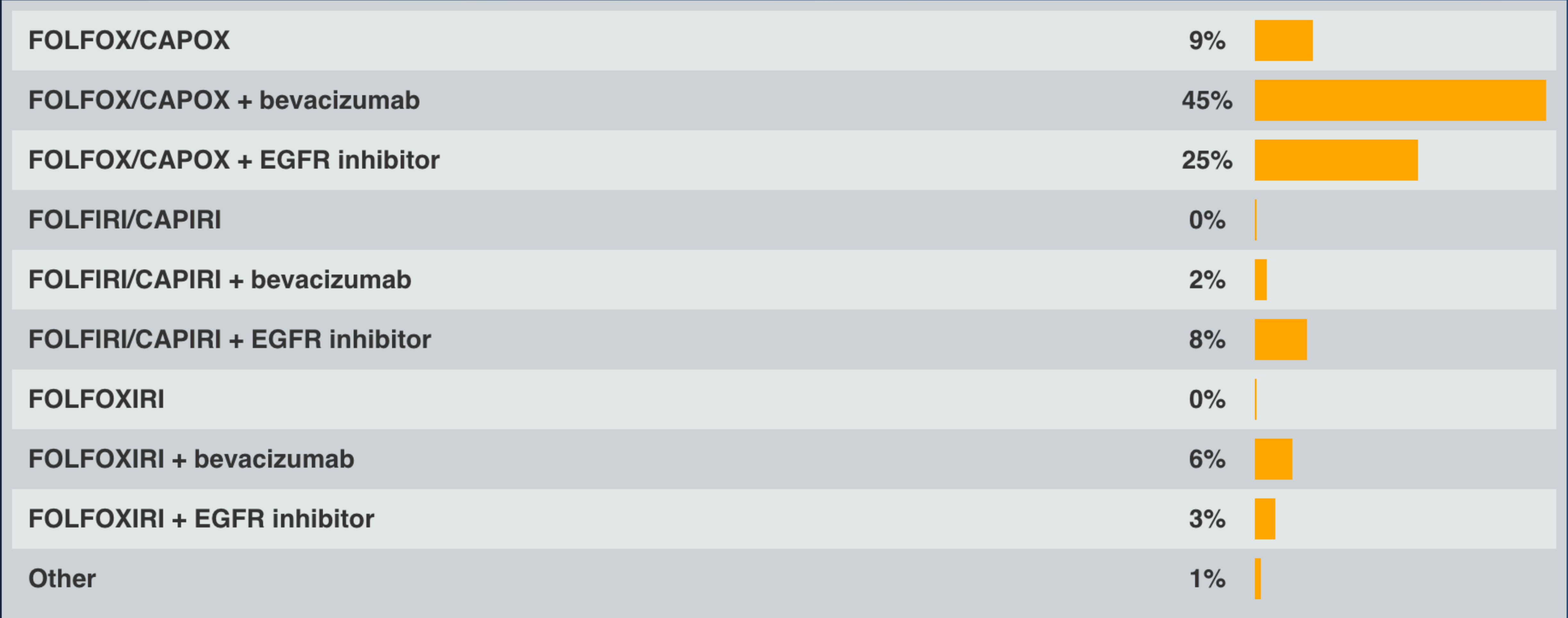
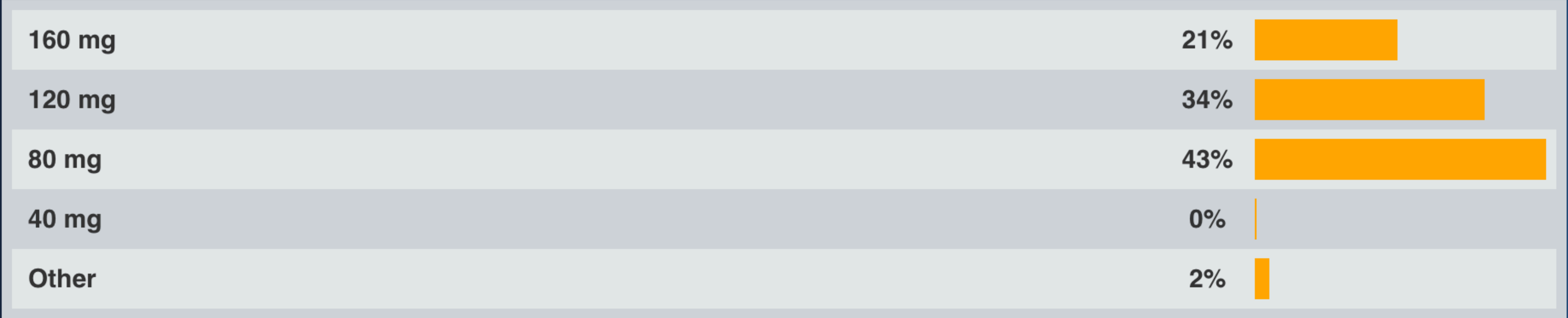


# What is your usual first-line treatment recommendation for a 60-year-old patient with left-sided, microsatellite-stable, pan-RAS wild-type metastatic colorectal cancer (mCRC) who requires a response?

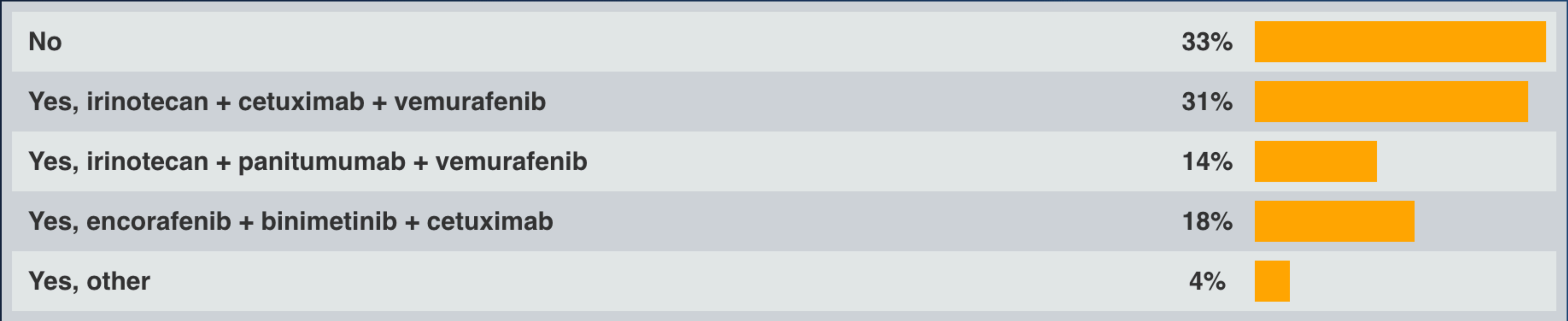


**In general, for a younger patient with mCRC, what is your usual starting dose of regorafenib?**

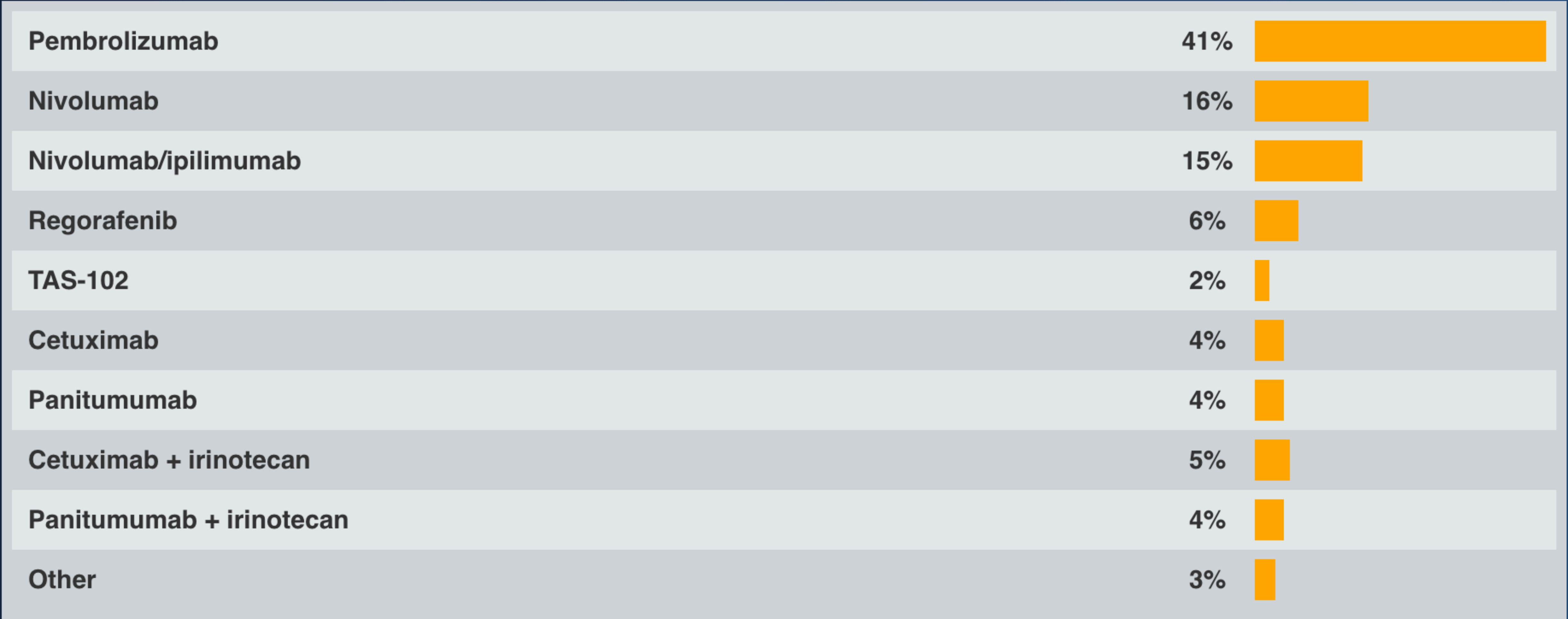




**Reimbursement and regulatory issues aside, for a patient with mCRC and a BRAF V600E mutation, would you likely administer targeted therapy outside of a clinical trial setting?**

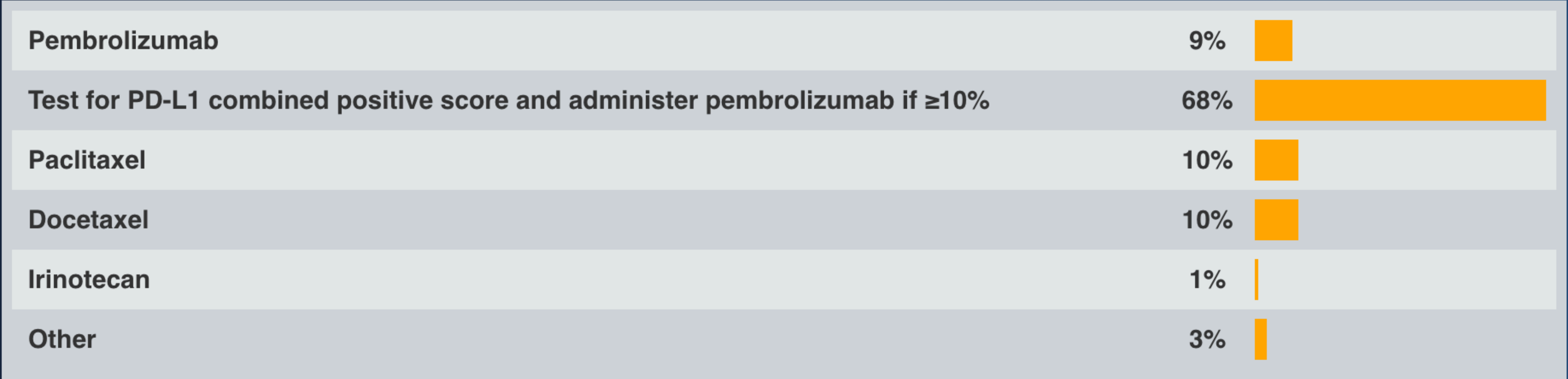


A 60-year-old man with pan-RAS wild-type, BRAF wild-type, MSI-high, right-sided mCRC receives first-line FOLFOX/bevacizumab and second-line FOLFIRI/bevacizumab and is now experiencing disease progression. What would be your most likely third-line treatment recommendation?

