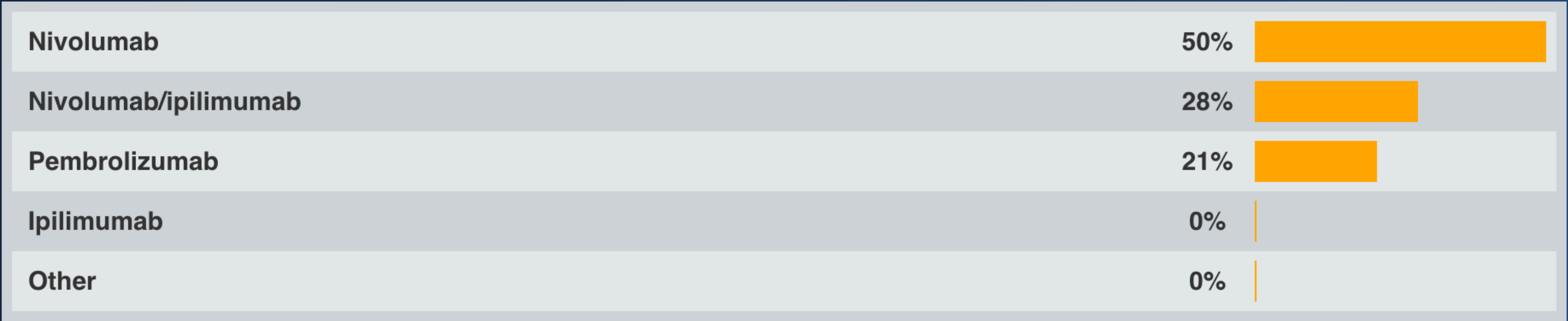
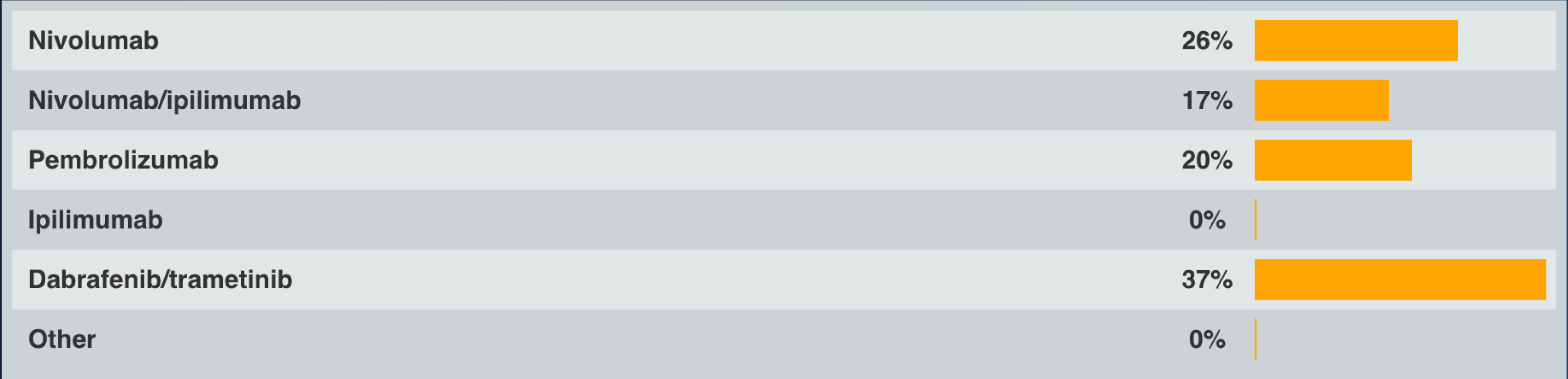


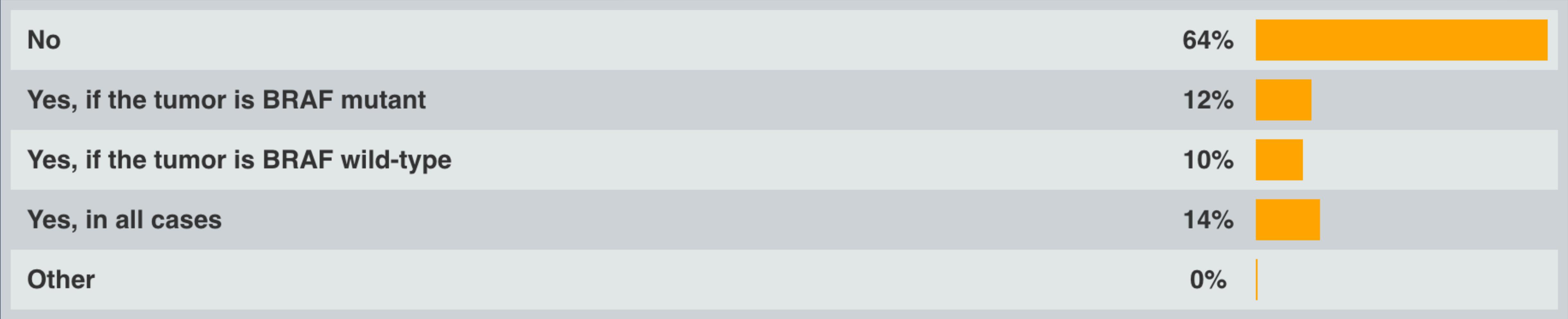
Regulatory and reimbursement issues aside, for a younger patient (<65 years old) with primary BRAF V600E wild-type melanoma for whom you are recommending adjuvant therapy, what is your usual choice of treatment?



