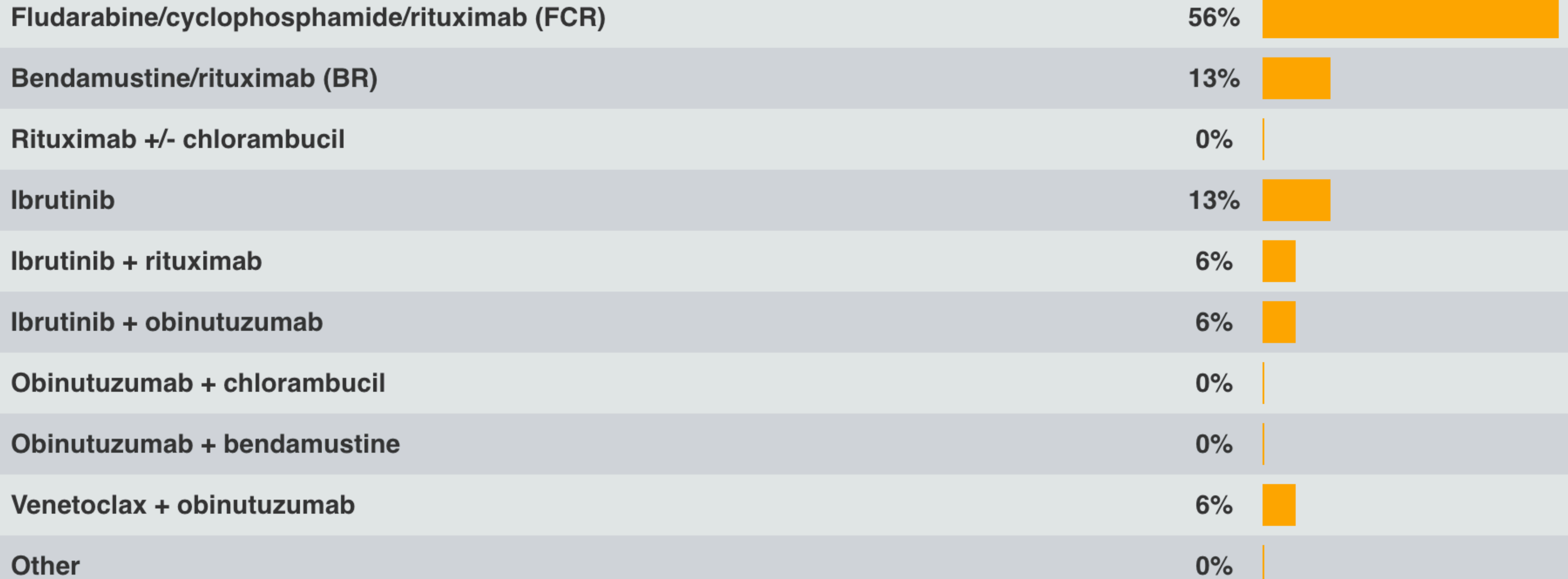