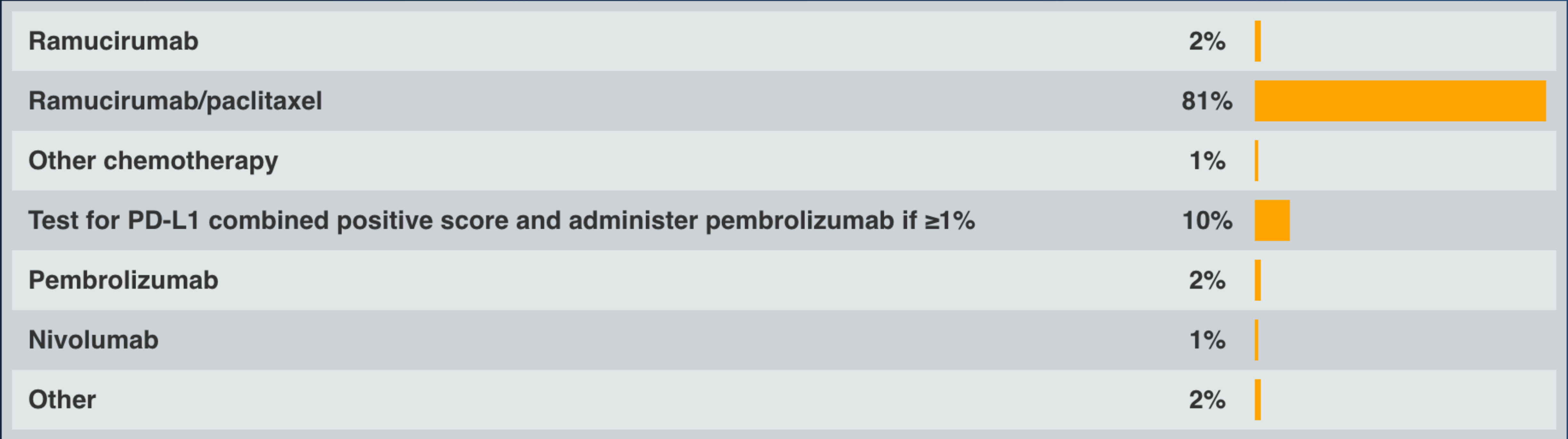




**Regulatory and reimbursement issues aside, what second-line therapy would you recommend for a patient with metastatic squamous cell carcinoma of the esophagus whose disease has progressed on first-line FOLFOX?**

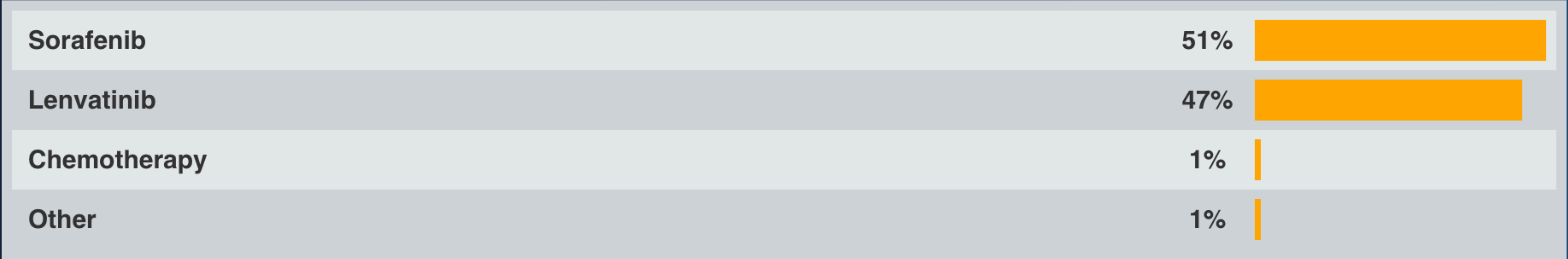


**Regulatory and reimbursement issues aside, what would you currently recommend as second-line therapy for a patient with metastatic HER2-negative, microsatellite-stable gastric cancer who has experienced disease progression on first-line FOLFOX?**

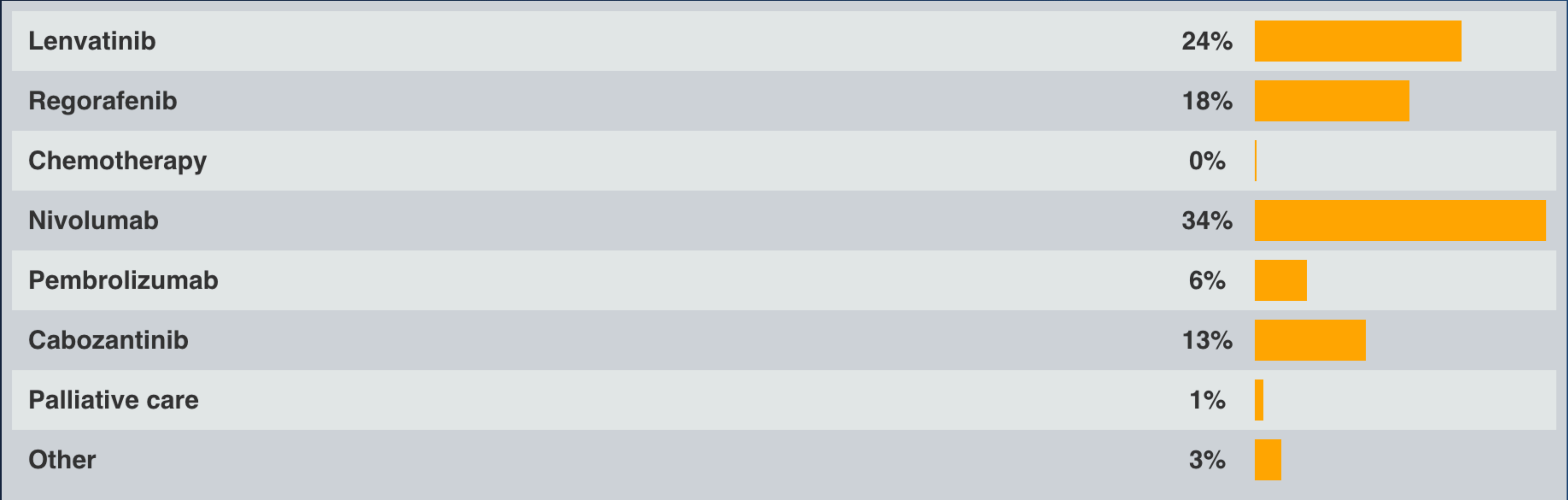




**What would be your most likely first-line systemic treatment for a 65-year-old patient with hepatocellular carcinoma (HCC), a Child-Pugh A score and a performance status (PS) of 0?**

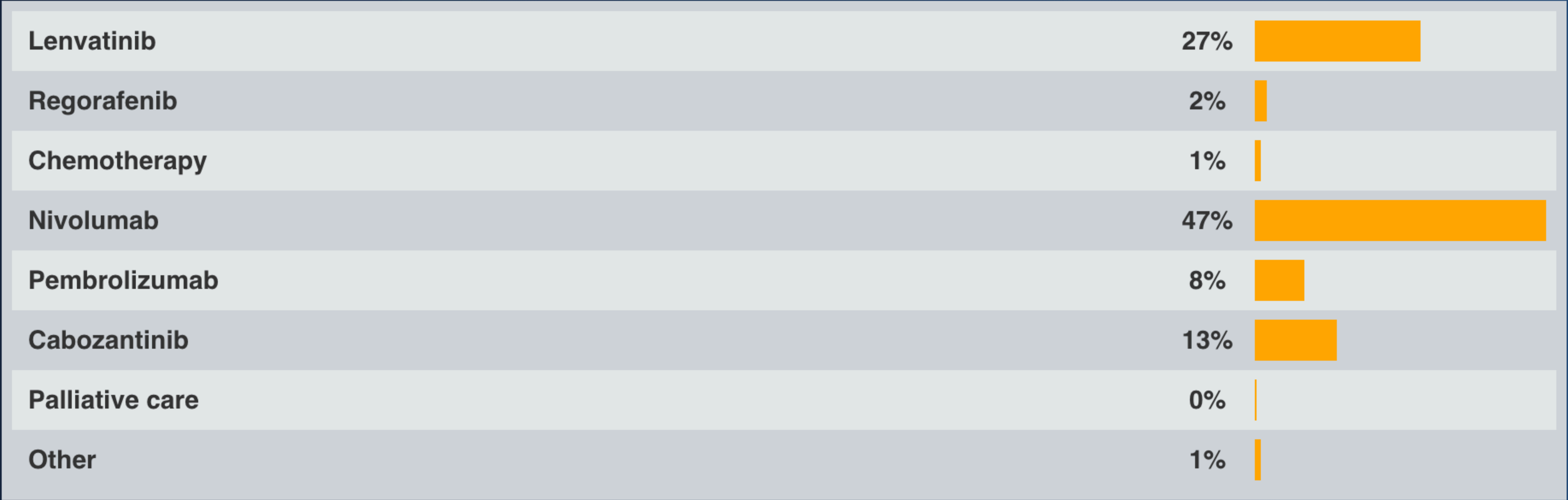


**What would be your most likely second-line systemic therapy for a 60-year-old patient with HCC, a Child-Pugh A score and a PS of 0 who responded to standard-dose sorafenib for 12 months with minimal toxicity and then experienced disease progression?**

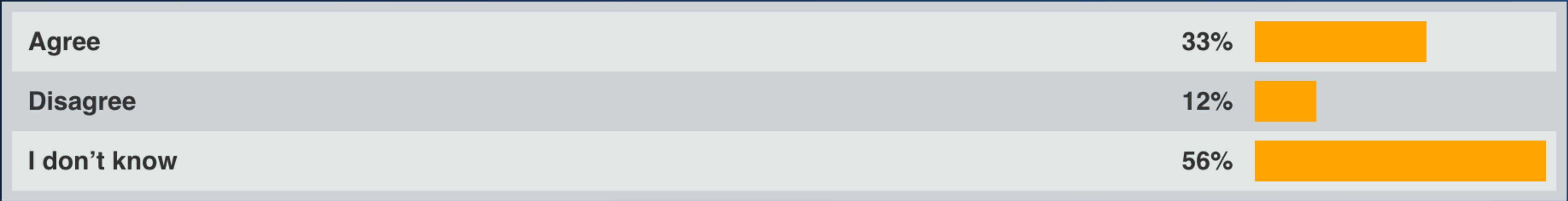




What would be your most likely second-line systemic therapy for a 60-year-old patient with HCC, a Child-Pugh A score and a PS of 0 who responded to sorafenib for 6 months but required a dose reduction to 400 mg daily and then experienced disease progression?



**In general, the efficacy of immune checkpoint inhibitors appears to be about the same in patients with viral versus nonviral HCC.**

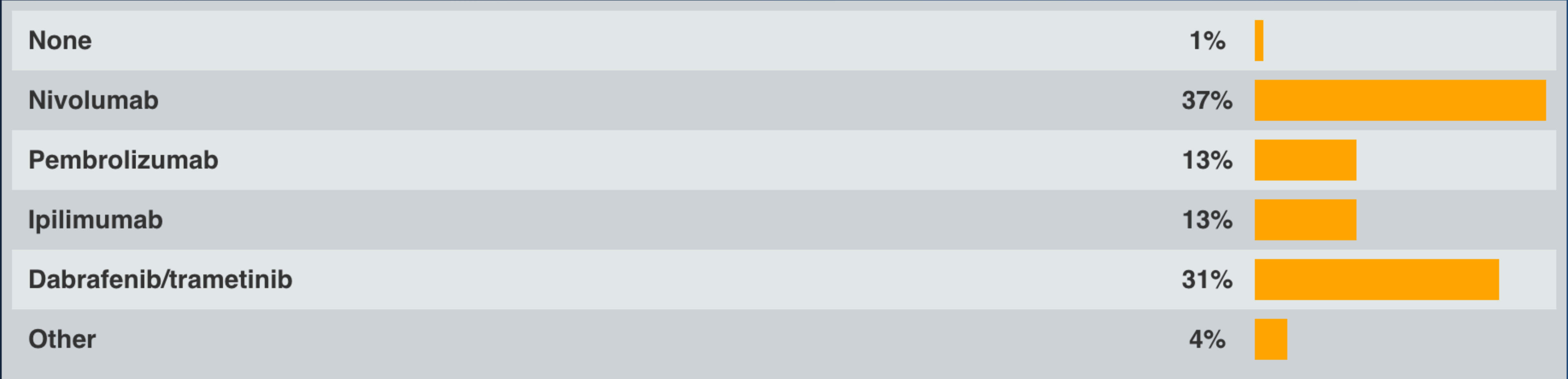




**The use of immune checkpoint inhibitors in patients who have undergone solid organ transplant almost always results in rejection of the transplanted organ.**

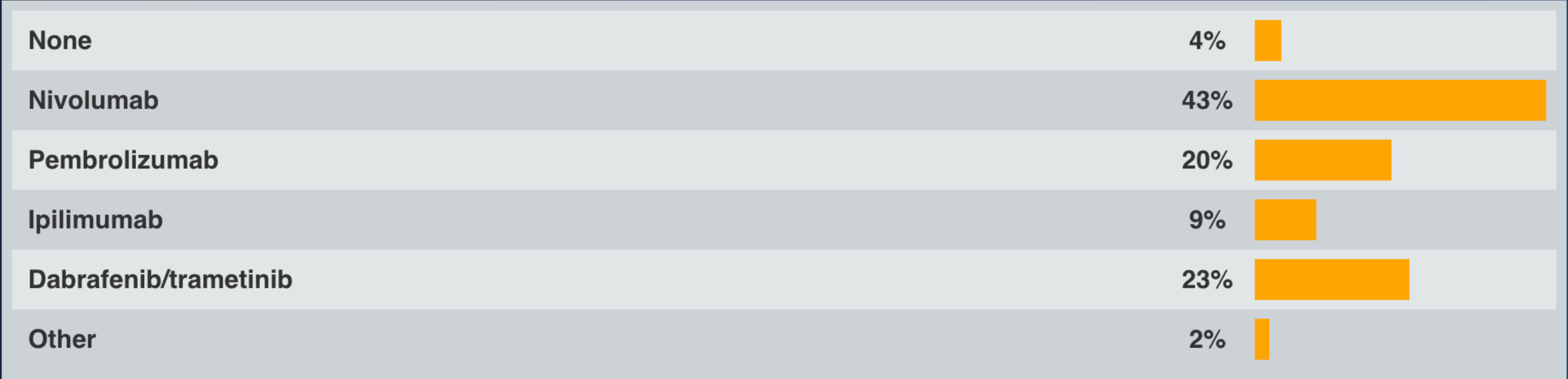


**What is your usual approach to adjuvant systemic treatment, if any, for a 35-year-old patient who is s/p surgery for primary melanoma with a BRAF V600E tumor mutation and 2 positive axillary nodes?**