Regulatory and reimbursement issues aside, for a younger patient (<65 years old) with primary BRAF V600E-mutant melanoma for whom you are recommending adjuvant therapy, what is your usual choice of treatment?



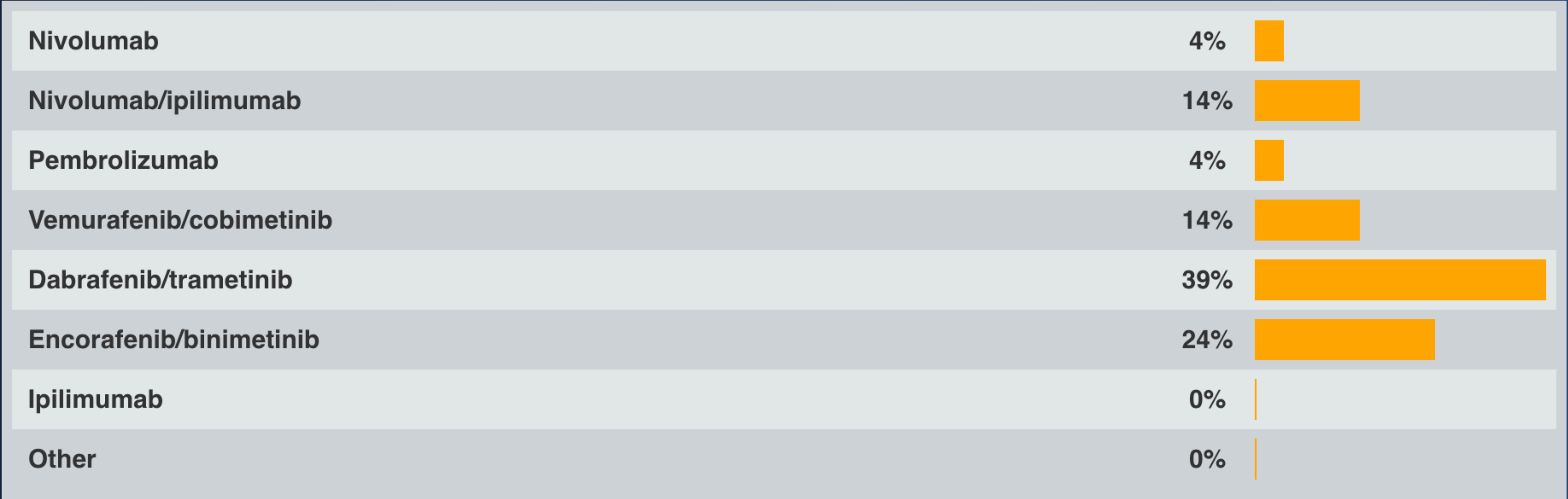
Do you consider PD-L1 levels when attempting to decide on first-line therapy for patients with metastatic melanoma?



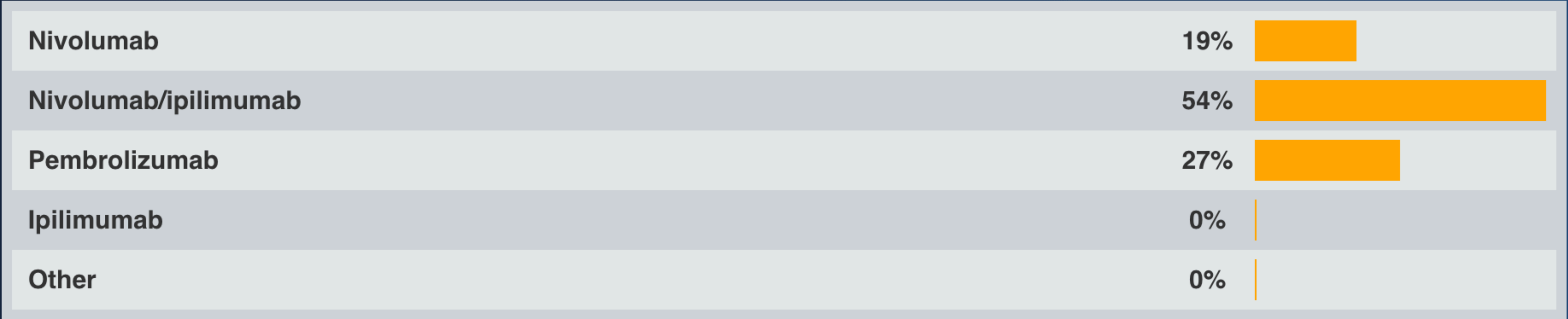
What is your usual first-line treatment for an asymptomatic, clinically stable younger patient with BRAF-mutant metastatic melanoma and PD-L1 expression of 0%?

