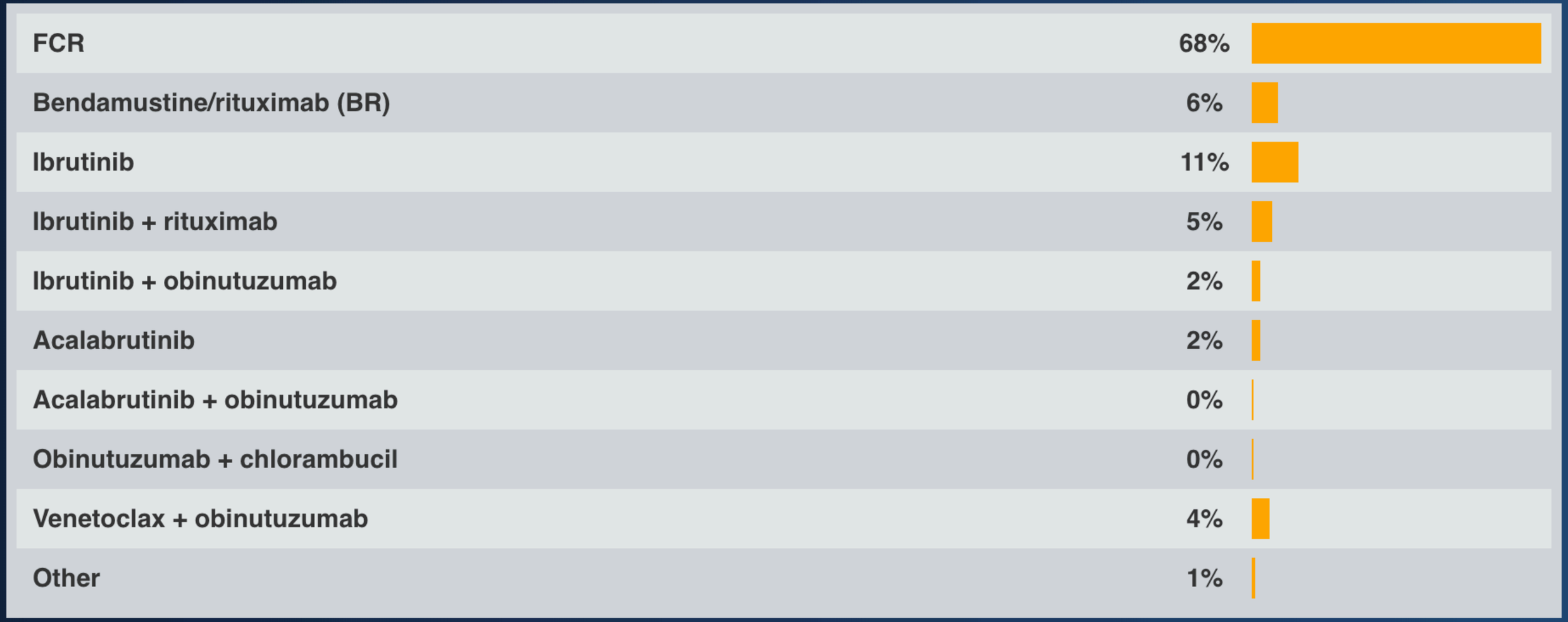
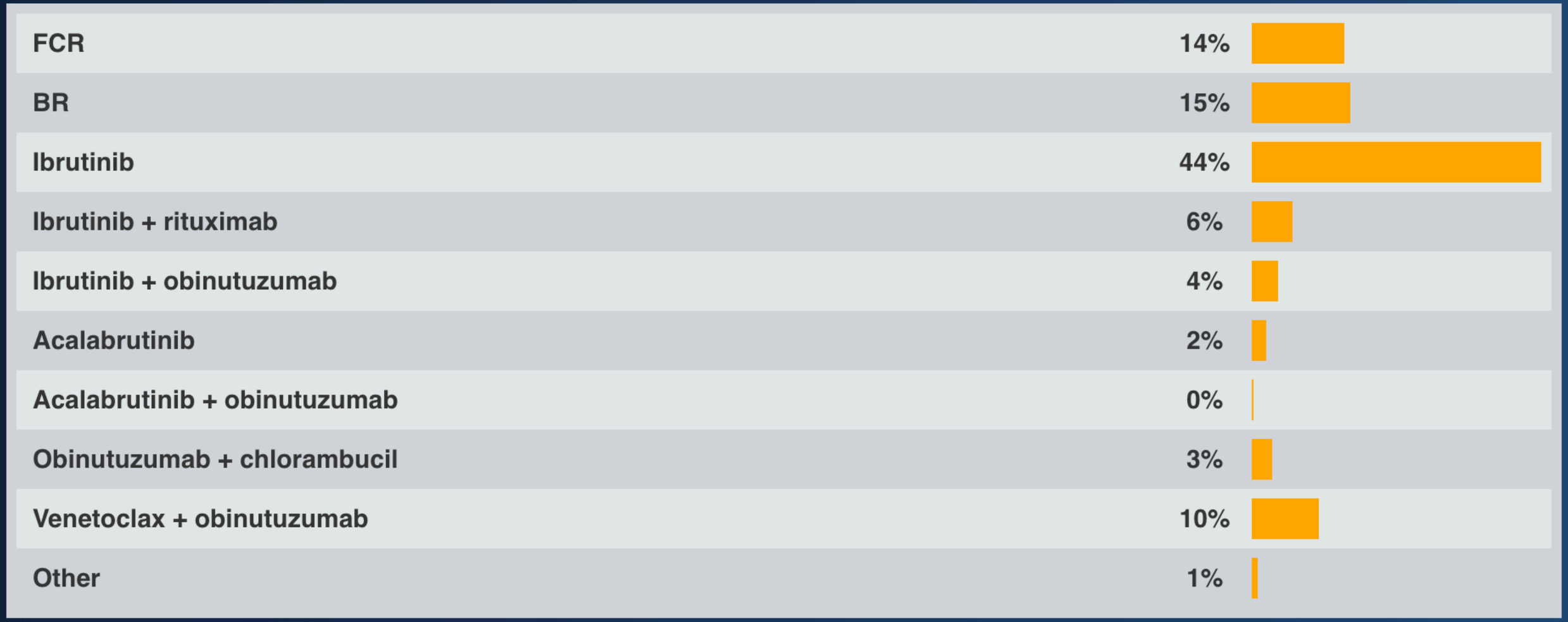
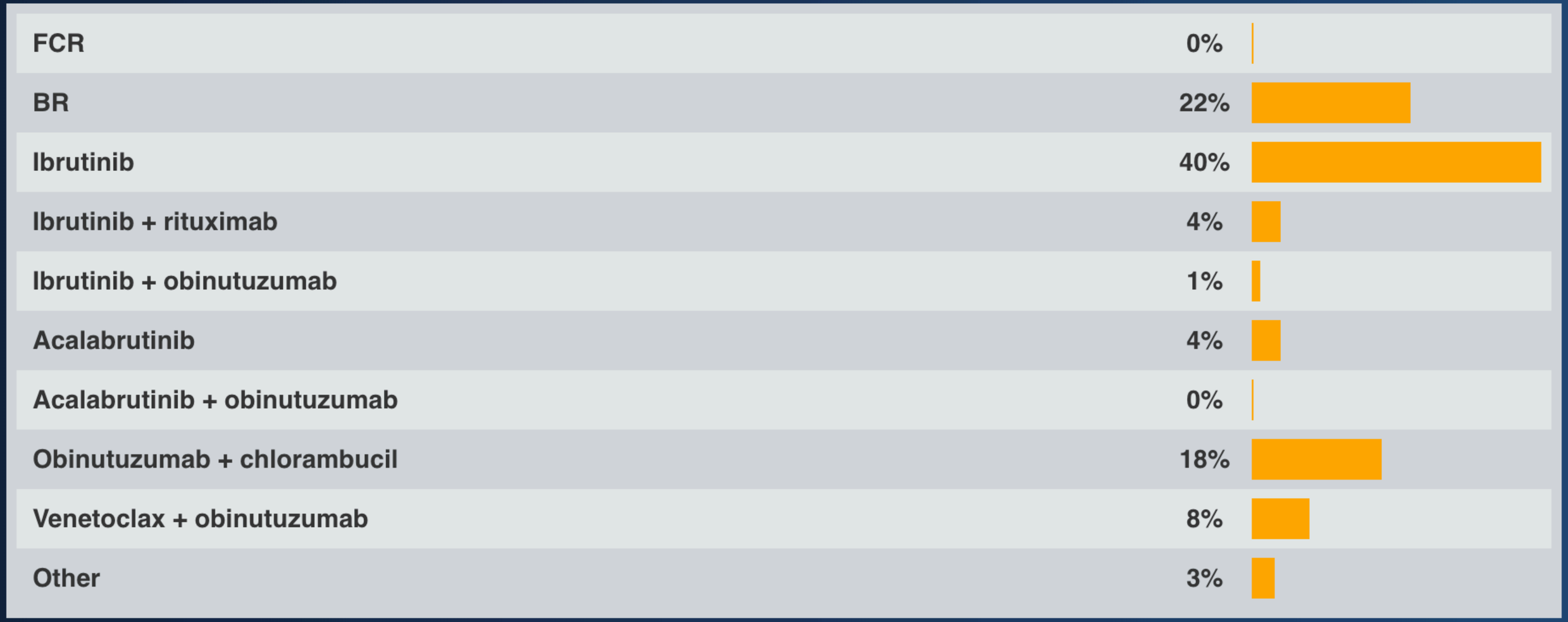
What is your usual preferred initial regimen for a 49-year-old patient with IGHV-mutated chronic lymphocytic leukemia (CLL) without del(17p) or TP53 mutation who requires treatment?