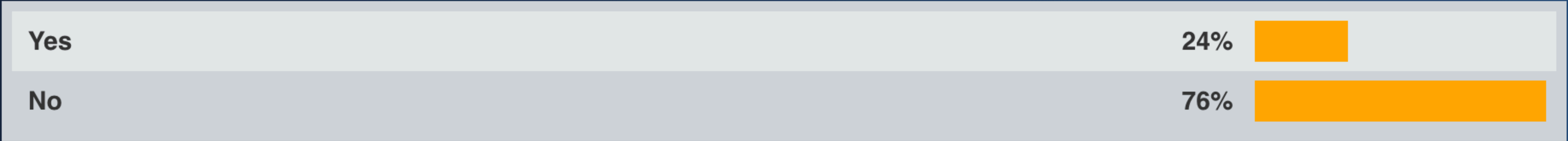




**What is your usual approach to adjuvant systemic treatment, if any, for a 75-year-old patient who is s/p surgery for primary melanoma with a BRAF V600E tumor mutation and 2 positive axillary nodes?**

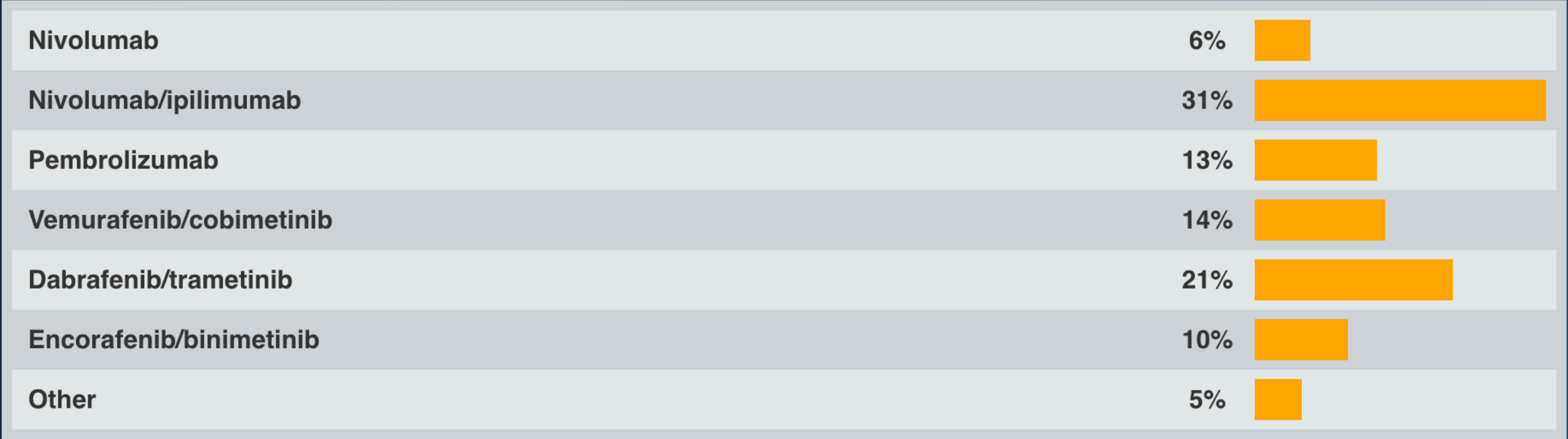


**Do you consider PD-L1 level when selecting initial therapy for metastatic melanoma?**

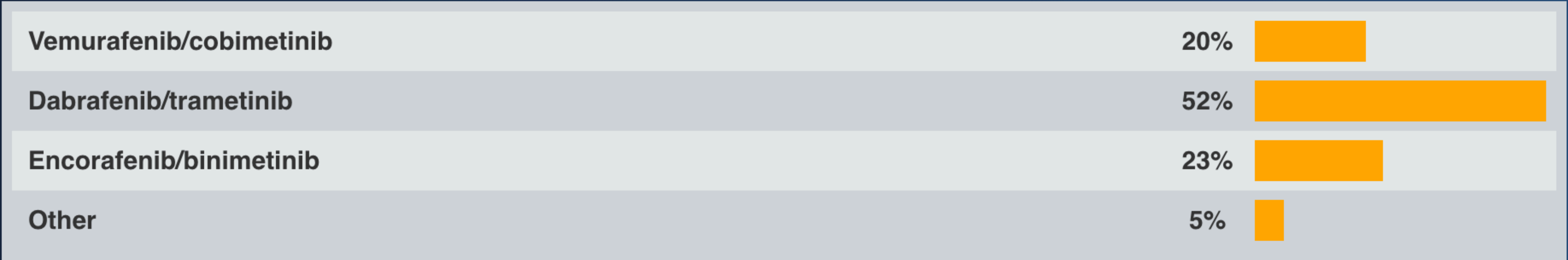




# What is your usual treatment approach for a patient with asymptomatic metastatic melanoma with a BRAF V600E tumor mutation?

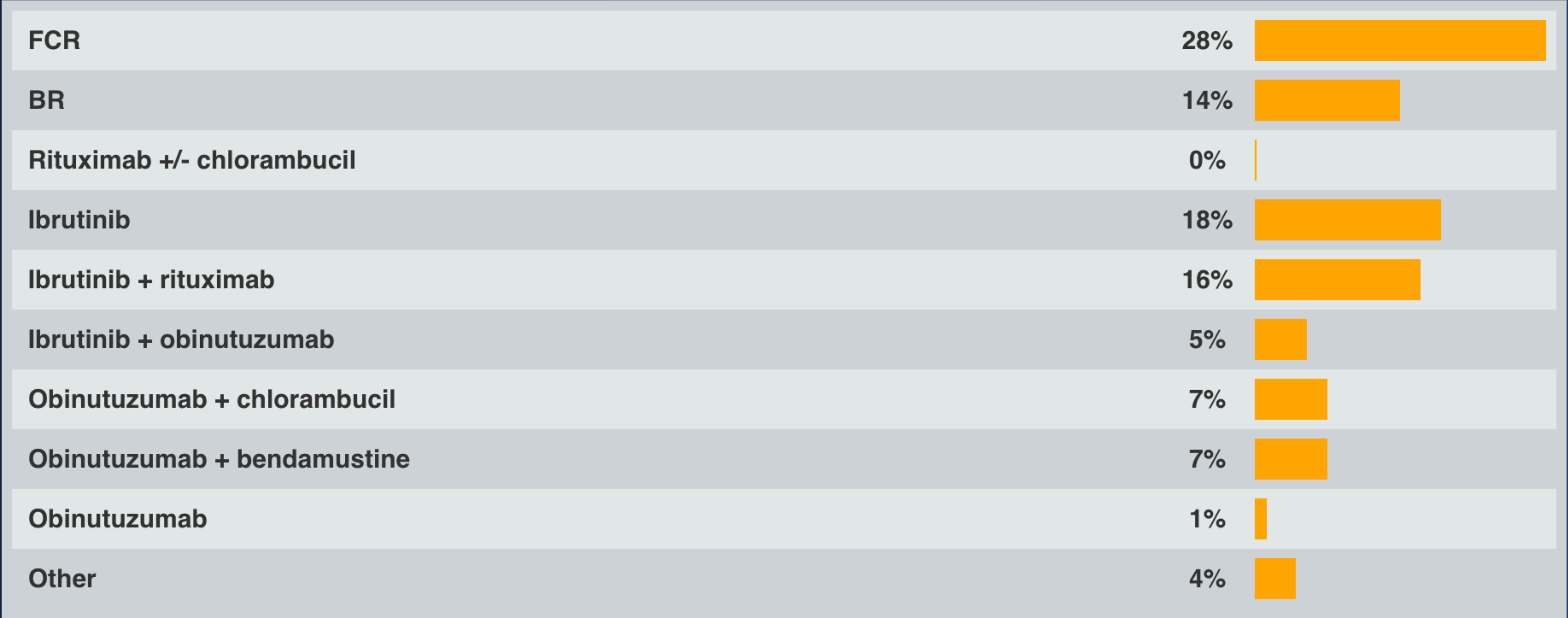


**What is your usual preferred initial BRAF/MEK inhibitor combination for a patient with metastatic melanoma with a BRAF V600E tumor mutation?**

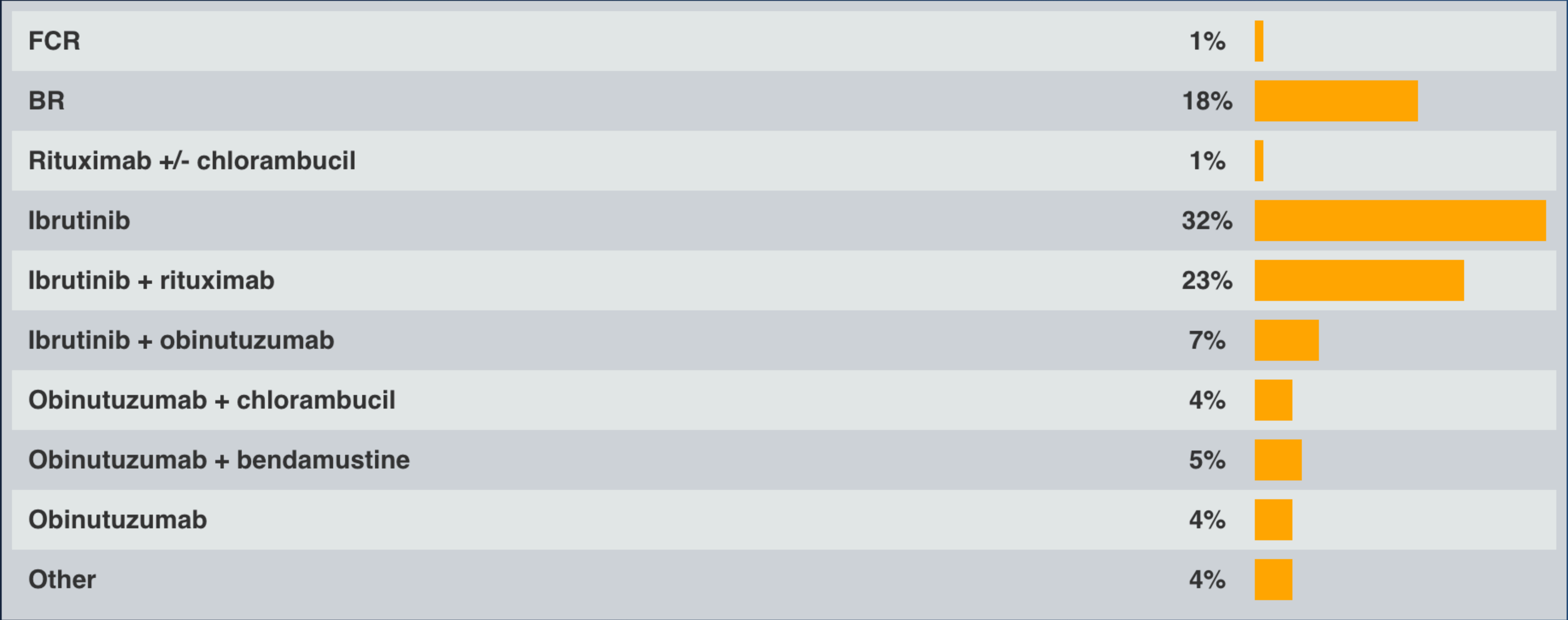




What is your usual preferred initial regimen for a 60-year-old patient with IGHV-mutated chronic lymphocytic leukemia (CLL) without del(17p) or TP53 mutation who requires treatment?