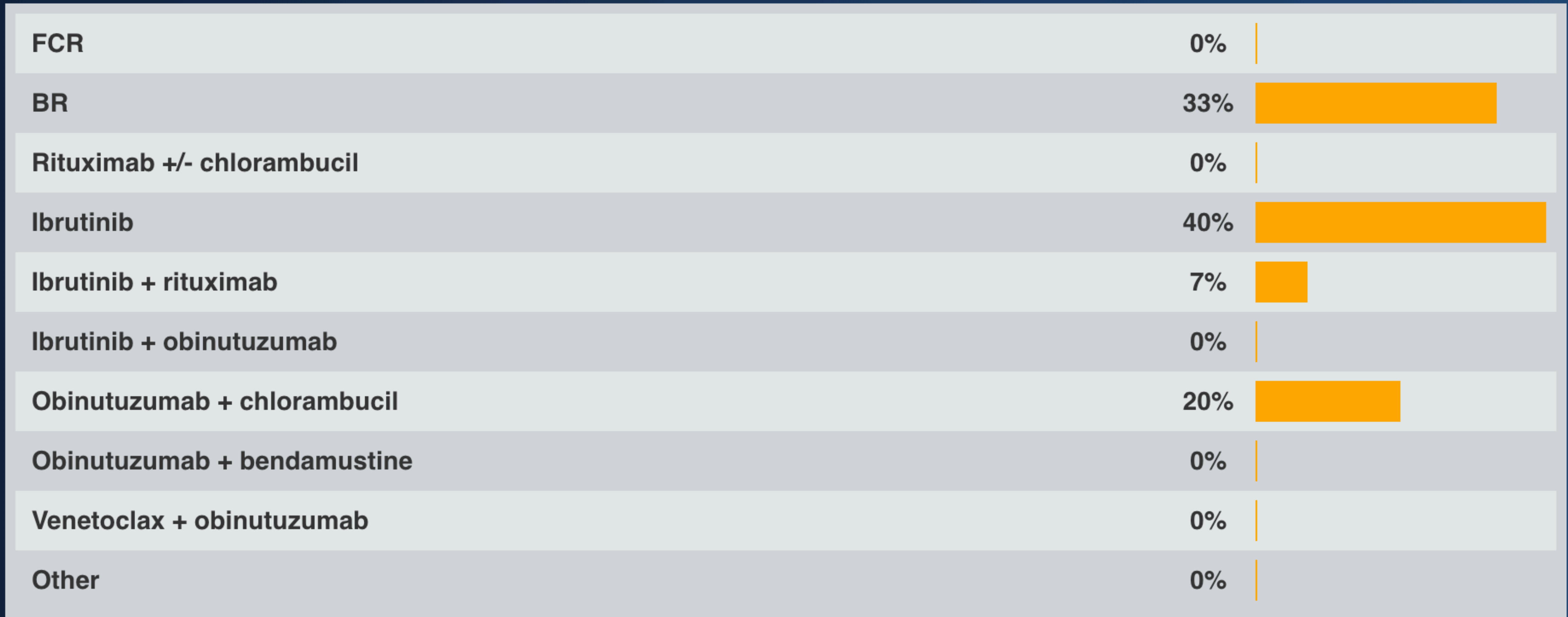