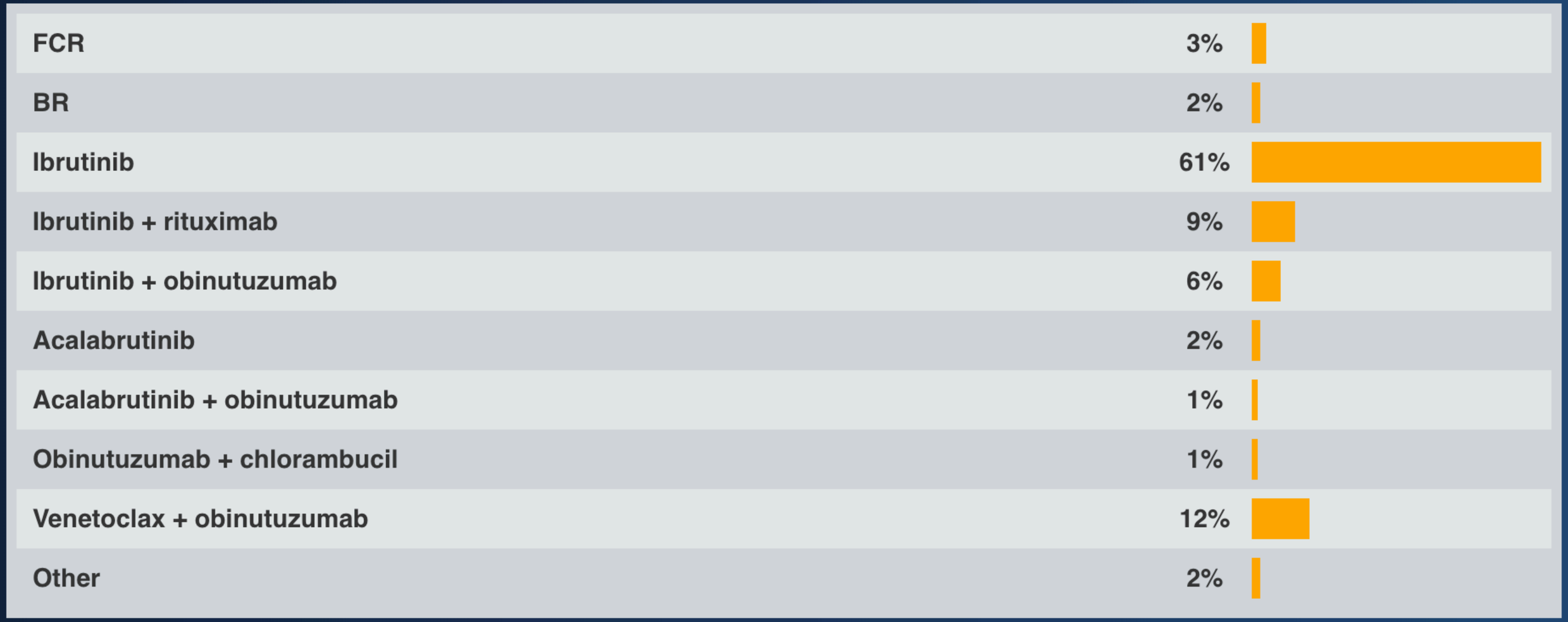
What is your usual preferred initial regimen for a 60-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment?



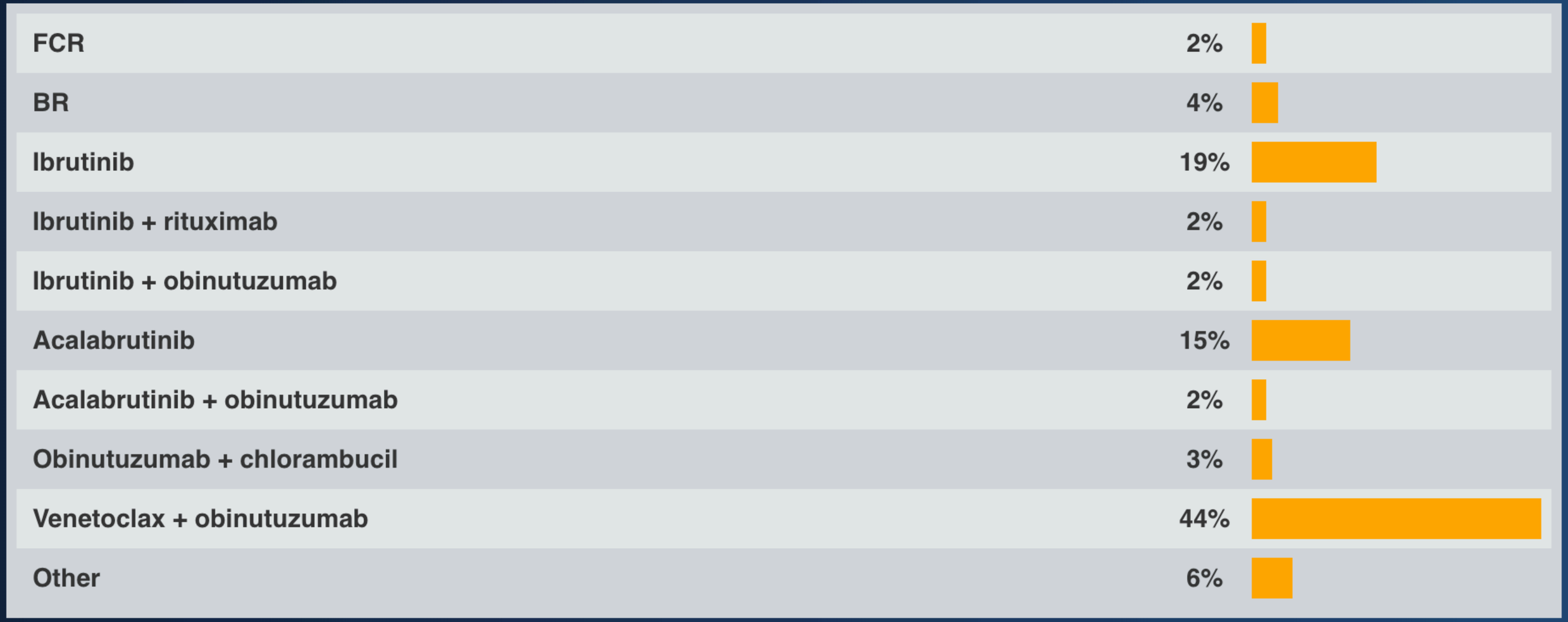
What is your usual preferred initial regimen for a 75-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?



