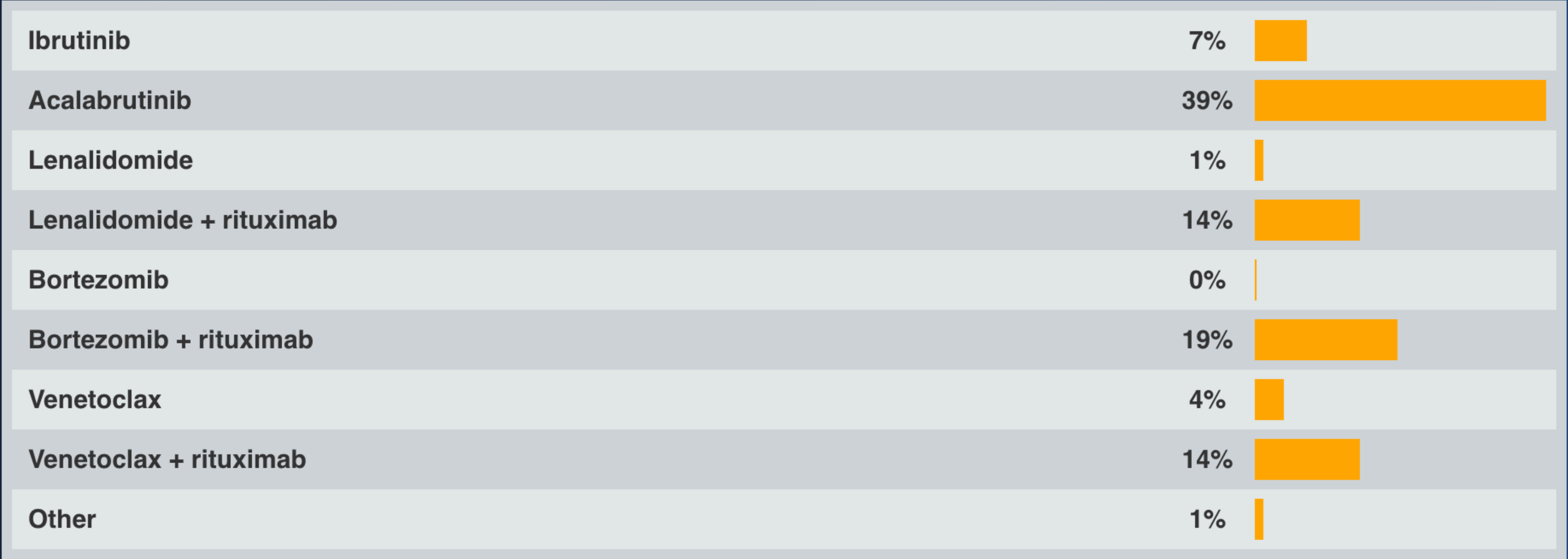




A 65-year-old patient with mantle cell lymphoma (MCL) initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. What would you recommend?

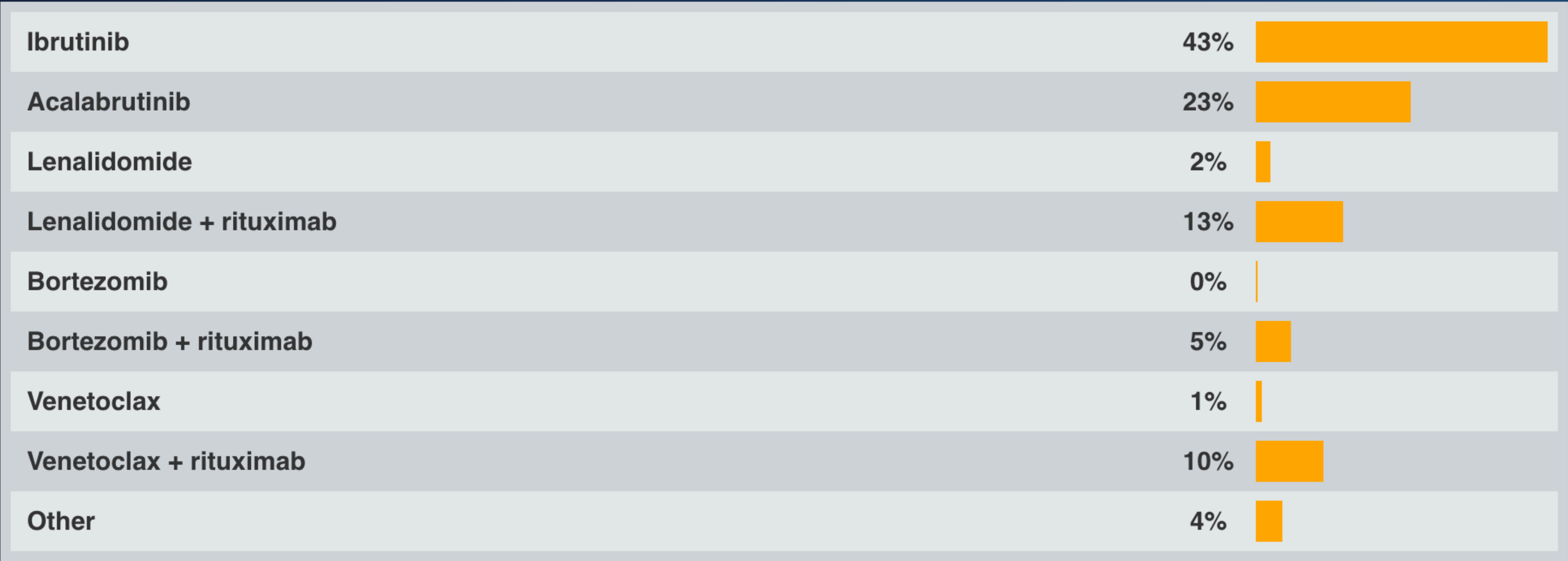


A 65-year-old patient with MCL initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. The patient has a history of atrial fibrillation and is receiving anticoagulation. What would you recommend?





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?**