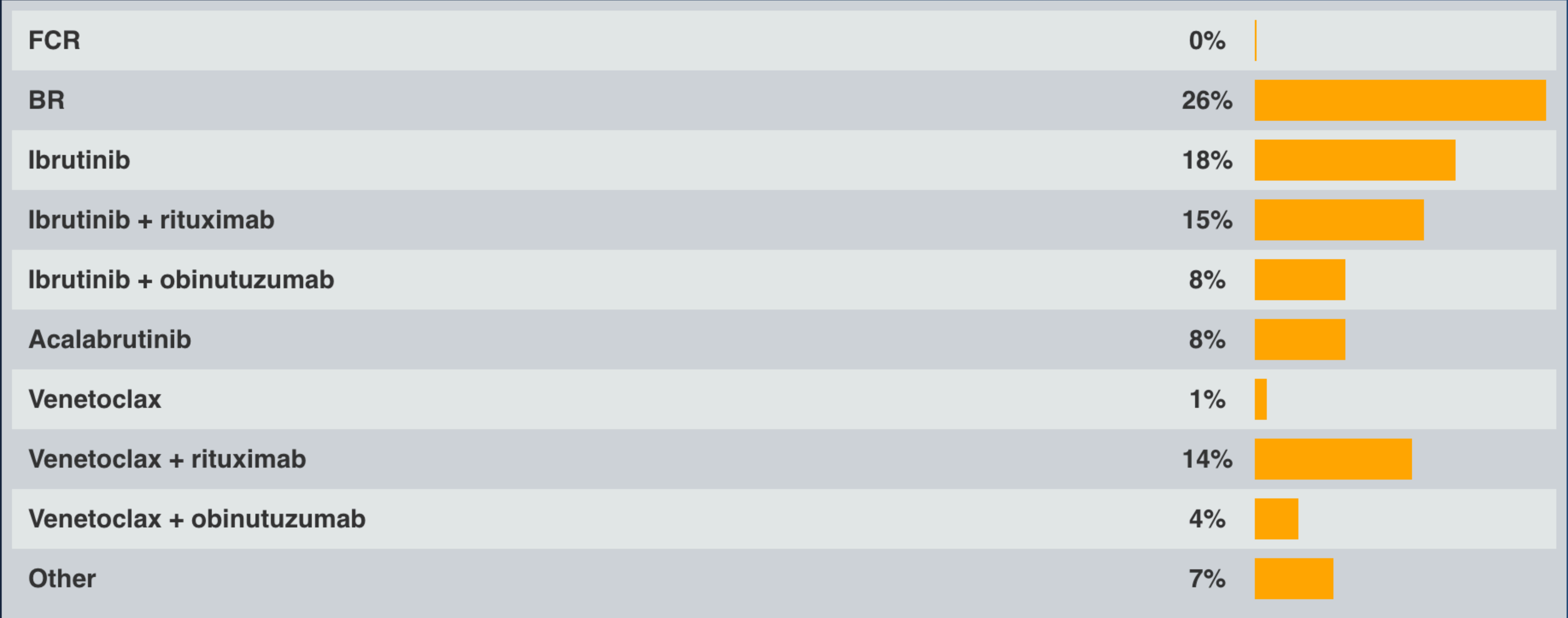


# What is your usual preferred initial regimen for a 70-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment?

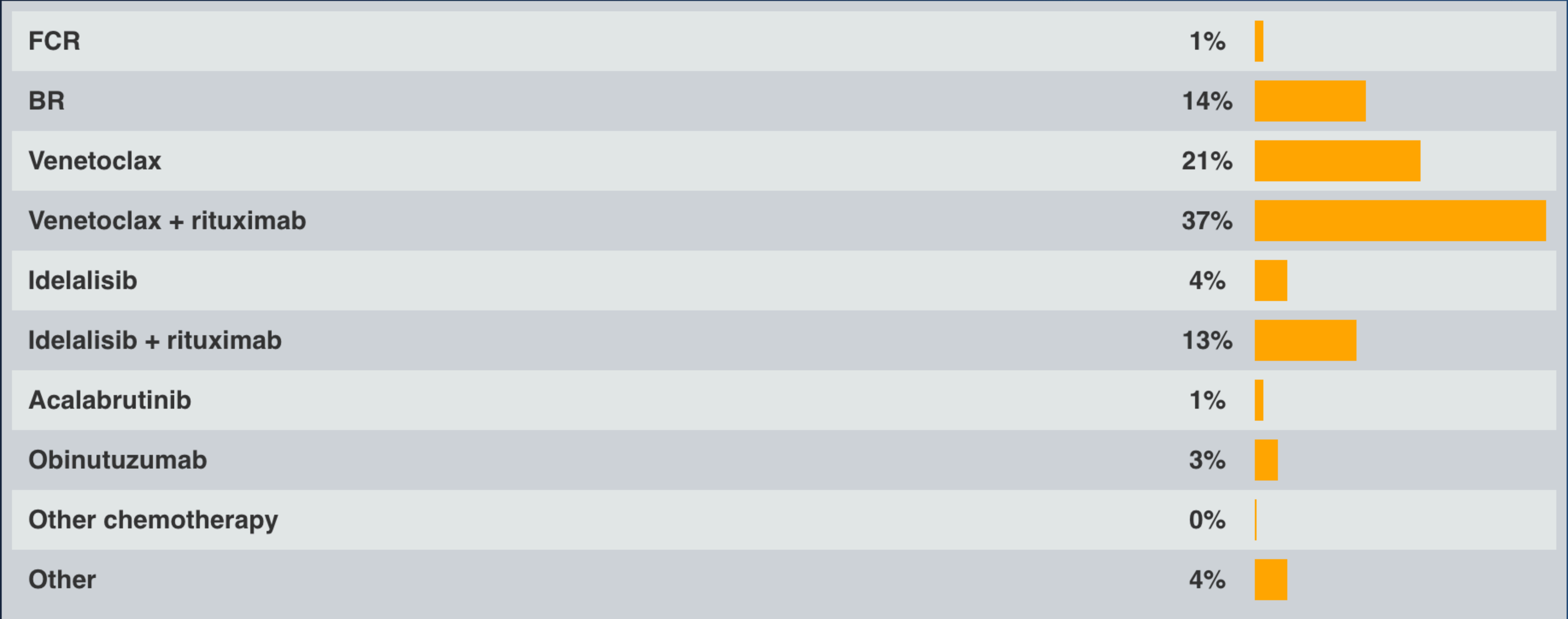




What is your usual preferred initial regiment for a 75-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment and is receiving anticoagulation for recent bilateral pulmonary emboli?

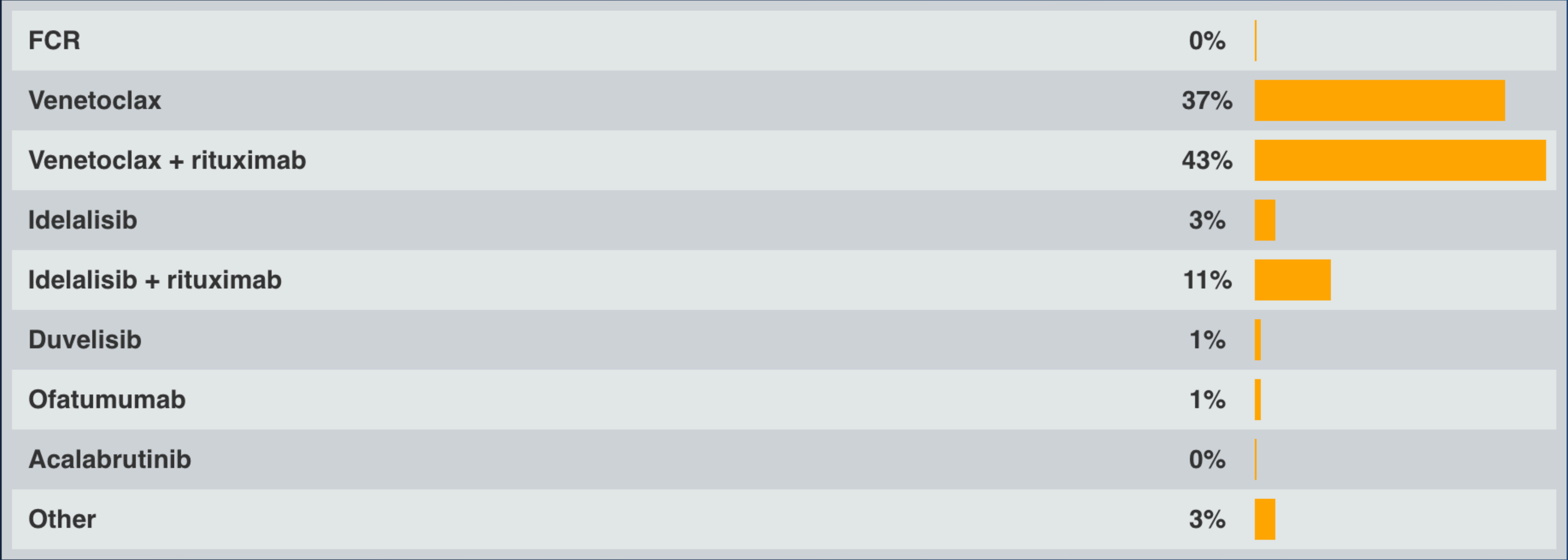


Reimbursement and regulatory issues aside, what second-line systemic therapy would you recommend for a 70-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responded to ibrutinib and then experienced disease progression 4 years later?

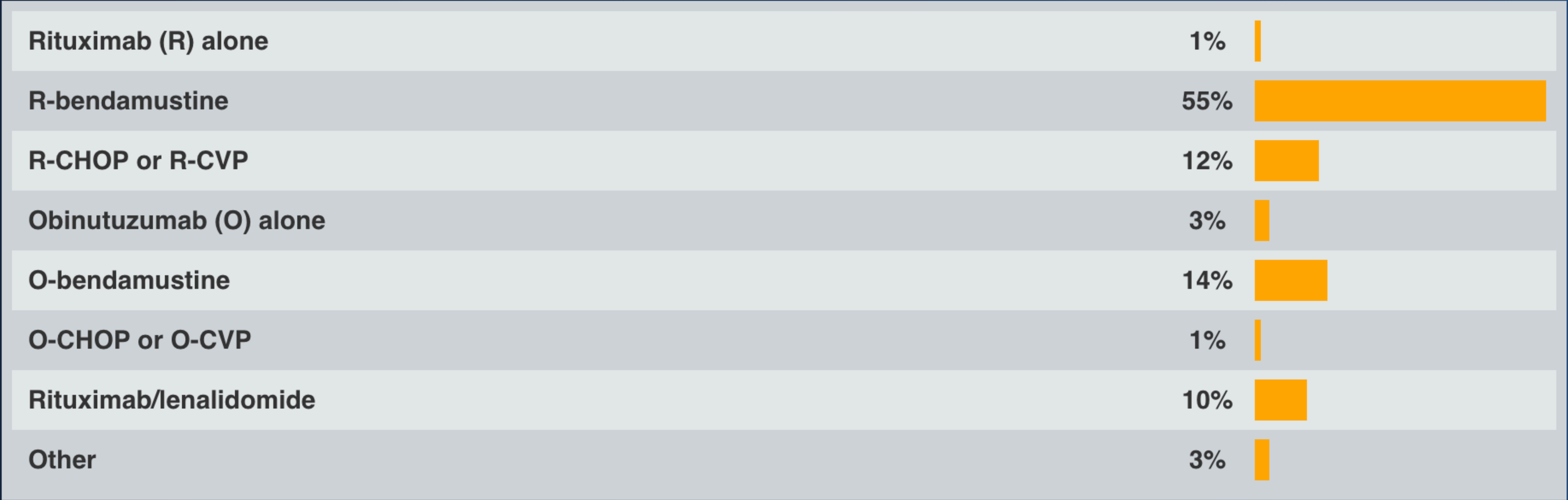




Reimbursement and regulatory issues aside, in general, what third-line therapy would you recommend for a 60-year-old patient with CLL without del(17p) or TP53 mutation who responds to BR for 24 months and experiences disease relapse, then receives ibrutinib for 18 months followed by disease progression?