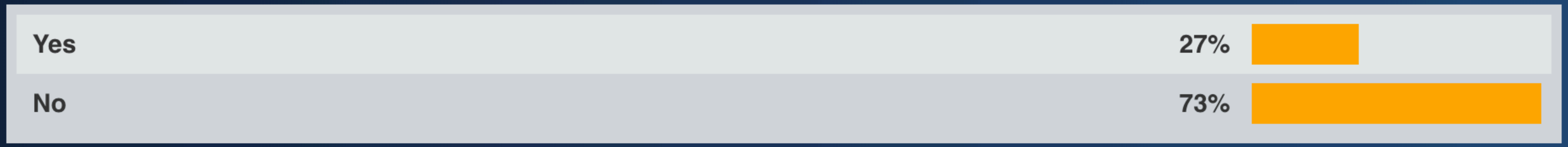
What is your usual preferred initial regimen for a 60-year-old patient with del(17p) CLL who requires treatment?



What is your usual preferred initial regimen for a 60-year-old patient with del(17p) CLL who requires treatment, has a history of atrial fibrillation and is receiving anticoagulation therapy?

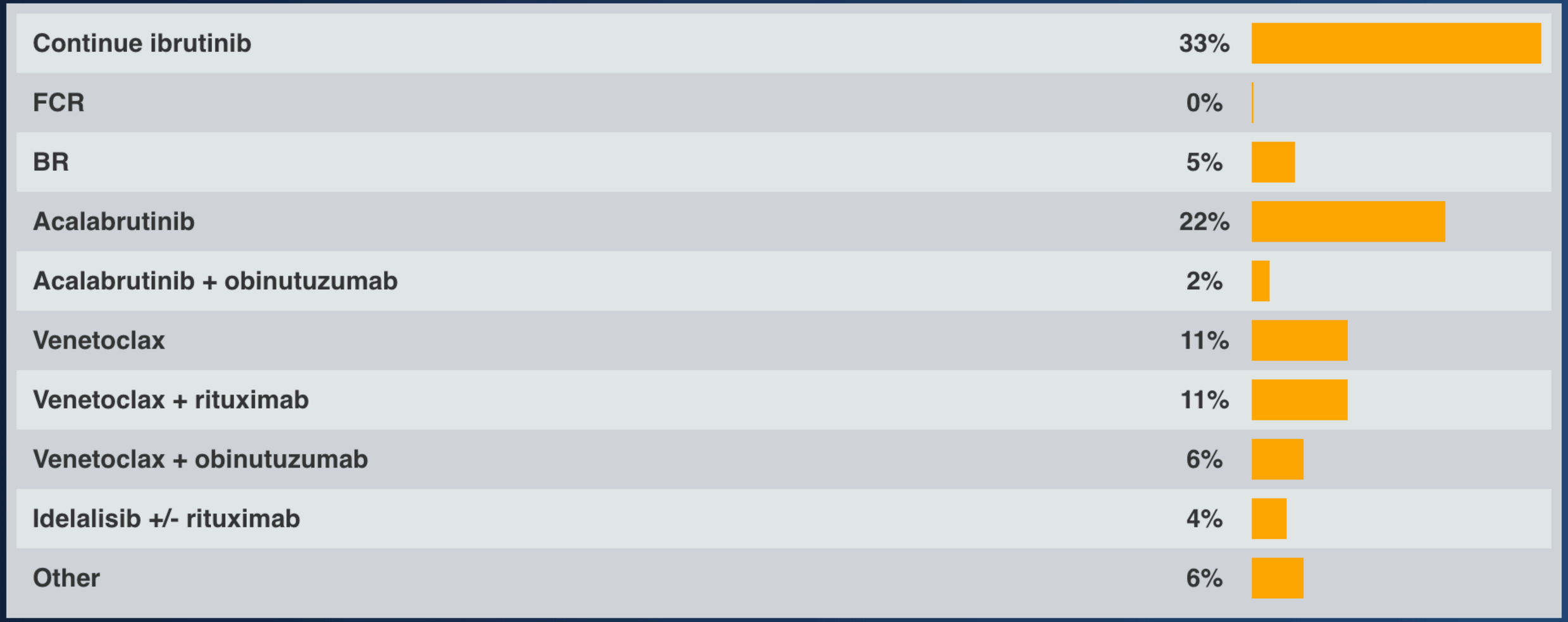


Have you ordered a minimal residual disease (MRD) assay for a patient with CLL to guide treatment decisions outside of a clinical trial setting?

