## Should durvalumab be initiated at this point?



#### Should PD-L1 levels generally be tested in patients with locally advanced NSCLC?



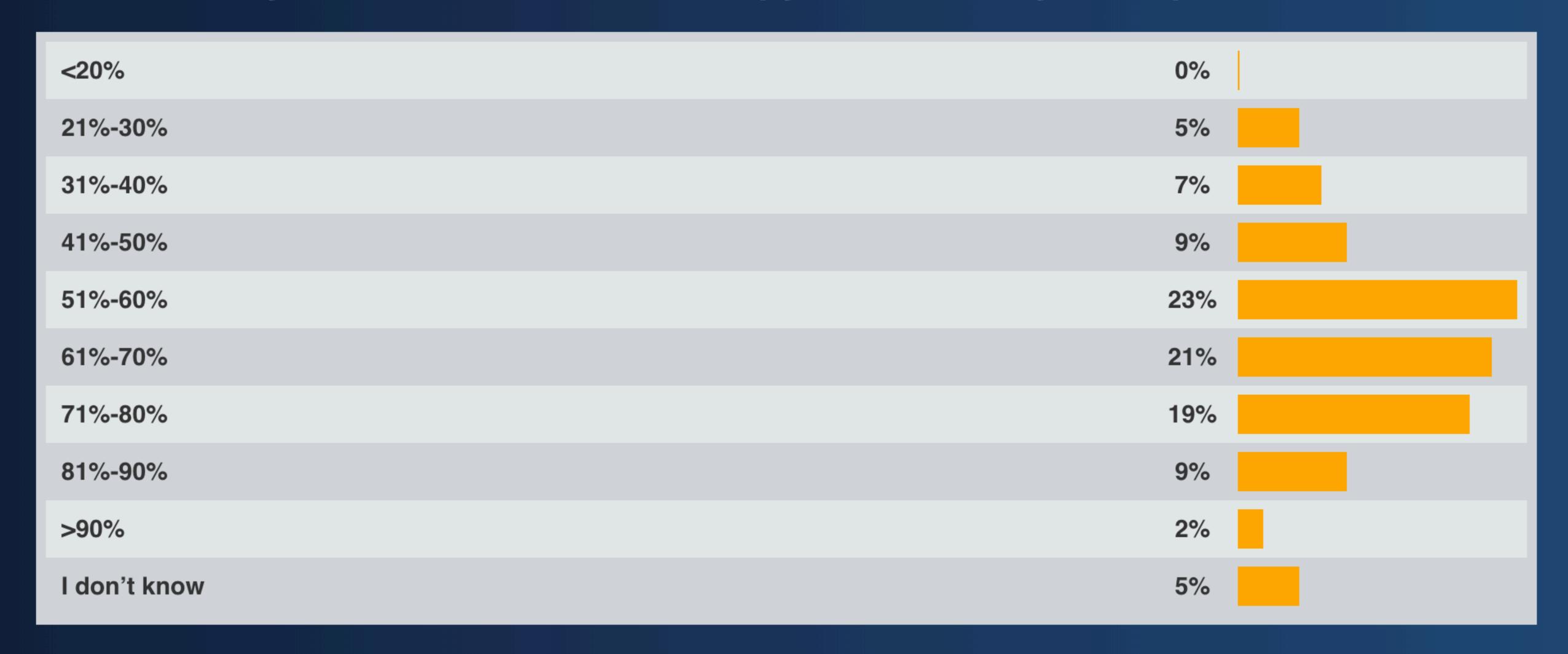
In general, do you believe durvalumab should be used as consolidation treatment after chemoradiation therapy for patients with locally advanced <u>NSCLC and a PD-L1 TPS of ≤1%</u>?