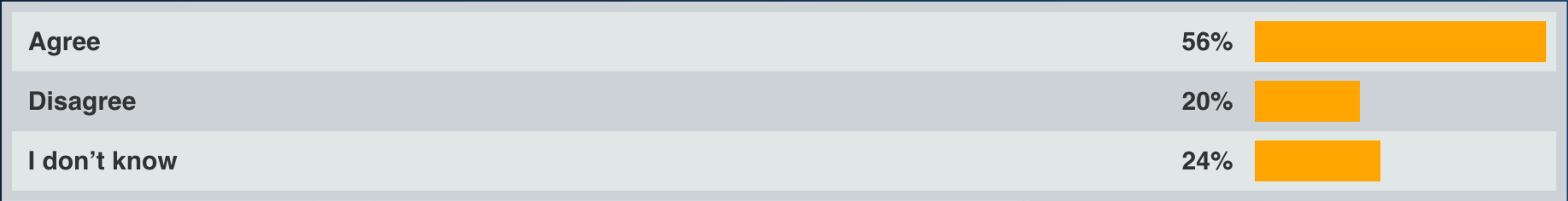


**Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 78-year-old patient with Stage III, Grade 1/2 follicular lymphoma (FL) with fatigue and symptomatic bulky adenopathy who requires treatment?**

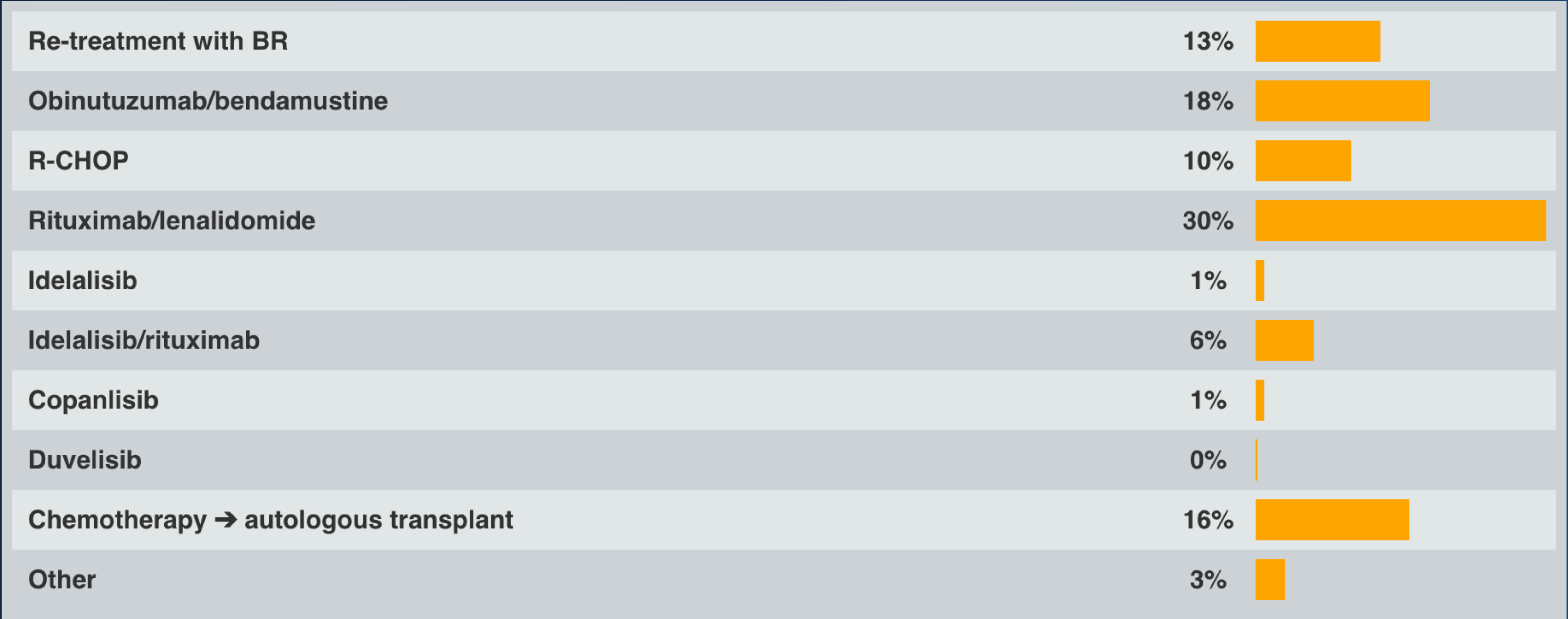




**Obinutuzumab/chemotherapy is more effective than rituximab/chemotherapy as initial treatment for FL.**

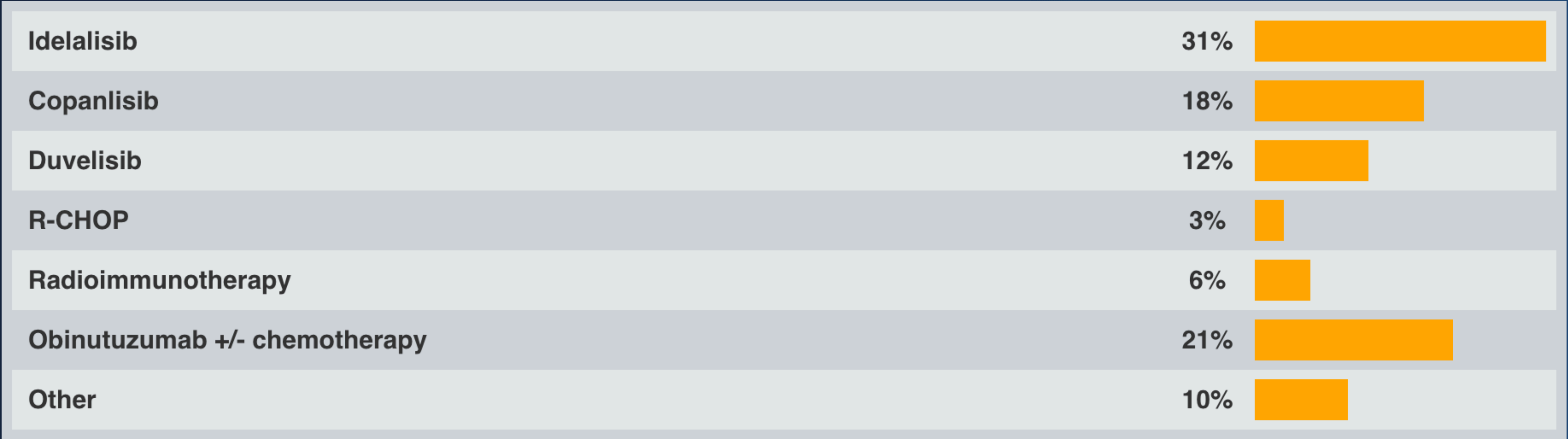


**Regulatory and reimbursement issues aside, what is your usual second-line therapy for a 60-year-old patient with FL who achieves a complete response to BR followed by 2 years of rituximab maintenance but then experiences bulky, symptomatic disease relapse 4 years later?**

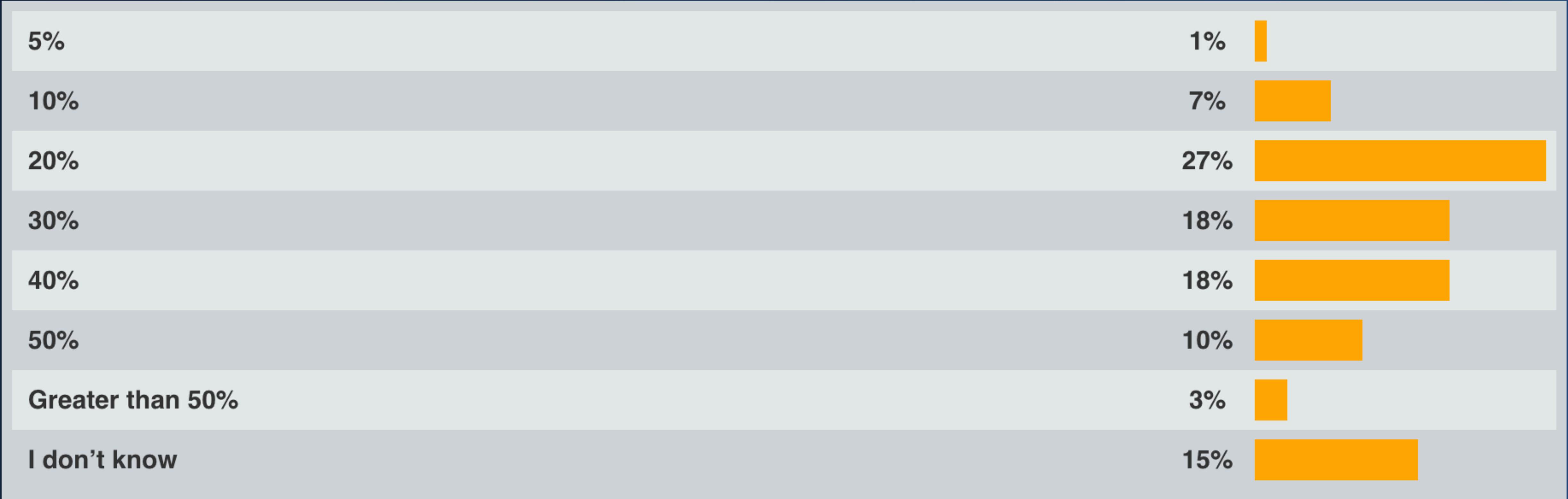




**In general, what would be your most likely treatment recommendation for a 70-year-old patient with FL who responds to BR followed by 2 years of rituximab maintenance and then rituximab/lenalidomide on relapse but subsequently develops disease progression?**

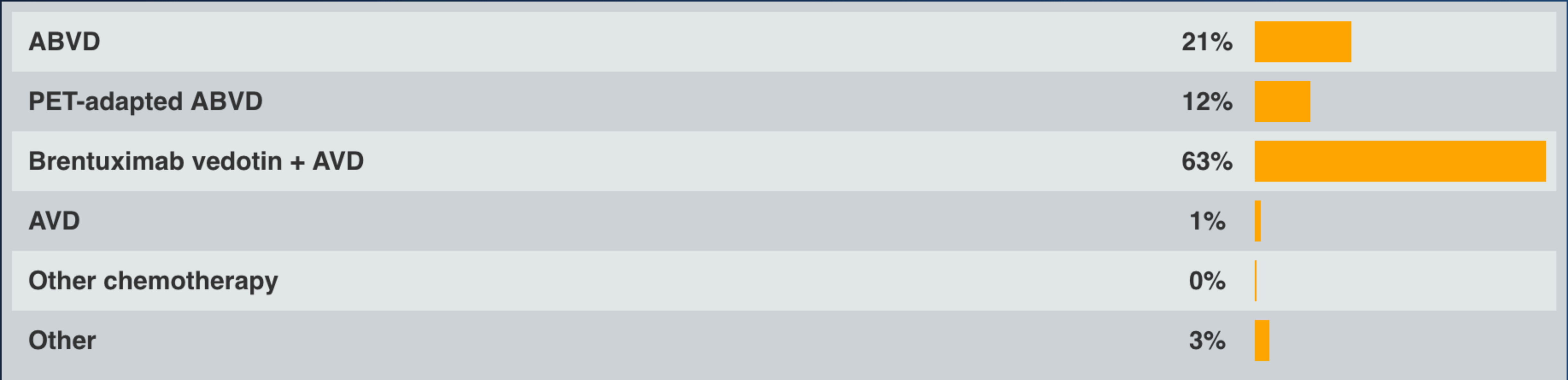


A 27-year-old man is diagnosed with Stage IVB classical Hodgkin lymphoma with nodal, spleen and bone involvement. Albumin is 3.1 g/dL, Hgb is 8.6 g/dL and white blood cell count is 17,5000. IPS = 5. What would you estimate to be the risk of relapse if the patient receives ABVD?