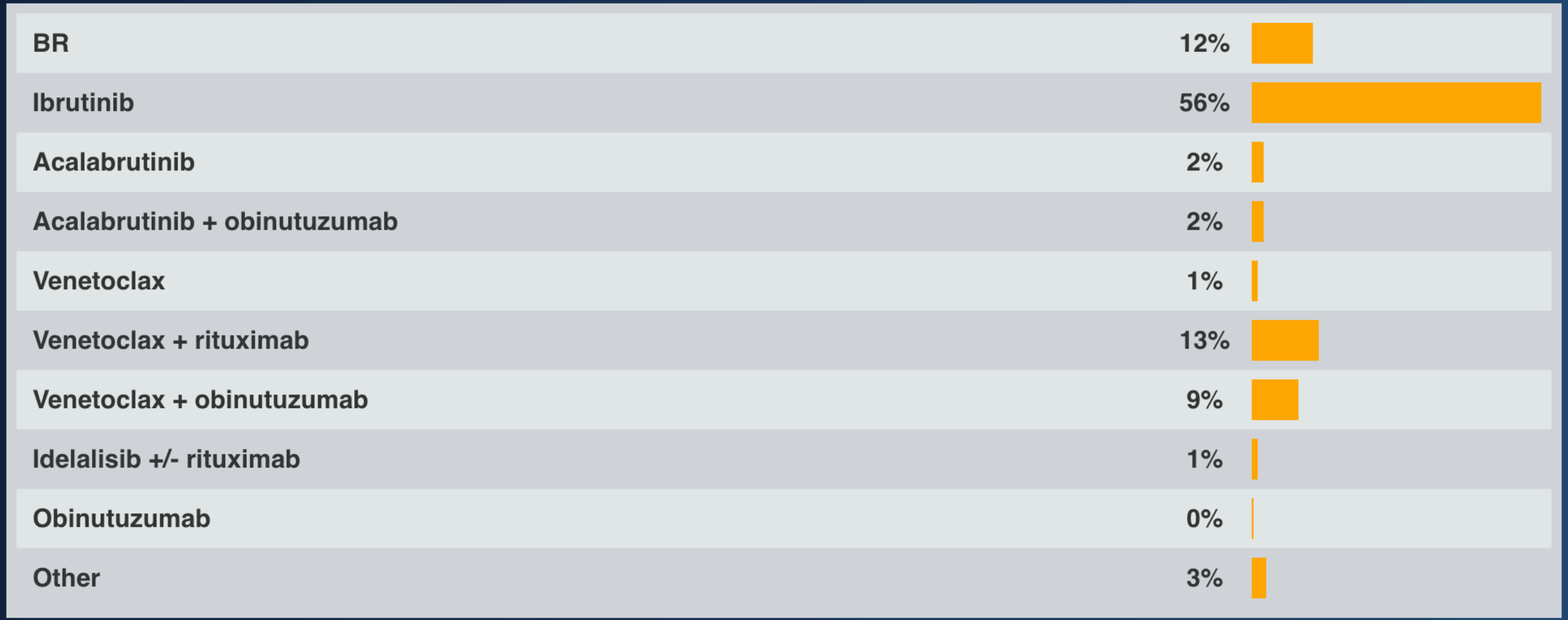


What would be your most likely approach for a patient with newly diagnosed CLL to whom you decide to administer up-front venetoclax/obinutuzumab who has detectable MRD after completing 1 year of treatment?

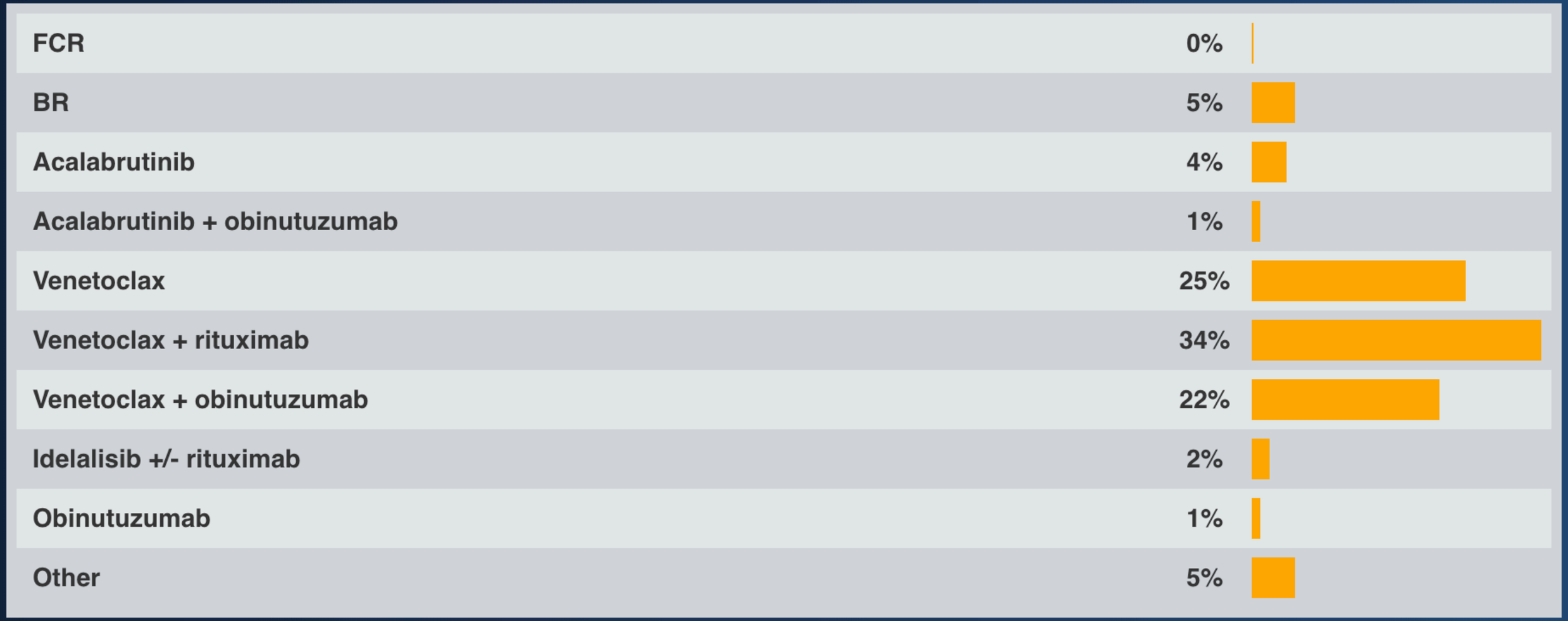
A 72-year-old man with IGHV-mutated CLL without del(17p) or TP53 mutation is responding to ibrutinib but develops atrial fibrillation requiring anticoagulation. What would you recommend?



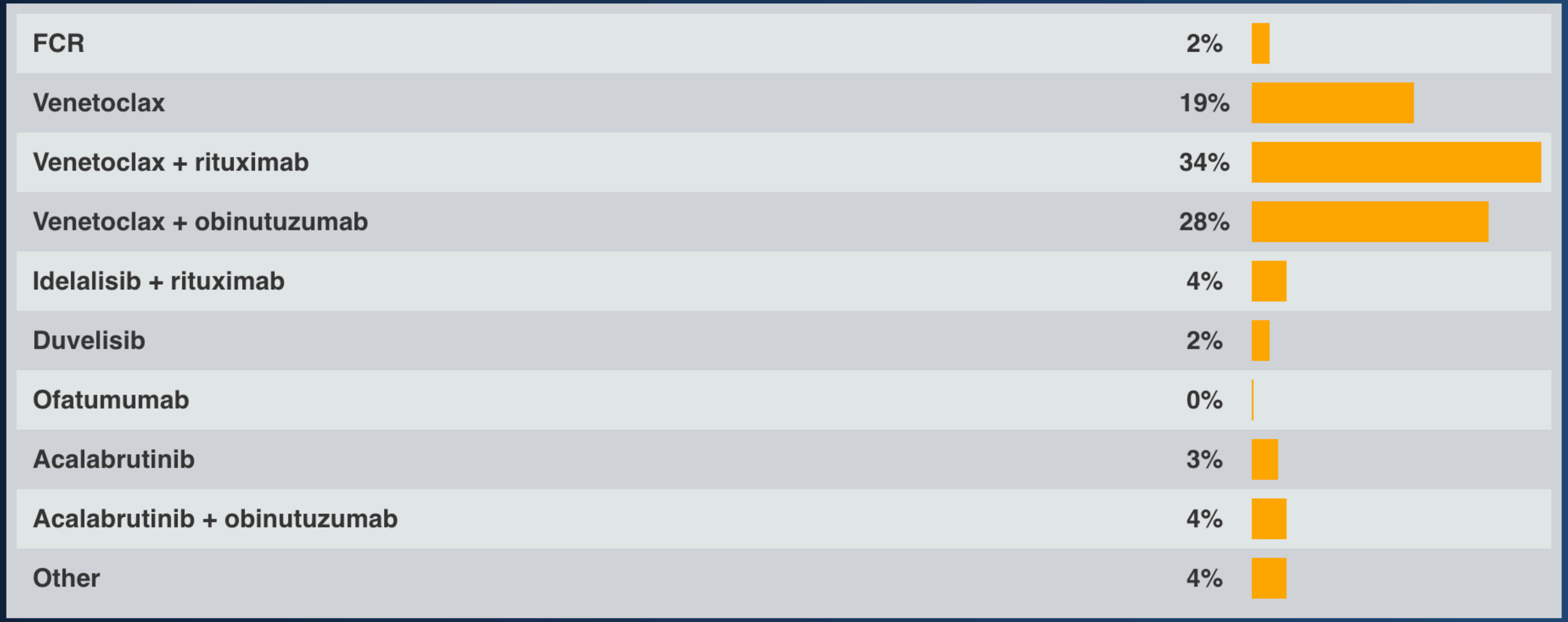
Which second-line systemic therapy would you recommend for a 60-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responds to FCR and then experiences disease progression 3 years later?