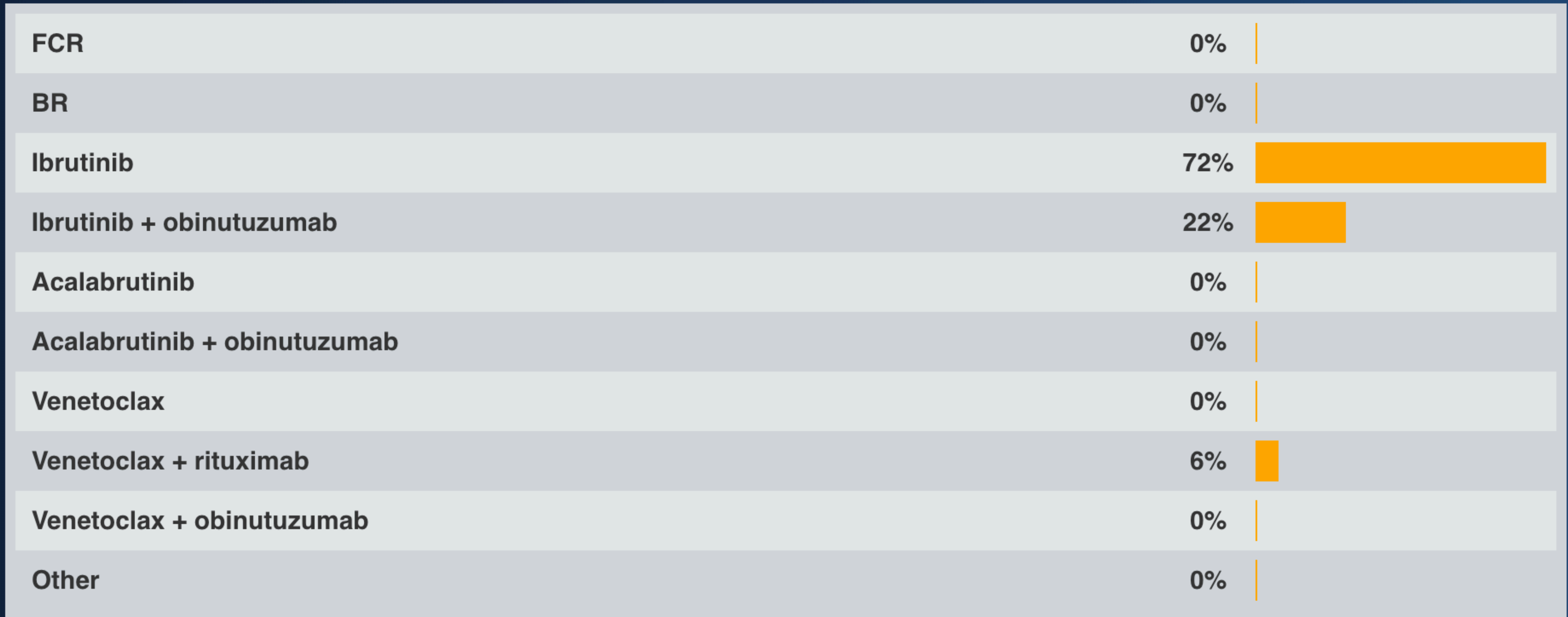
What is your usual preferred initial regimen for a 60-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who requires treatment?