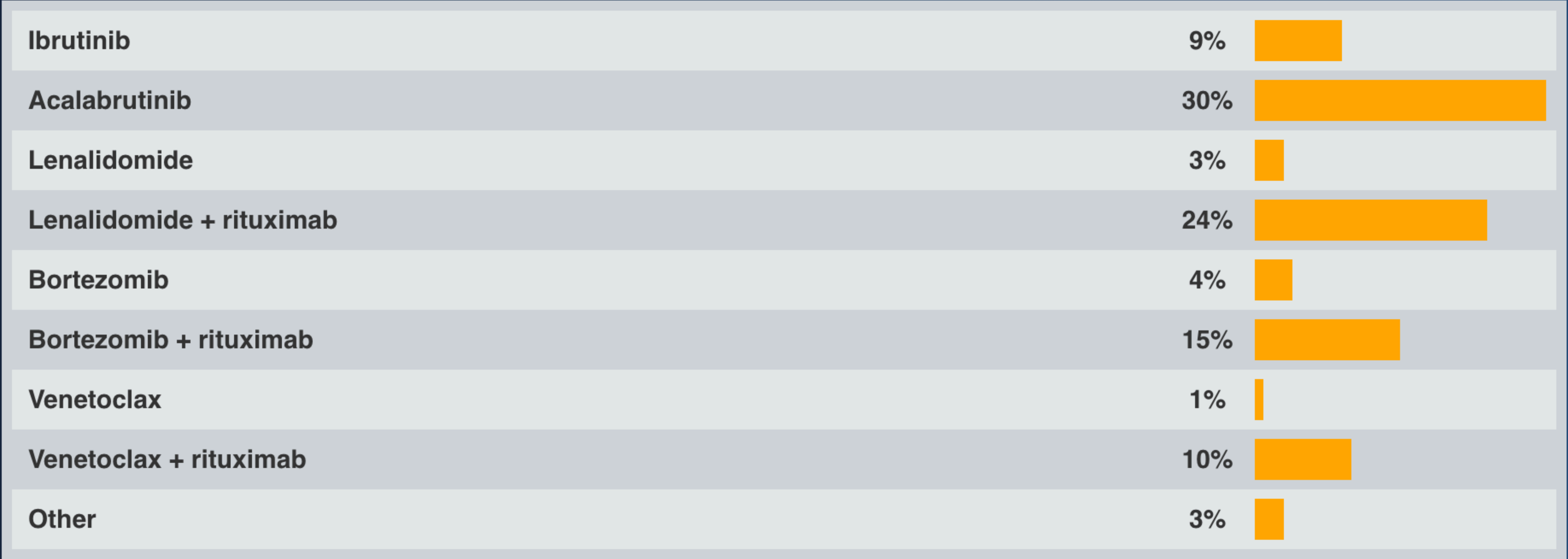




# What initial treatment would you recommend for the patient in the previous scenario?

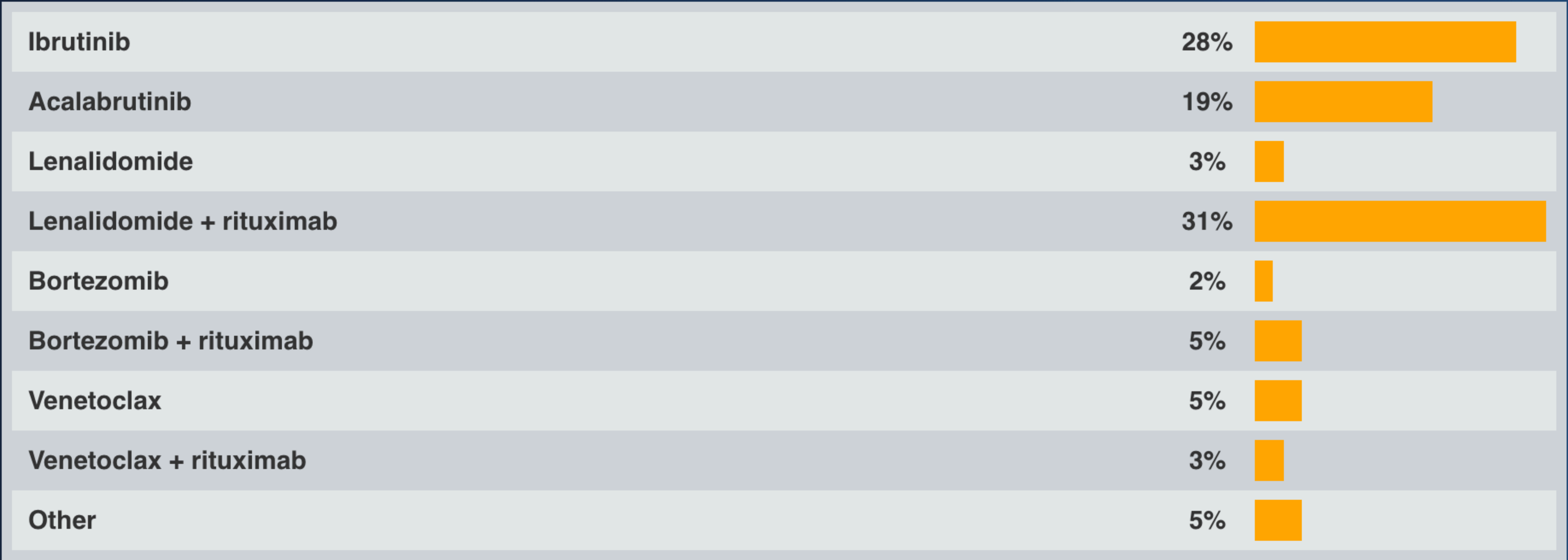


A 65-year-old patient with mantle cell lymphoma (MCL) initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. The patient has a history of atrial fibrillation and is receiving anticoagulation. What would you recommend?

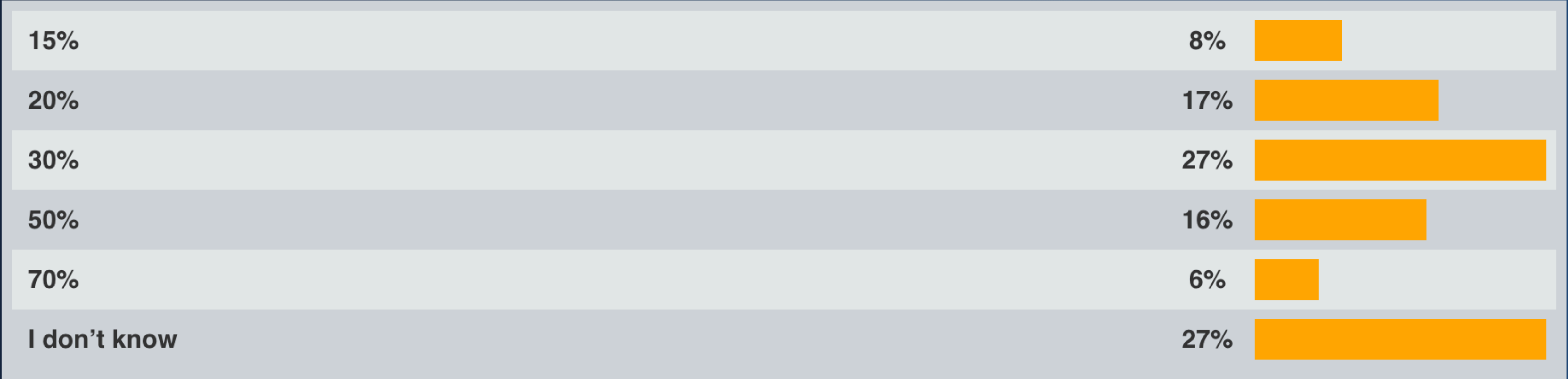




An 80-year-old patient with MCL initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. What would you recommend?



**For patients with ovarian cancer and a BRCA mutation enrolled on the Phase III SOLO-1 trial who received olaparib maintenance after chemotherapy, the approximate relative reduction in risk of disease progression at 3 years was...**





**A 60-year-old woman with Stage IIIC ovarian cancer and a BRCA germline mutation is s/p suboptimal debulking surgery. Regulatory and reimbursement issues aside, what would you recommend as postoperative systemic therapy?**



In general, what treatment would you recommend for a patient with ovarian cancer and a BRCA germline mutation who experiences disease relapse 12 months after receiving adjuvant carboplatin/paclitaxel following debulking surgery?

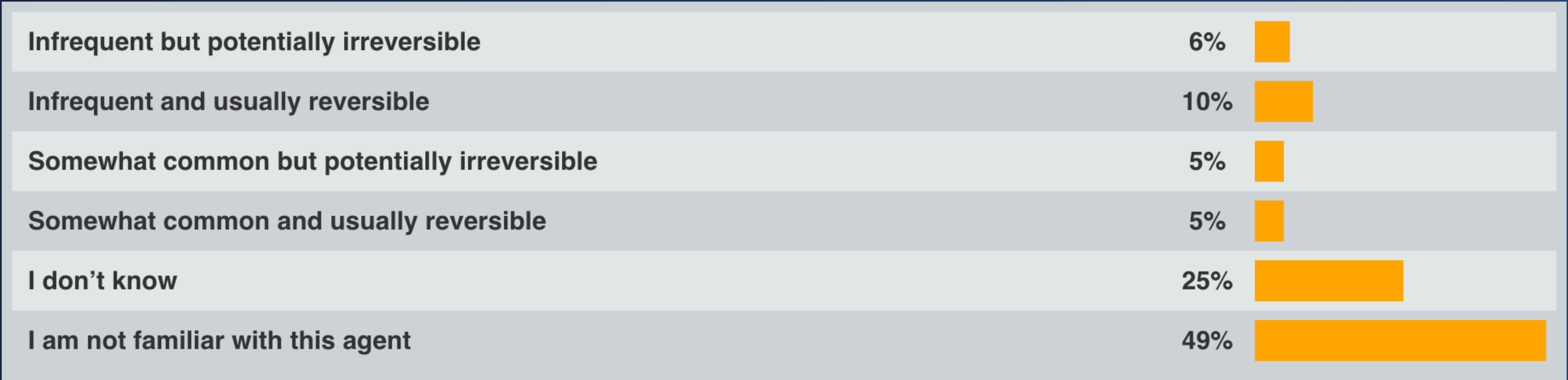




In general, what treatment would you recommend for a patient with ovarian cancer (BRCA wild type) who experiences disease relapse 12 months after receiving adjuvant carboplatin/paclitaxel following debulking surgery?

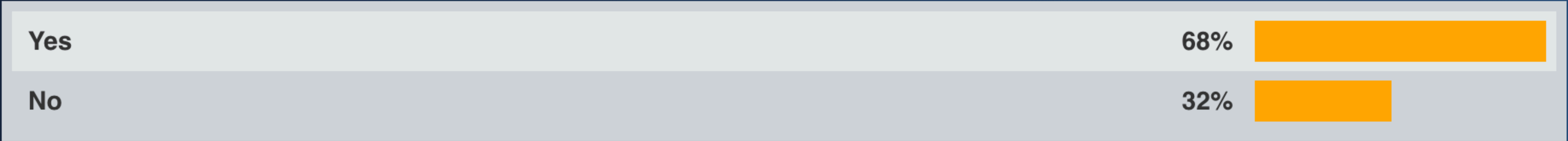


# The ocular side effects observed in early trials evaluating mirvetuximab soravtansine in relapsed ovarian cancer are...

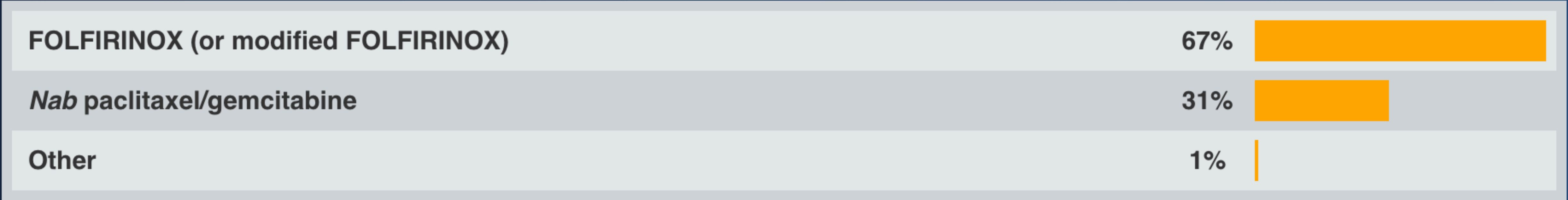




**Do you generally perform microsatellite instability testing for your patients with advanced ovarian cancer?**

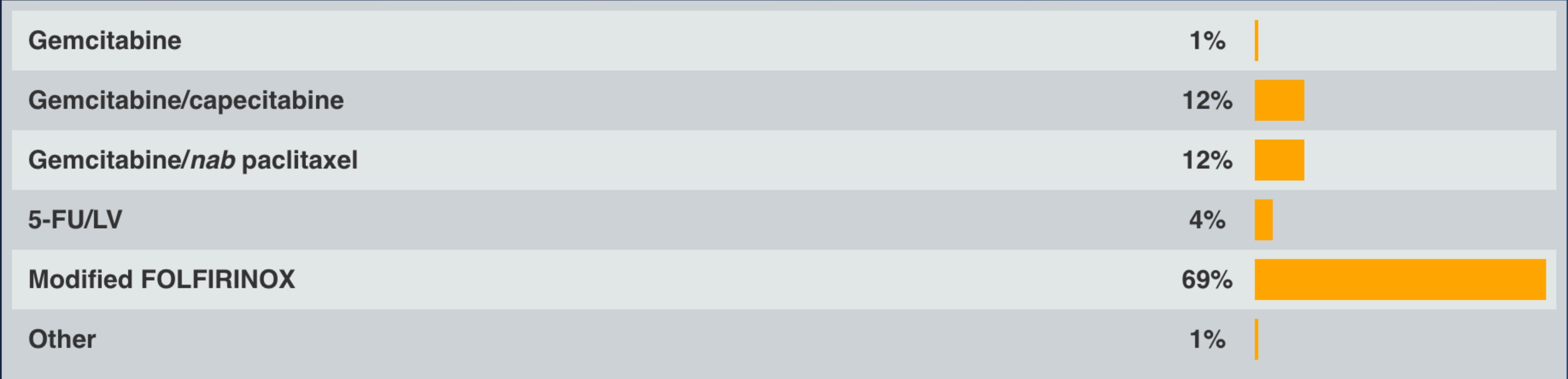


# What is your usual neoadjuvant systemic therapy recommendation for a 70-year-old patient with borderline resectable pancreatic cancer?

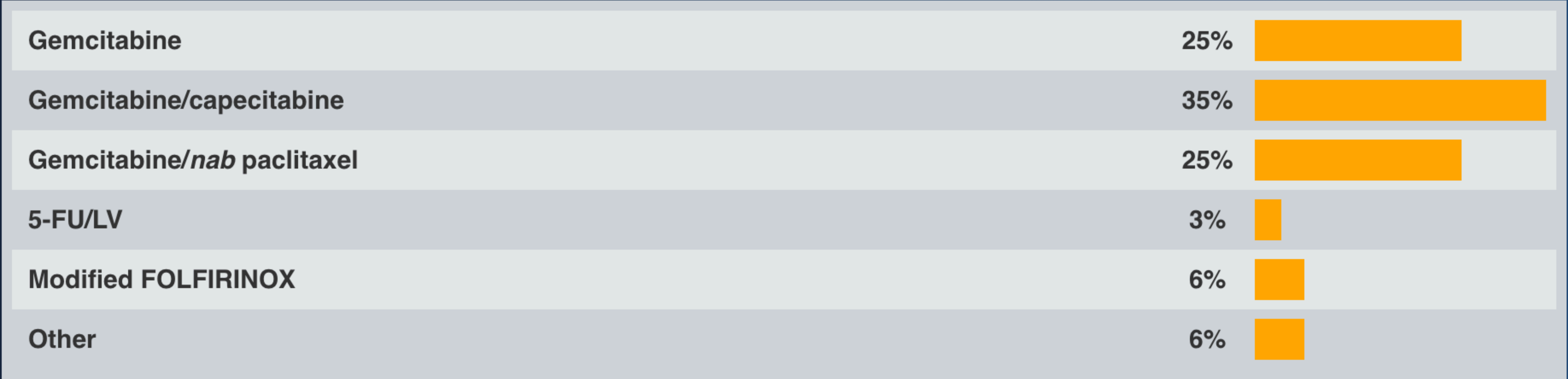




What is your likely adjuvant systemic therapy recommendation for an otherwise healthy 65-year-old patient who is s/p surgical resection of pancreatic adenocarcinoma?