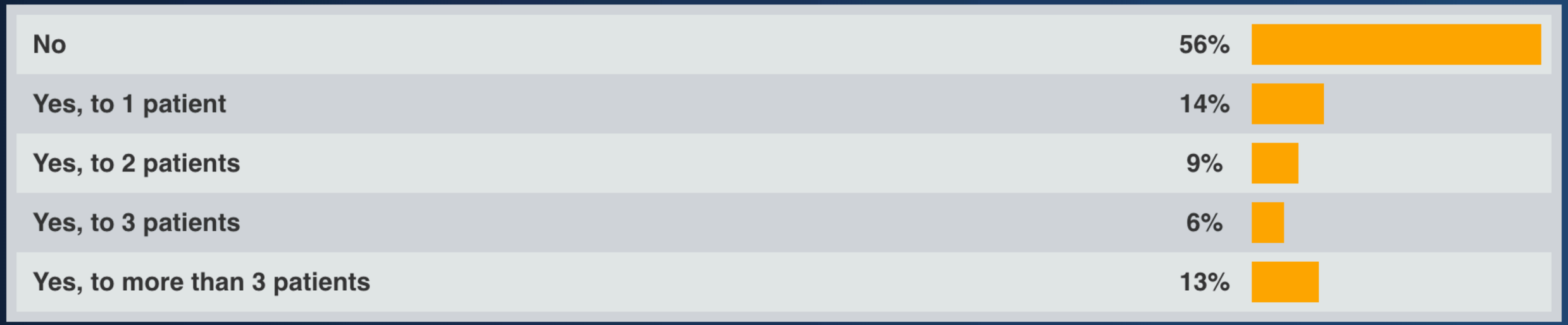
Which second-line systemic therapy would you recommend for a 75-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responds to ibrutinib and then experiences disease progression 3 years later?



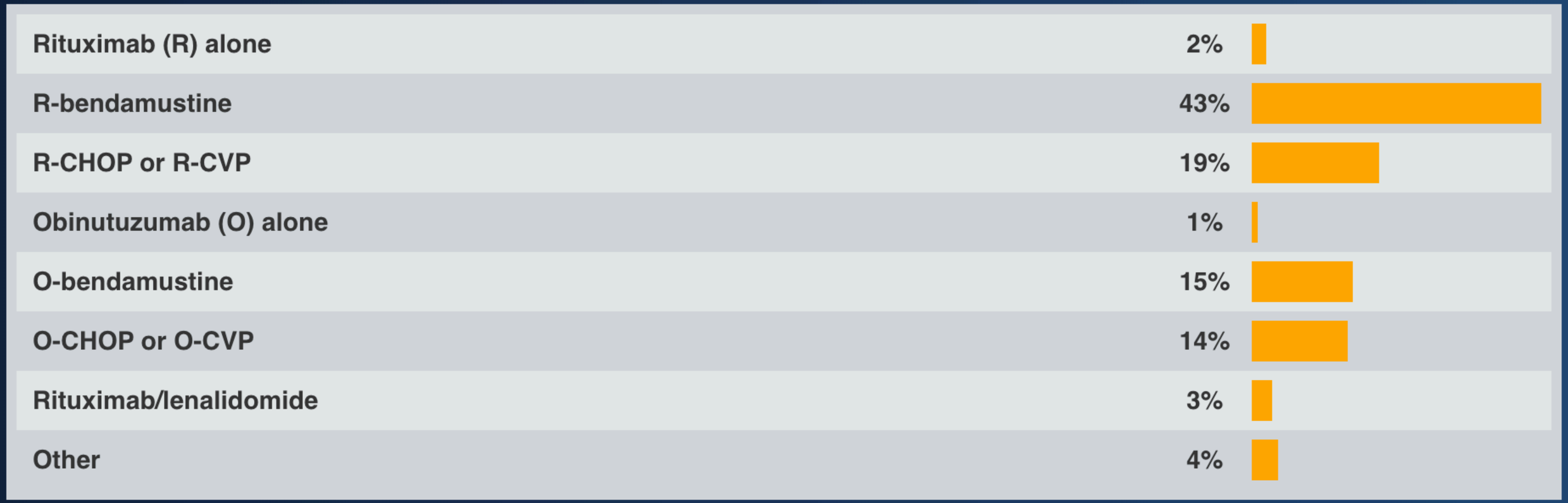
Which third-line therapy would you generally recommend for a 60-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responds to BR for 24 months, experiences disease relapse, then receives ibrutinib for 18 months followed by disease progression?



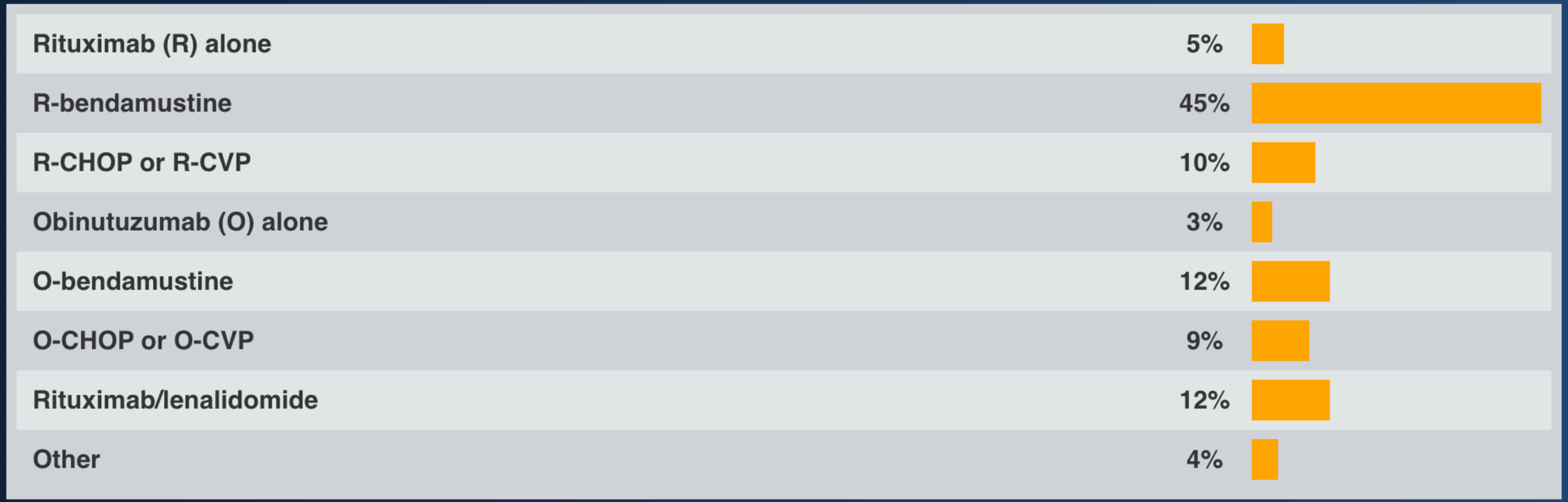
Have you administered a PI3K inhibitor to a patient with CLL outside of a clinical trial setting?