What is your usual preferred initial regimen for a 75-year-old patient with IGHV-mutated CLL without 17p deletion 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?



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

Yes

33%



No

67%



For a patient with newly diagnosed CLL in whom you decide to administer up-front venetoclax, what would be your most likely approach if the patient was MRD-positive after completing 1 year of treatment with venetoclax/obinutuzumab?

Continue treatment

53%



Discontinue treatment

18%



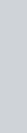
I have not used venetoclax/obinutuzumab as up-front treatment

28%



I don't generally order MRD assays for patients receiving up-front venetoclax

0%



For a patient with CLL who requires treatment, initial workup should include evaluation of TP53 mutation status, and if the result is positive, the approach to treatment should be the same as that for del(17p) disease.

Agree

82%

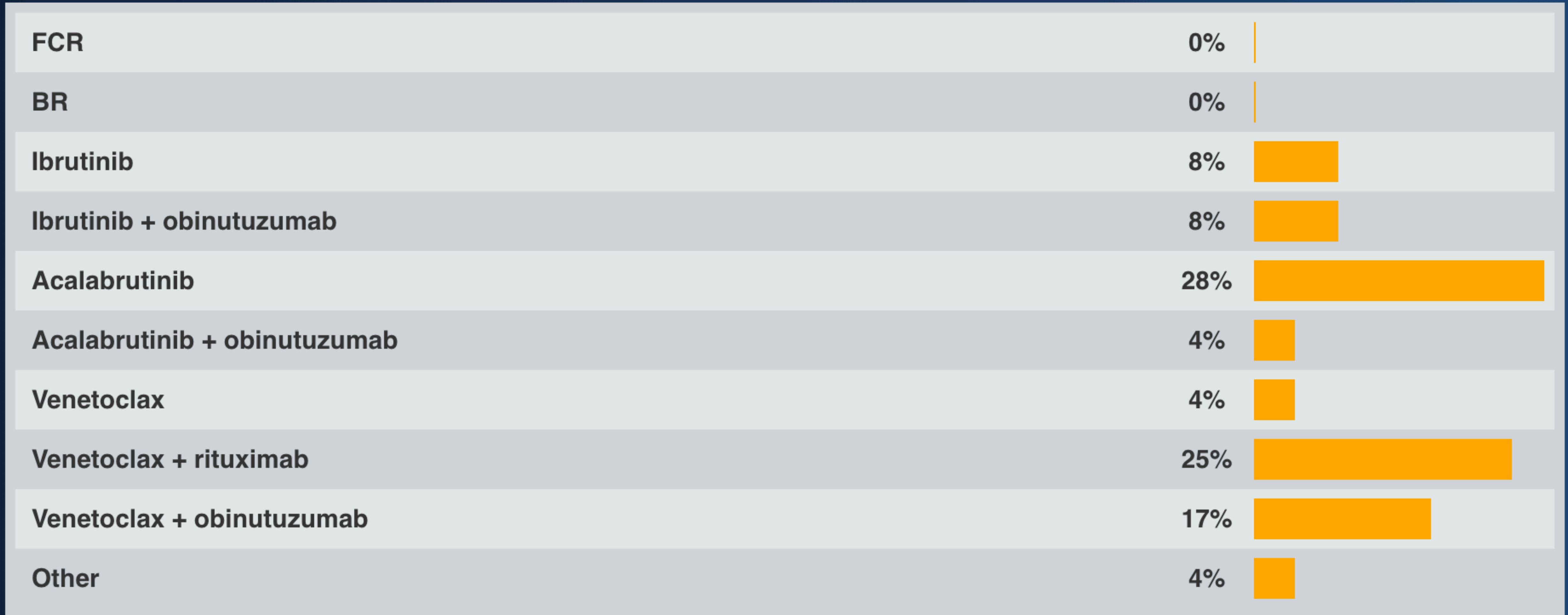


Disagree

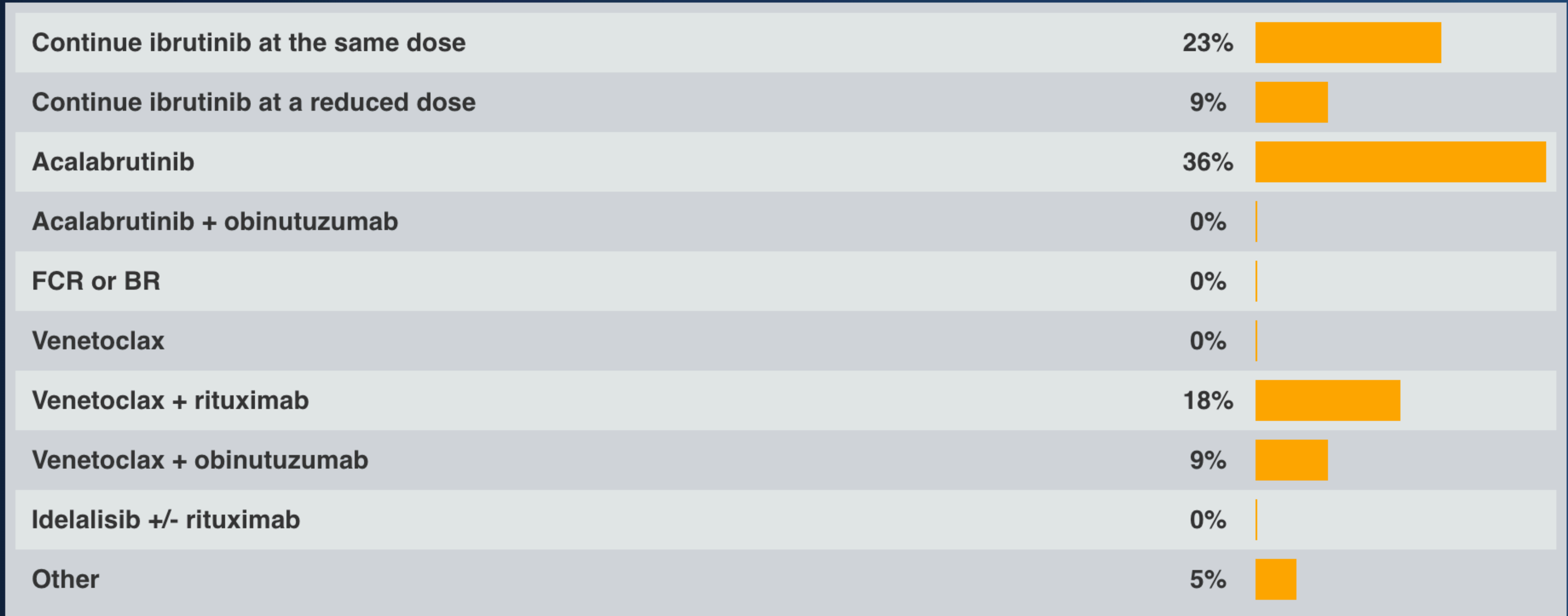
18%



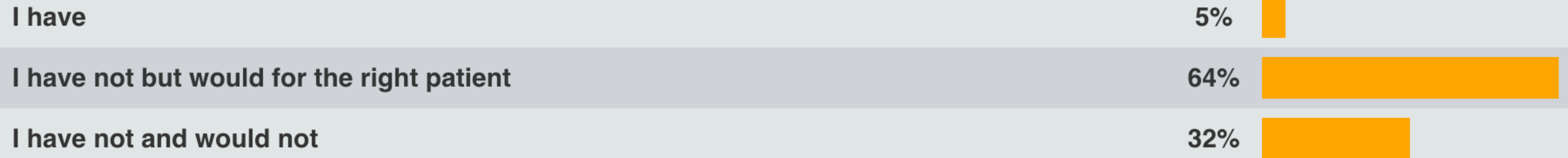
What is your usual preferred initial regimen for a 60-year-old patient with del(17p) CLL who requires treatment, has a history of atrial fibrillation and is receiving anticoagulation therapy?



A 60-year-old patient with del(17p) CLL is responding to ibrutinib but develops atrial fibrillation requiring anticoagulation with warfarin. What would you most likely recommend?



Have you or would you use acalabrutinib as initial therapy for CLL outside of a trial setting?



Based on current clinical trial data and your personal experience, how would you compare the tolerability/toxicity of acalabrutinib to that of ibrutinib in CLL?