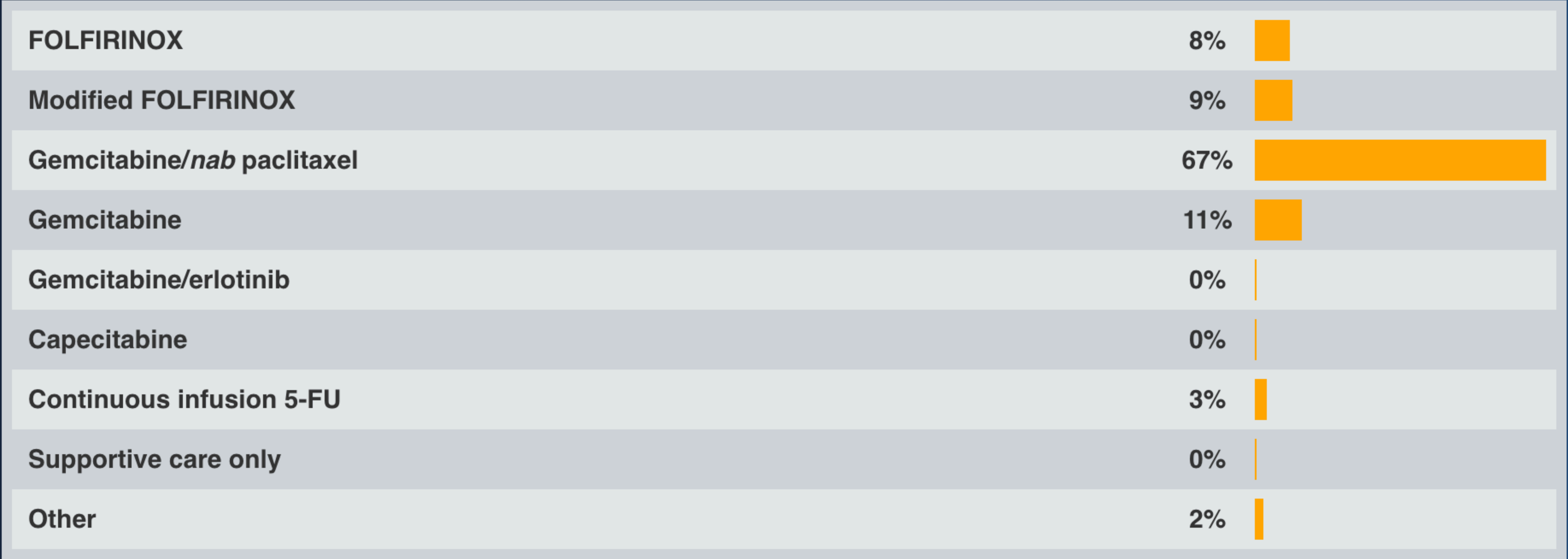


What is your likely adjuvant systemic therapy recommendation for an otherwise healthy 80-year-old patient who is s/p surgical resection of pancreatic adenocarcinoma?

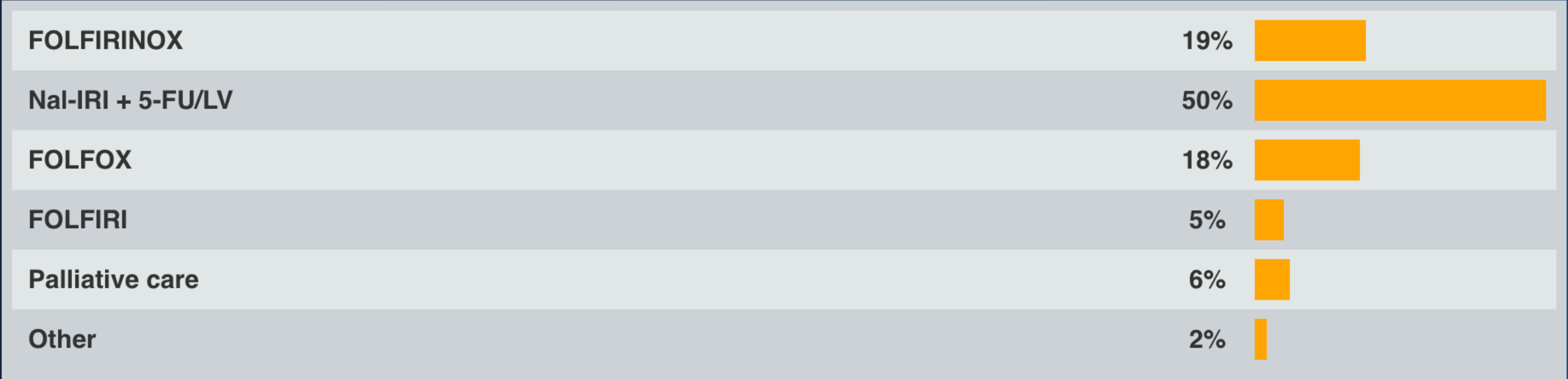




**In general, what treatment would you recommend for a patient with de novo metastatic pancreatic cancer who is ambulatory but unable to work (PS = 2)?**

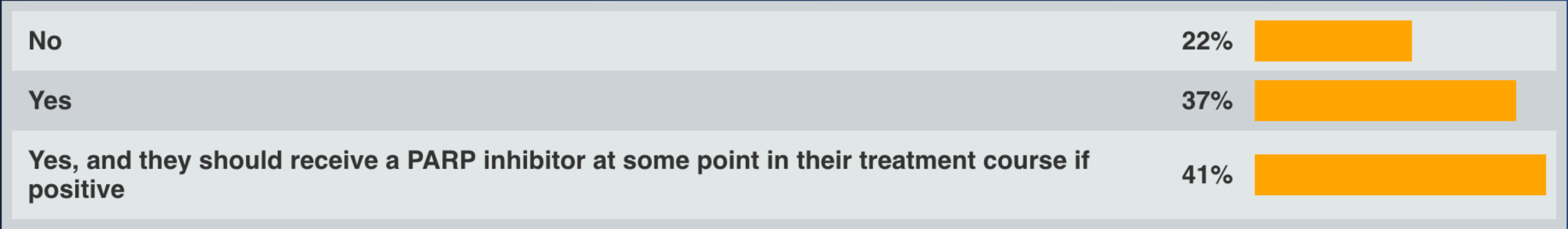


**A 75-year-old patient receives gemcitabine/*nab* paclitaxel for metastatic pancreatic cancer and experiences disease progression after 6 cycles. What second-line therapy would you recommend?**

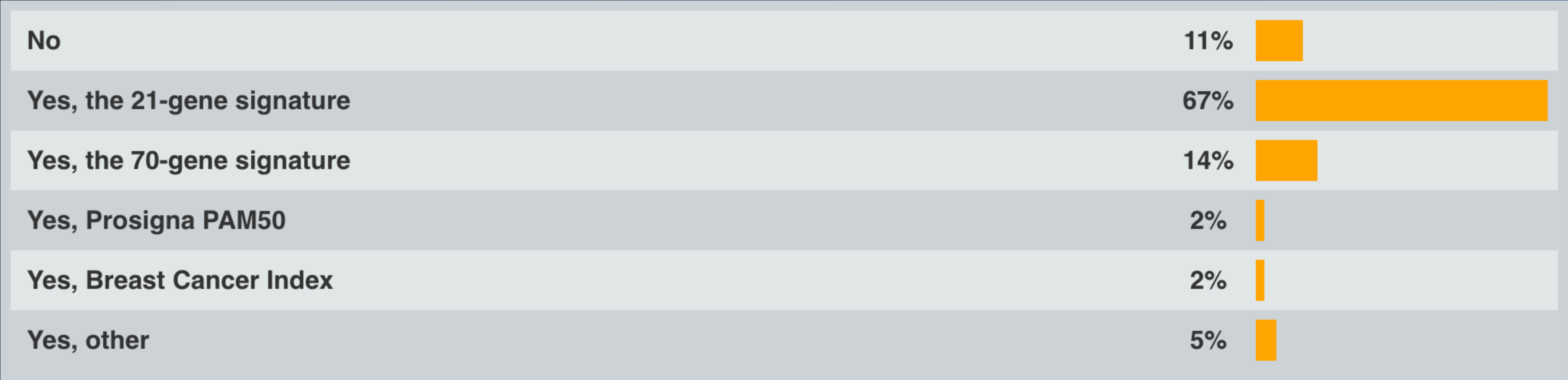




**Should patients with metastatic pancreatic cancer and no significant family history of cancer routinely be tested for BRCA germline or somatic mutations?**

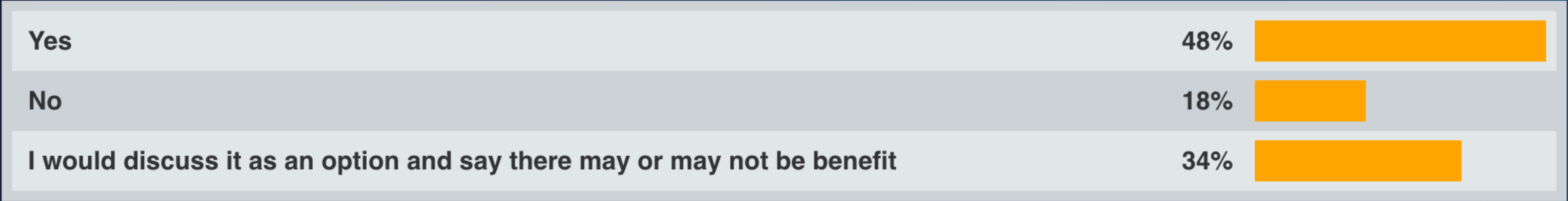


**A 65-year-old woman is diagnosed with a 1.5-cm, ER/PR-positive, HER2-negative IDC. She has 1 positive axillary node. Would you order a genomic assay for this patient?**

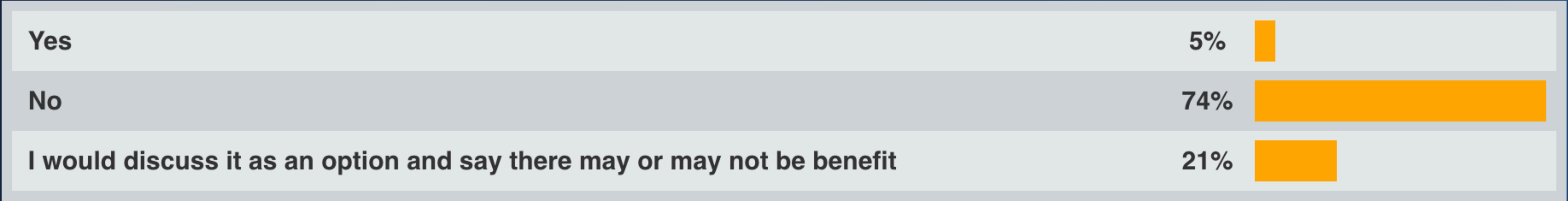




**Would you recommend adjuvant chemotherapy for a 40-year-old premenopausal woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?**