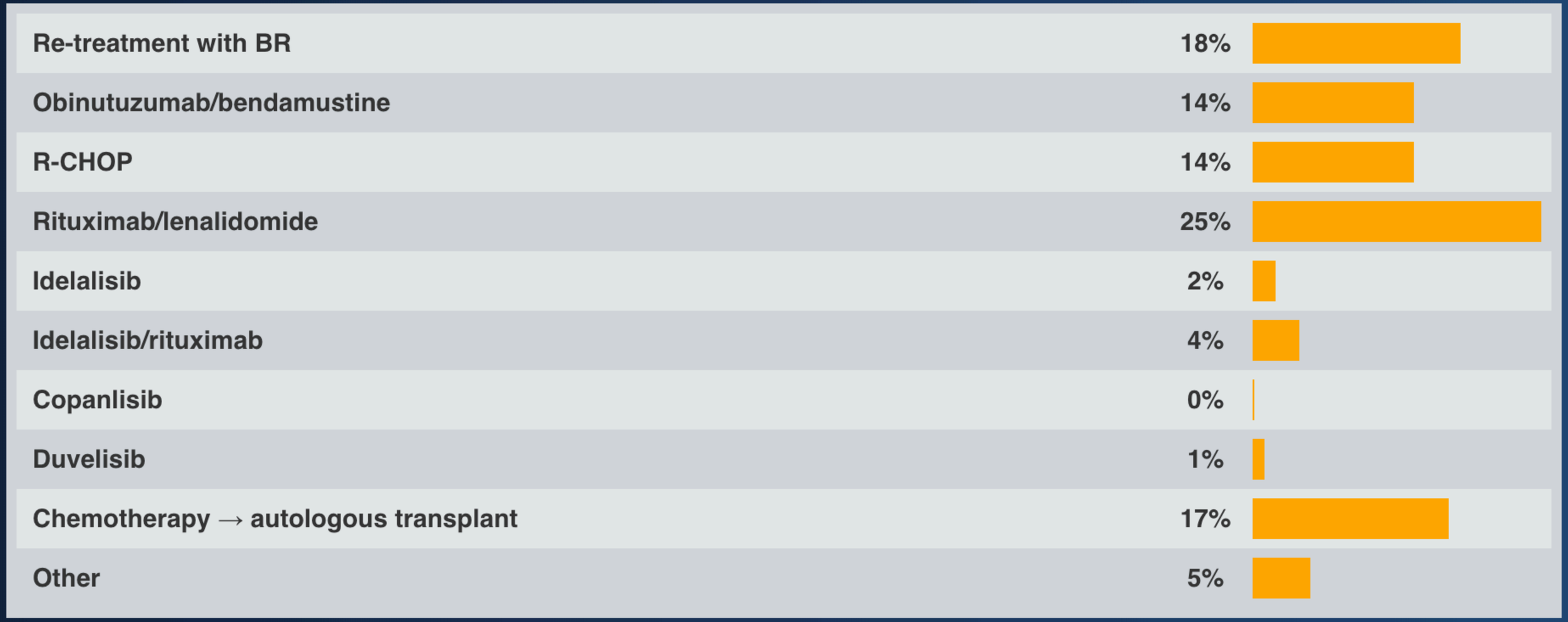
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 63-year-old patient with Stage III, Grade 1/2 follicular lymphoma (FL) with fatigue and symptomatic bulky adenopathy who requires treatment?



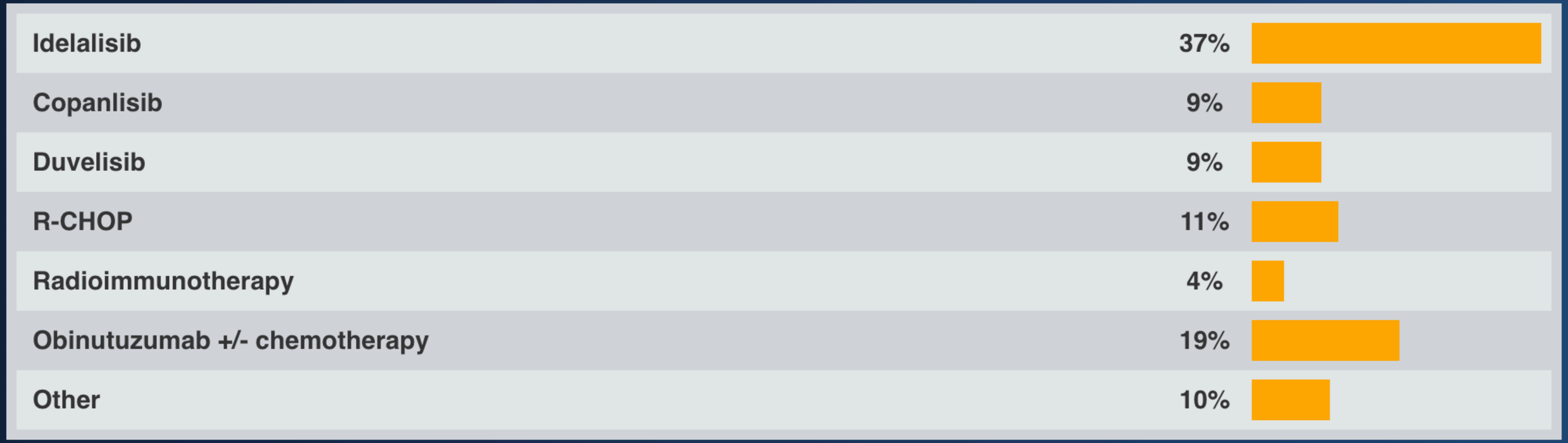
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 76-year-old patient with Stage III, Grade 1/2 FL with fatigue and symptomatic bulky adenopathy who requires treatment?