They are about the same

8%



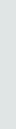
Acalabrutinib has less toxicity

57%



Ibrutinib has less toxicity

0%



There are not enough available data to make the comparison at this time

17%

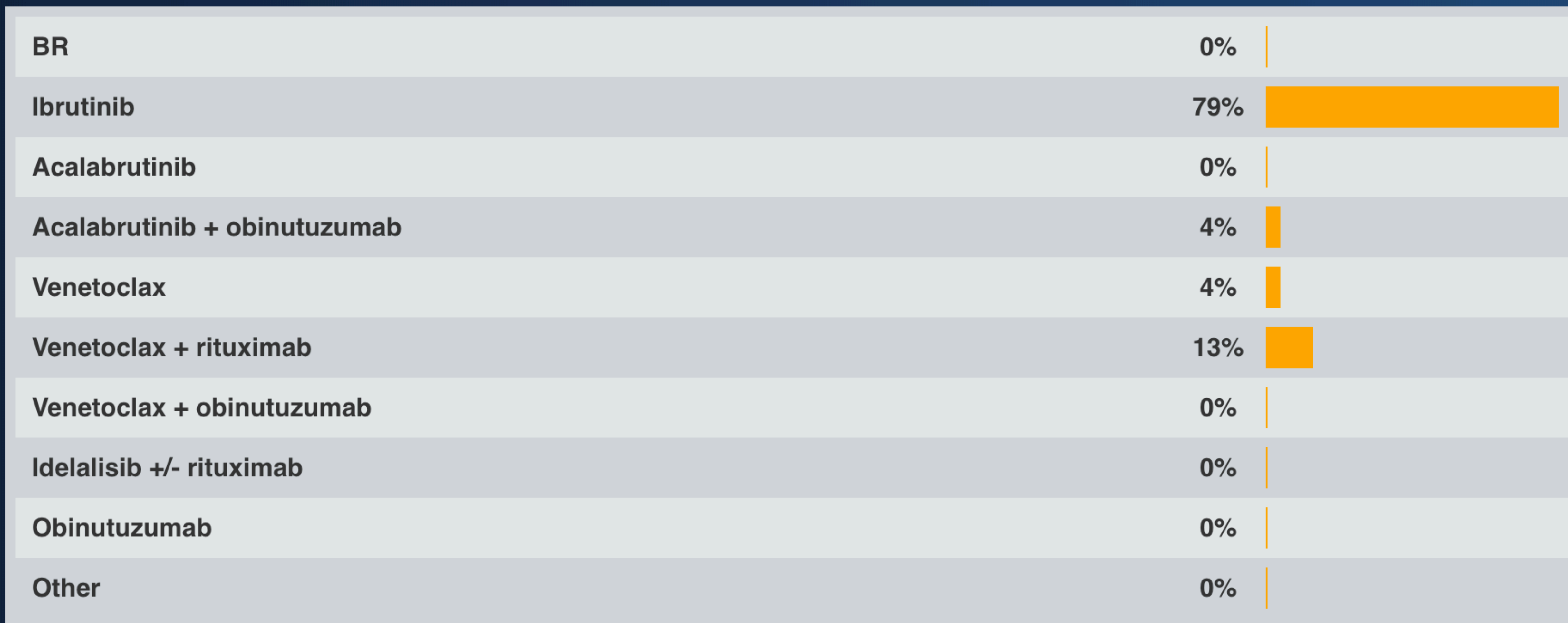


I don't know

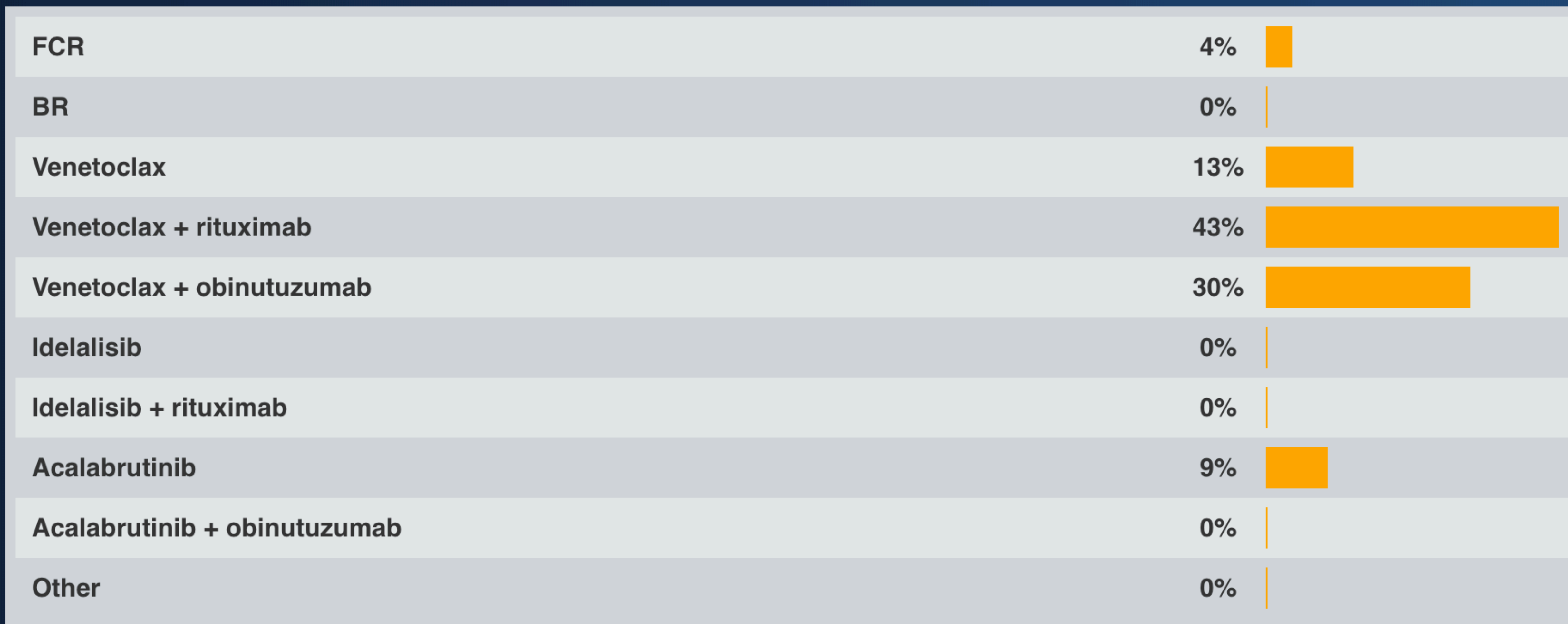