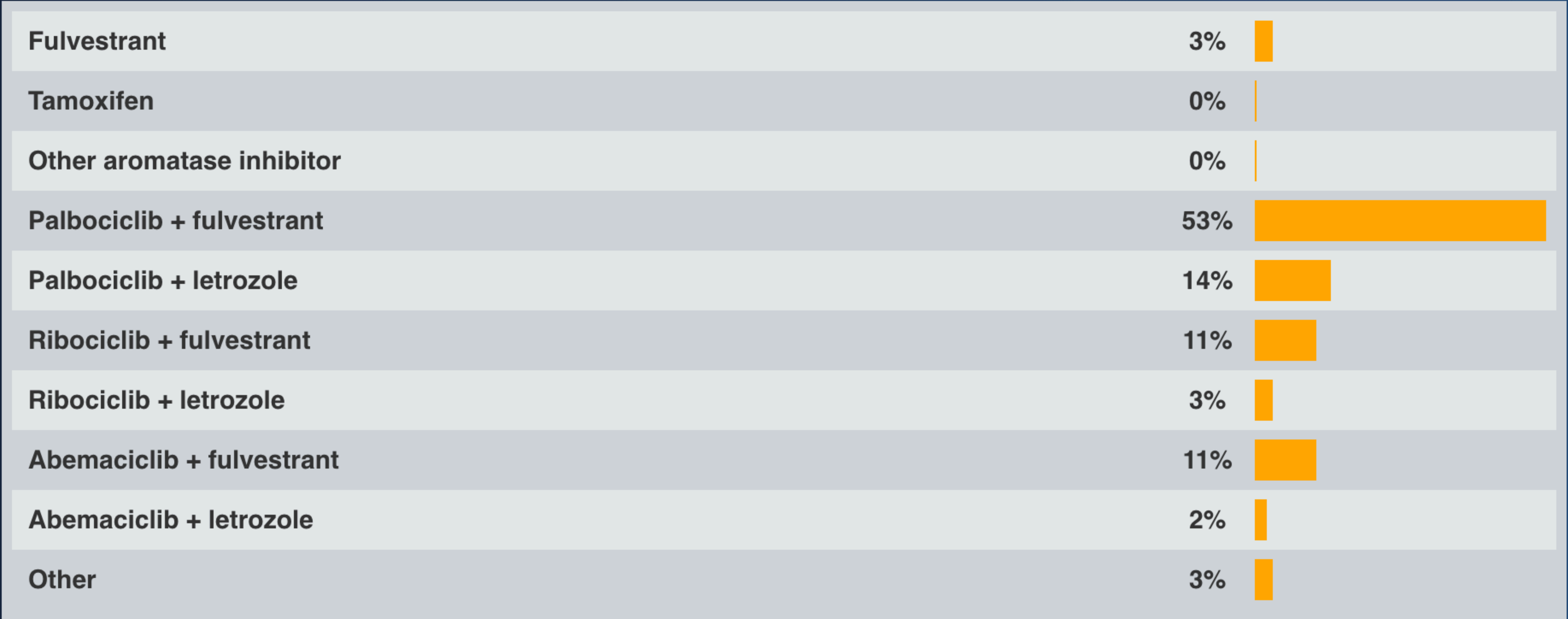


**Would you recommend adjuvant chemotherapy for a 65-year-old postmenopausal woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?**

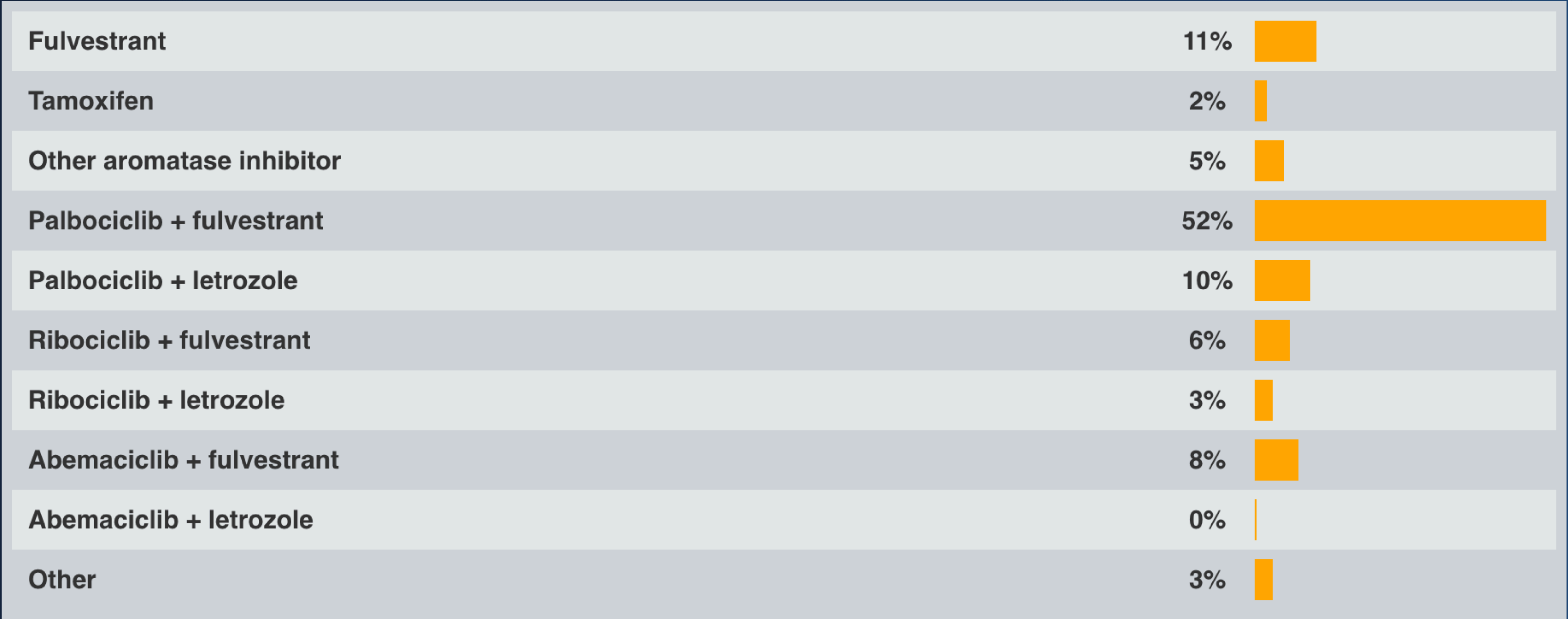




A 60-year-old woman with ER-positive, HER2-negative, node-negative breast cancer has developed multiple minimally symptomatic bone metastases 2 years after starting adjuvant anastrozole. Which endocrine-based treatment would you most likely recommend?



A 77-year-old woman with ER-positive, HER2-negative, node-negative breast cancer has developed multiple minimally symptomatic bone metastases 2 years after starting adjuvant anastrozole. Which endocrine-based treatment would you most likely recommend?





**A 65-year-old woman with ER-positive, HER2-negative breast cancer experiences disease progression 2 years after starting adjuvant anastrozole. She receives palbociclib/fulvestrant with minimally symptomatic disease progression after 1 year. What would be your usual next treatment for this patient?**

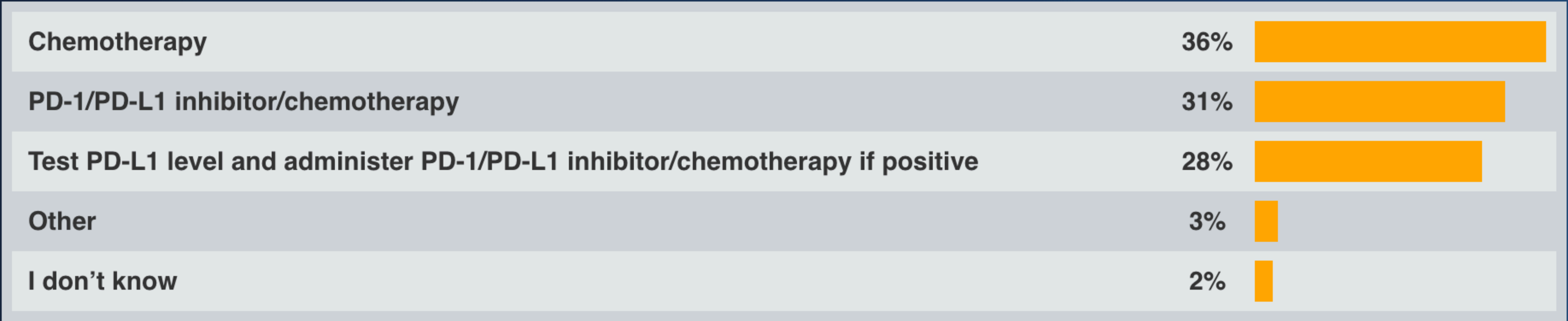


**Based on the available data and your own clinical experience, if alpelisib were available, would you use it in combination with fulvestrant (or other endocrine therapy) for patients with ER-positive metastatic breast cancer and a PIK3CA tumor mutation?**

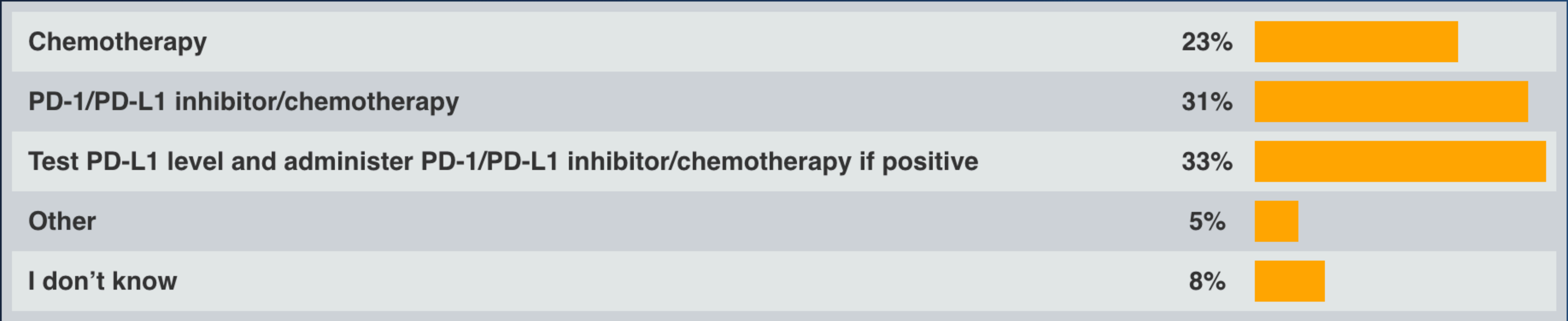




**Reimbursement and regulatory issues aside, what first-line treatment would you recommend for a 60-year-old patient with de novo metastatic triple-negative breast cancer (BRCA wild type)?**



Reimbursement and regulatory issues aside, what first-line treatment would you recommend for an 80-year-old patient with de novo metastatic triple-negative breast cancer (BRCA wild type)?

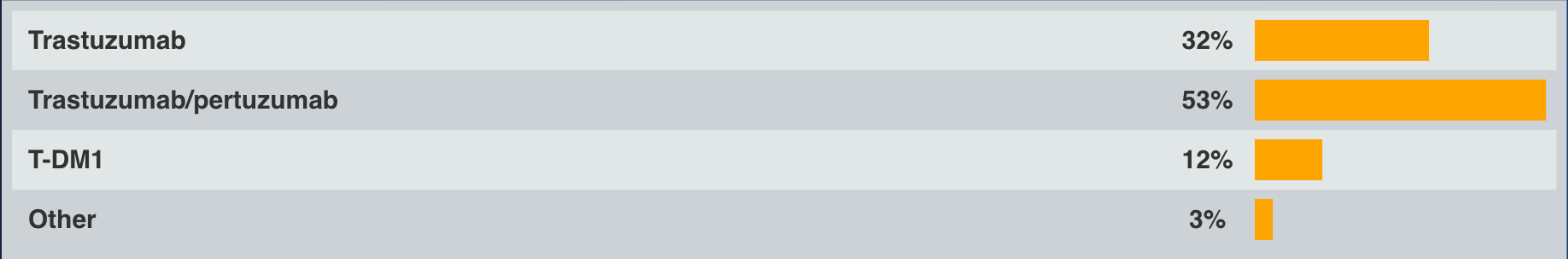




**Reimbursement and regulatory issues aside, what would be your preferred treatment approach for a 60-year-old patient with a BRCA germline mutation and de novo metastatic triple-negative breast cancer that is PD-L1-negative?**

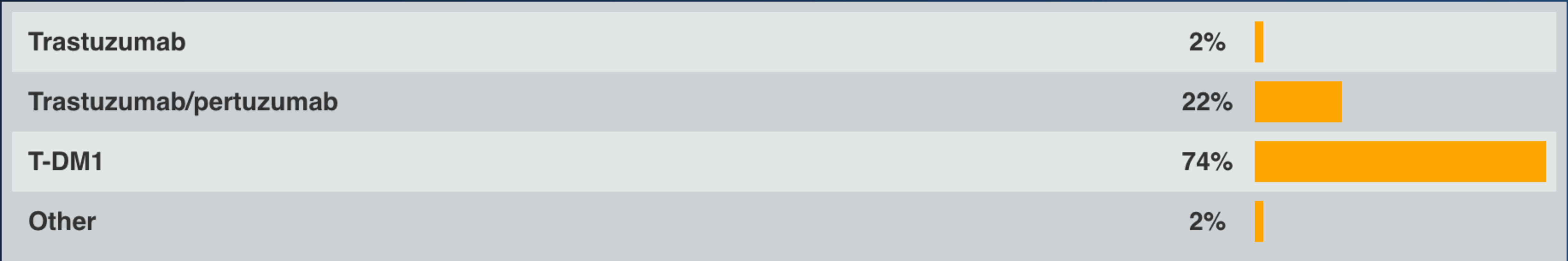


A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC with biopsy-proven axillary nodes, receives neoadjuvant TCHP and at surgery is found to have a pathologic complete response. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend?





A 65-year-old woman presents with a 3.4-cm, ER-negative, HER2-positive IDC with biopsy-proven axillary nodes, receives neoadjuvant TCHP and at surgery is found to have significant residual disease in the breast and axilla. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend?



A 60-year-old otherwise healthy woman received TCHP as neoadjuvant therapy for HER2-positive breast cancer and is about to begin a year of adjuvant T-DM1. She asks you to estimate the likelihood of dose reduction or discontinuation. How do you respond?