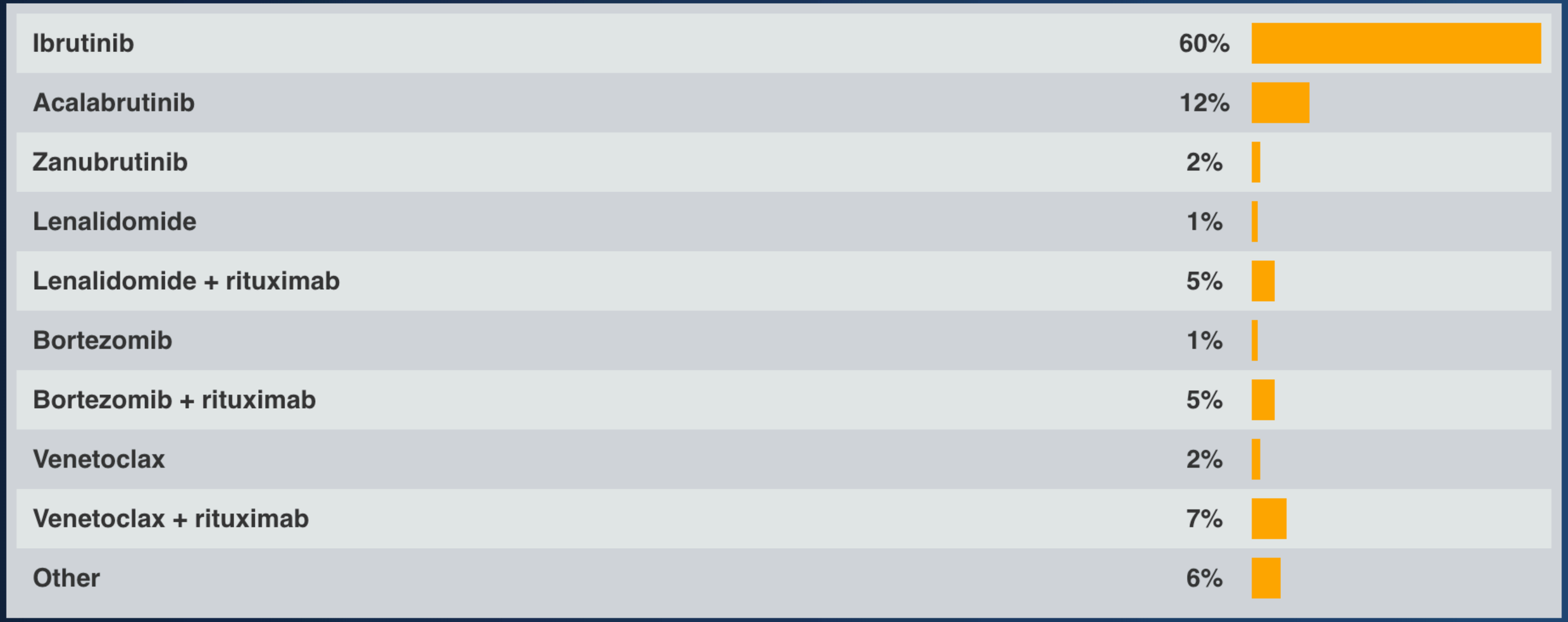
What is your usual second-line therapy for a 65-year-old patient with FL who achieves a complete response to BR followed by 2 years of rituximab maintenance but then experiences disease relapse 4 years later?



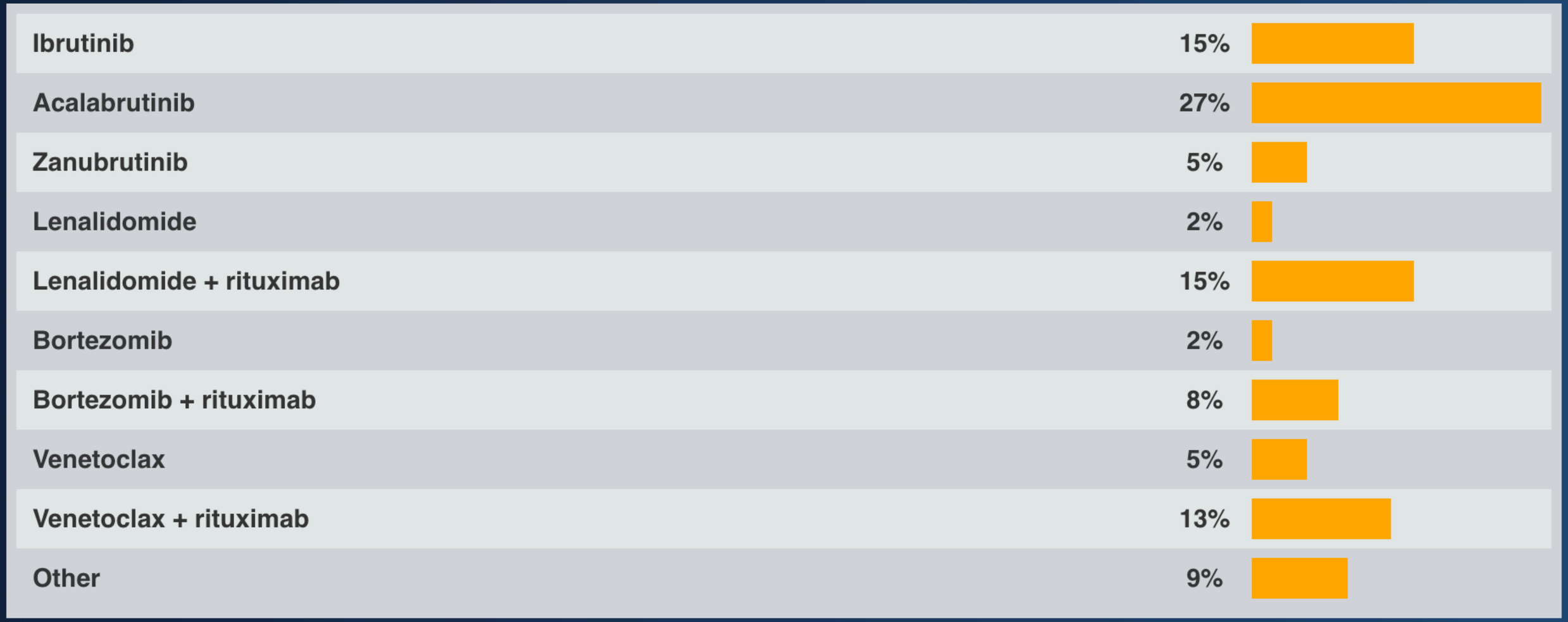
What is your usual third-line treatment for a patient with FL who receives first-line BR, second-line lenalidomide/rituximab and then develops disease progression?



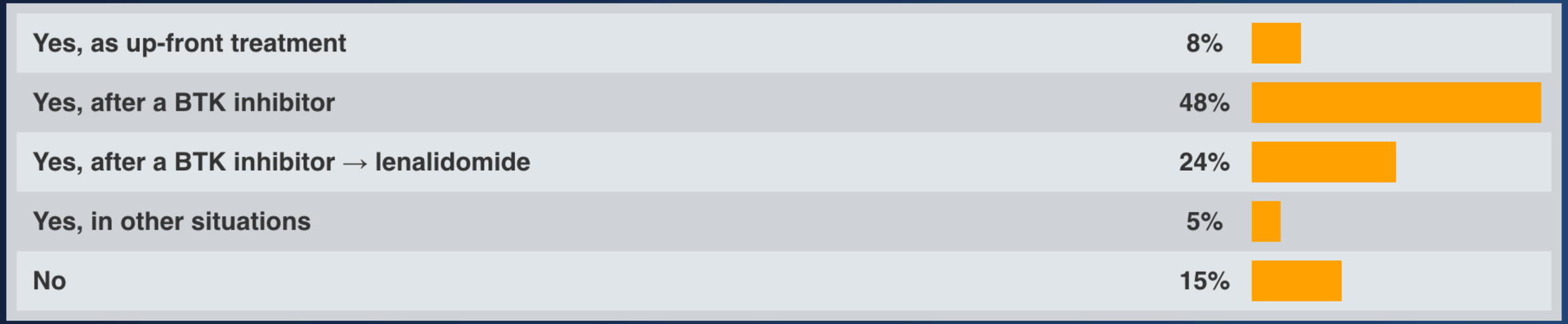
A 78-year-old patient with mantle cell lymphoma (MCL) initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. What would you recommend?