17%



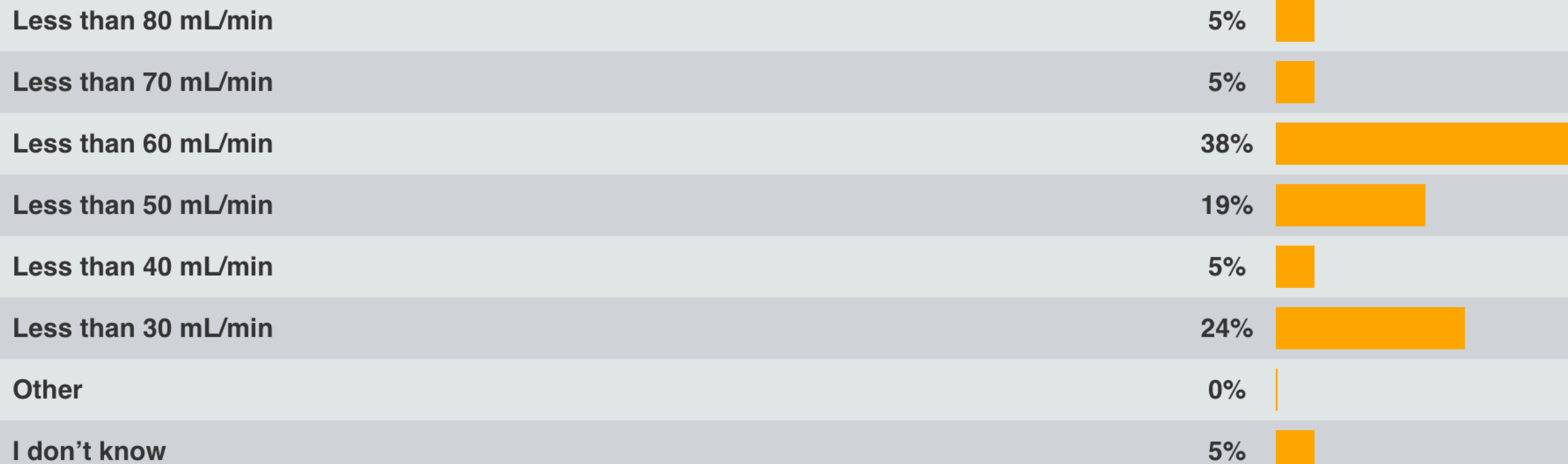
Reimbursement and regulatory issues aside, which second-line therapy would you recommend for a 60-year-old patient with IGHV-mutated CLL but no del(17p) or TP53 mutation who responded to FCR and then experienced disease progression 3 years later?