Nivolumab	20%	<div></div>
Nivolumab/ipilimumab	38%	<div></div>
Pembrolizumab	4%	<div></div>
Vemurafenib/cobimetinib	12%	<div></div>
Dabrafenib/trametinib	16%	<div></div>
Encorafenib/binimetinib	10%	<div></div>
Ipilimumab	0%	<div></div>
Other	0%	<div></div>

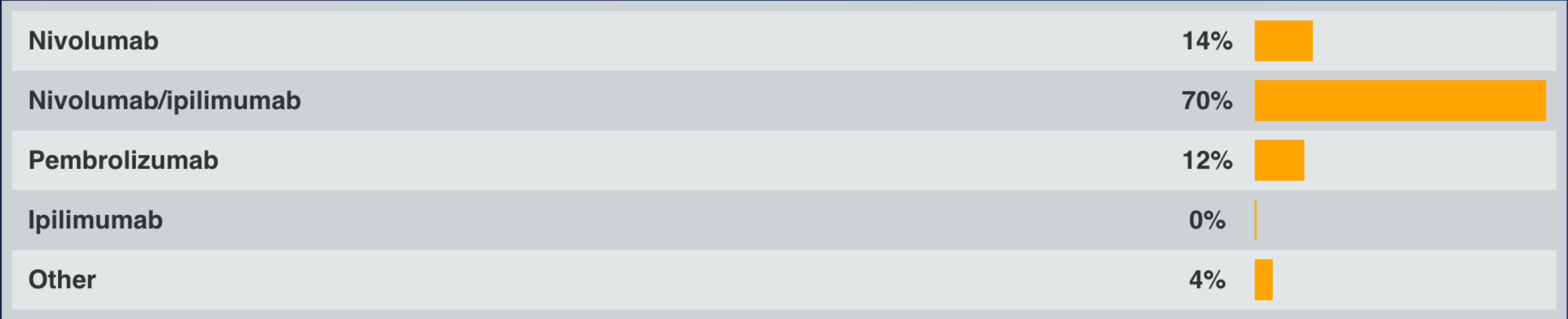
What is your usual first-line treatment for a symptomatic younger patient with extensive BRAF-mutant metastatic melanoma?



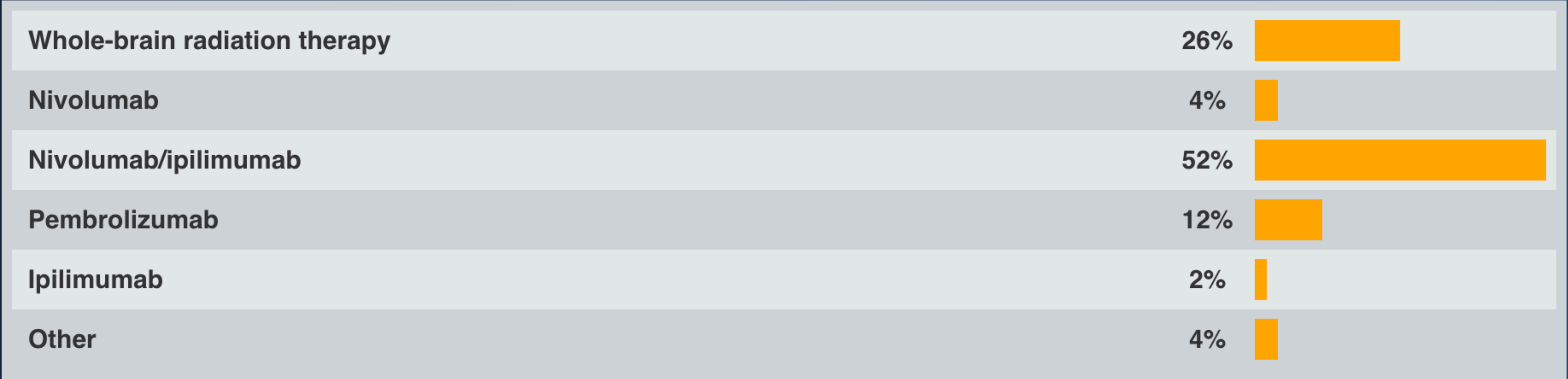
What is your usual first-line treatment for an asymptomatic, clinically stable younger patient with BRAF wild-type metastatic melanoma?



What is your usual first-line treatment for a symptomatic younger patient with extensive BRAF wild-type metastatic melanoma?



What is your usual initial treatment approach for an asymptomatic younger patient with BRAF wild-type metastatic melanoma including multiple bilateral brain metastases?



What is your usual initial treatment approach for an asymptomatic younger patient with BRAF-mutant metastatic melanoma including multiple bilateral brain metastases?