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

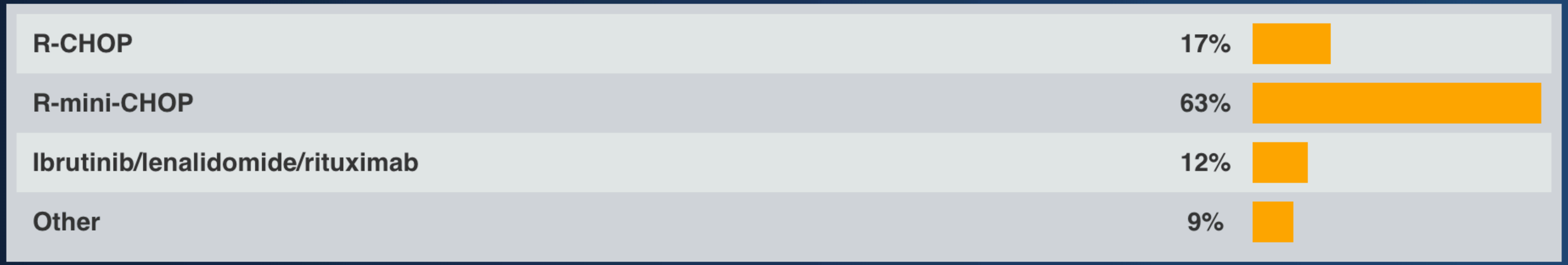


Based on available data and regulatory and reimbursement issues aside, would you attempt to access venetoclax for select patients with relapsed/refractory MCL?



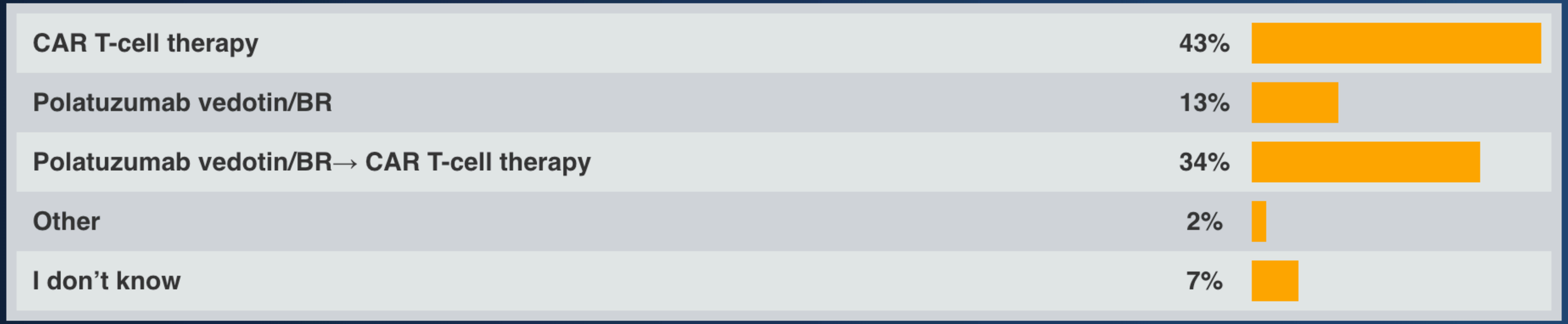
How would you approach the prevention of tumor lysis syndrome (TLS) in a 78-year-old patient with relapsed MCL who is about to receive venetoclax and is at low risk for TLS based on absolute lymphocyte count and lymph node involvement but has a creatinine level of 2.4 mg/dL and a creatine clearance of 30 mL/min with normal uric acid?

Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for an 84-year-old patient with diffuse large B-cell lymphoma (DLBCL) with lymphadenopathy and bone involvement?

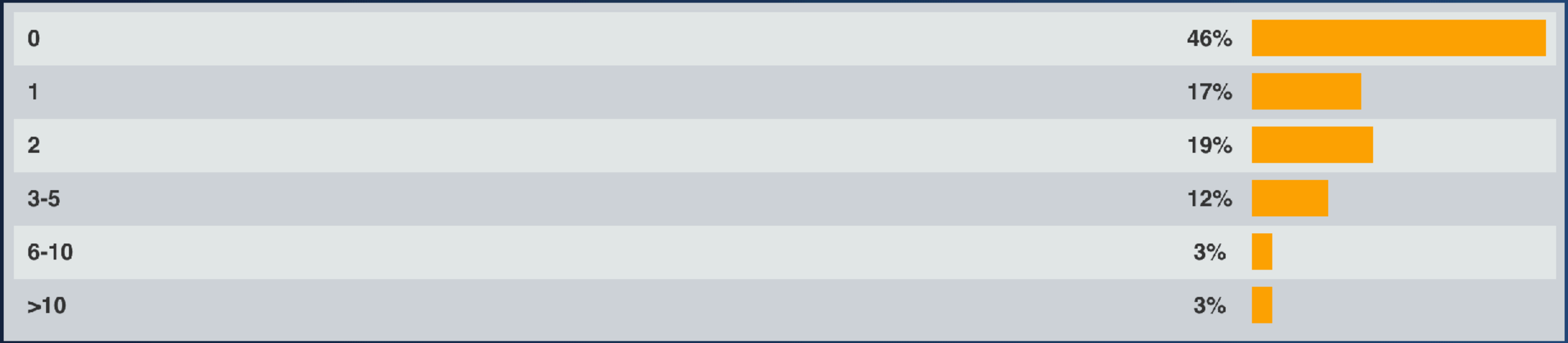


The peripheral neuropathy associated with polatuzumab vedotin is generally irreversible in the majority of patients.

What is the optimal treatment approach for a 65-year-old patient with DLBCL who responds to R-CHOP and then R-DHAP followed by transplant on relapse but subsequently develops disease progression?

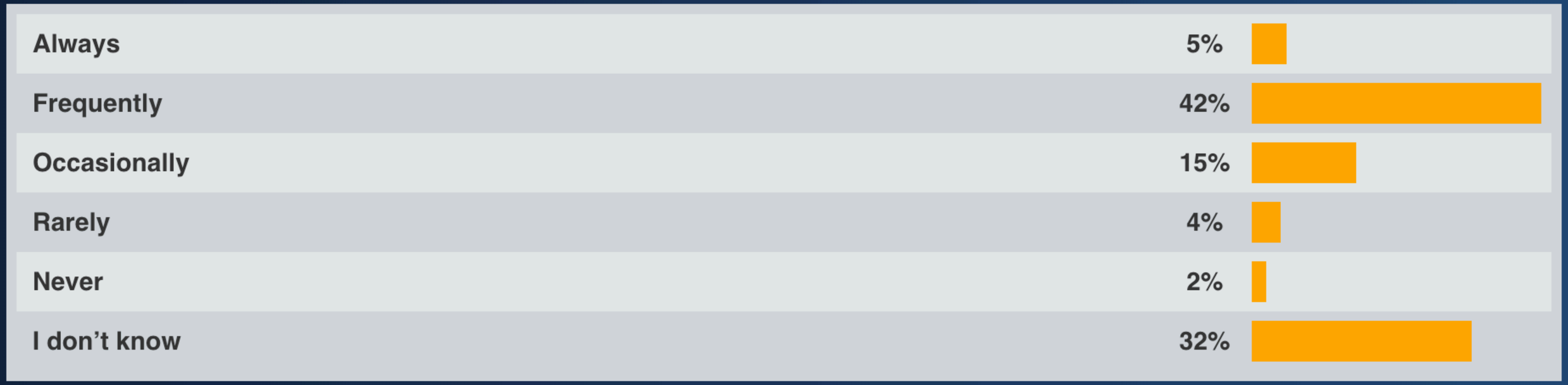


Approximately how many patients with DLBCL have you referred for CAR T-cell therapy?



For most cases of average-risk DLBCL, when would you refer the patient for a consultation regarding anti-CD19 CAR T-cell therapy?

How frequently do patients who do not experience cytokine release syndrome or neurologic toxicity when receiving CAR T-cell therapy have significant treatment benefit?



Regulatory and reimbursement issues aside, what is the optimal treatment for a patient with DLBCL who experiences disease progression while receiving front-line R-CHOP?