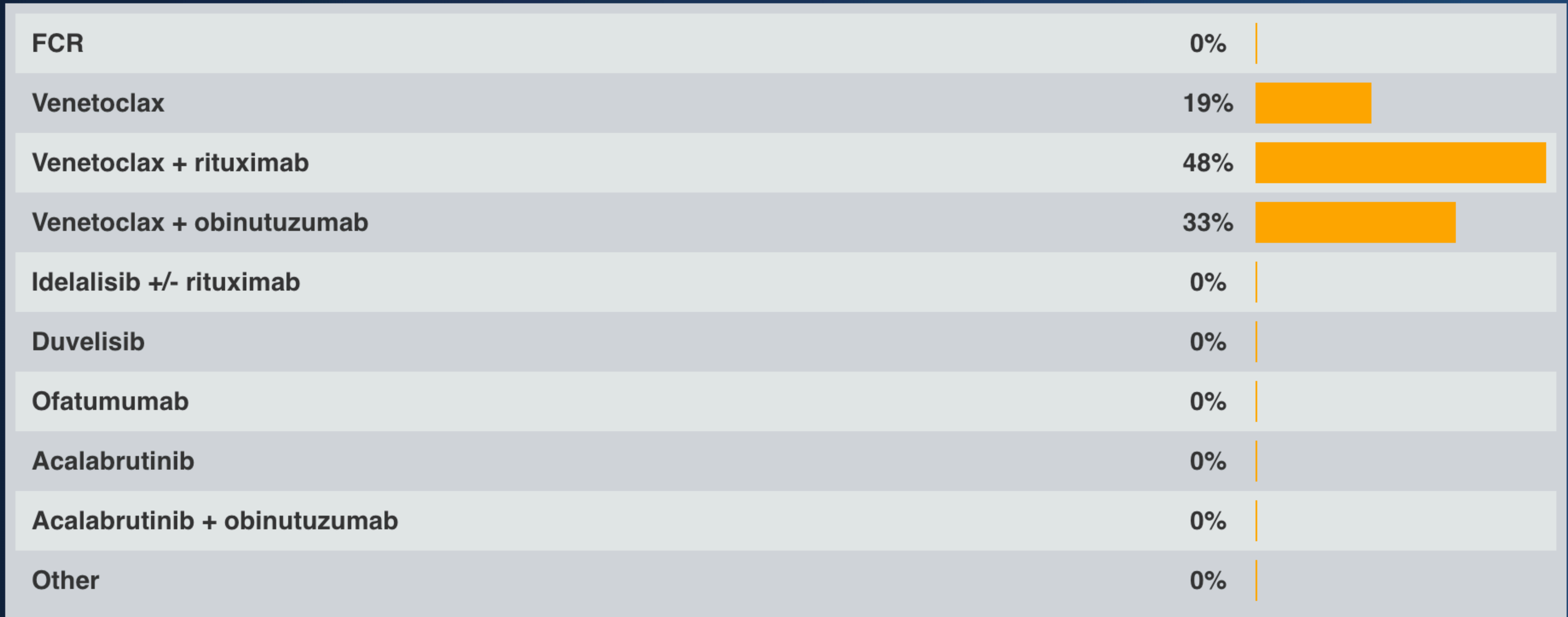
Reimbursement and regulatory issues aside, which second-line systemic therapy would you recommend for a 75-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responded to ibrutinib and then experienced disease progression 3 years later?



At approximately what creatinine clearance do you consider a patient who is receiving venetoclax for CLL to be at higher risk for TLS?



Reimbursement and regulatory issues aside, 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?



Based on current clinical trial data and your personal experience, how would you compare the global tolerability/toxicity of duvelisib to that of idelalisib in CLL?

They are about the same

9%



Duvelisib has less toxicity

32%



Idelalisib has less toxicity

9%



There are not enough available data to make the comparison at this time

5%



I am not familiar with duvelisib

45%