Yes	54%
No	23%
I don't know	23%

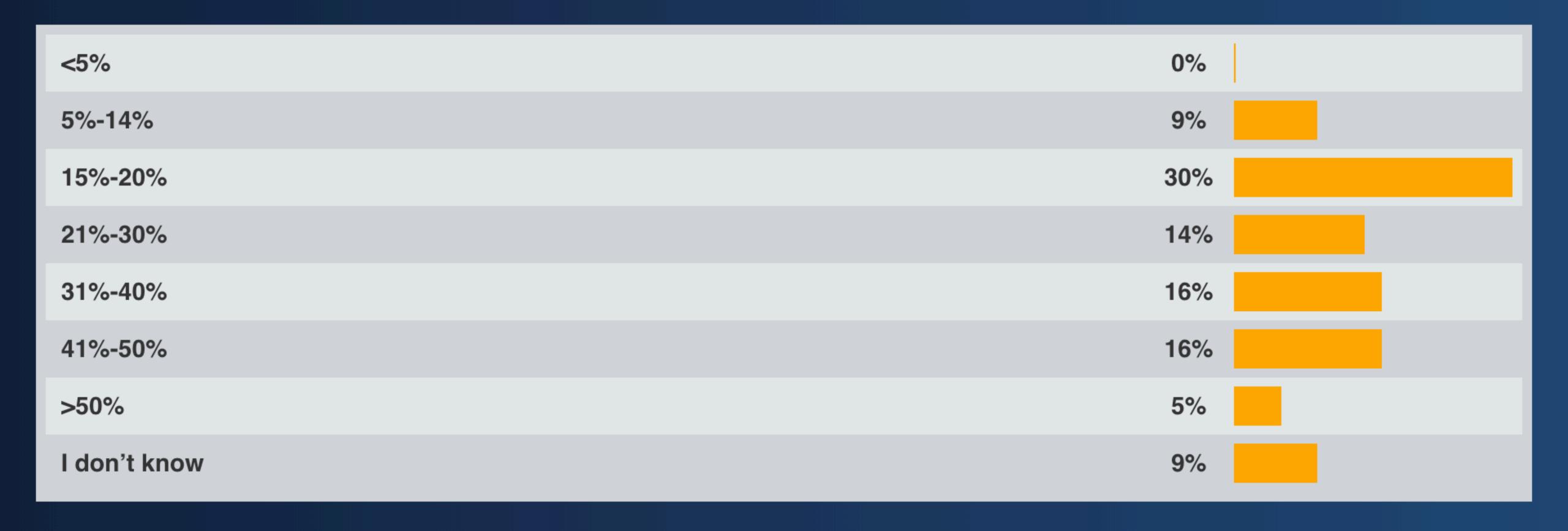
In general, do you believe durvalumab should be used as consolidation treatment after chemoradiation therapy for patients with locally advanced NSCLC with an EGFR or ALK mutation?

Yes, for both	42%
Yes, for EGFR only	0%
Yes, for ALK only	0%
No	31%
I don't know	28%

A 70-year-old former smoker is about to undergo chemoradiation therapy for Stage IIIB NSCLC. The patient has asked you to estimate the chances that he or she will experience disease progression within 18 months with no further treatment beyond chemoradiation therapy. How would you respond?



If the patient in the previous scenario received consolidation durvalumab, what would you estimate to be the absolute reduction in the risk that he or she will experience disease progression within 18 months compared to chemoradiation therapy alone?



#### Should durvalumab be recommended as consolidation treatment?

Yes	73%
No	11%
I don't know	16%

In general, should durvalumab be recommended as consolidation treatment for an older, frail patient who is unable to tolerate chemotherapy and receives only radiation therapy for unresectable Stage IIIB NSCLC?

Yes	51%
No	30%
I don't know	19%

In general, should durvalumab be recommended as consolidation treatment for a patient with locally advanced NSCLC who underwent surgical excision and chemoradiation therapy as initial treatment?

Yes	34%
No	42%
I don't know	24%

## What should be done?

Continue the durvalumab	19%
Hold the durvalumab and resume when symptoms have improved	39%
Hold the durvalumab, administer corticosteroids and resume when symptoms have improved	25%
Discontinue the durvalumab	6%
Other	0%
I don't know	11%

## In addition to supportive medication, would you initiate corticosteroids?

Yes	57%
No	19%
I don't know	22%

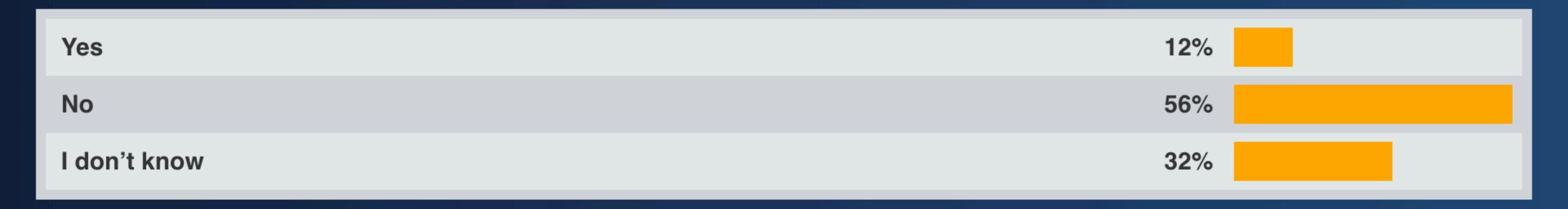
#### Should durvalumab be initiated?



Outside of a protocol setting, should durvalumab generally be offered as consolidation treatment after chemoradiation therapy to a patient with locally advanced NSCLC and Crohn's disease that is well controlled on infliximab?

Yes	25%
No	42%
I don't know	33%

Outside of a protocol setting, should durvalumab generally be offered as consolidation treatment after chemoradiation therapy to a patient with locally advanced NSCLC who has undergone a kidney transplant?



# What treatment strategy is optimal?

Chemoradiation therapy followed by consolidation durvalumab	11%
Chemoradiation therapy followed by consolidation durvalumab + radiation to the bone lesion	36%
Chemotherapy + anti-PD-1/PD-L1 antibody	25%
Anti-PD-1/PD-L1 antibody	8%
Other	3%
I don't know	17%

# What treatment strategy is optimal?

Chemotherapy	23%
Chemotherapy + anti-PD-1/PD-L1 antibody	28%
Anti-PD-1/PD-L1 antibody	20%
Other	9%
I don't know	20%