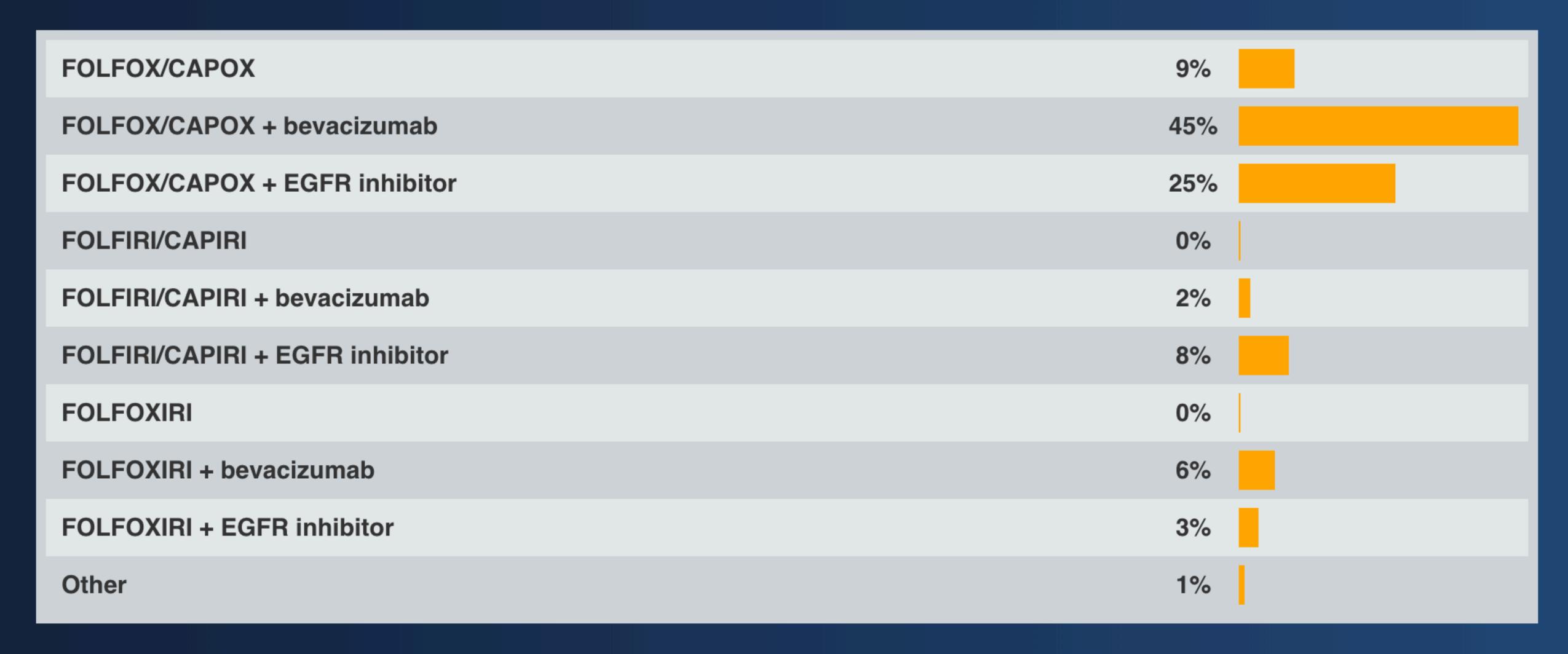
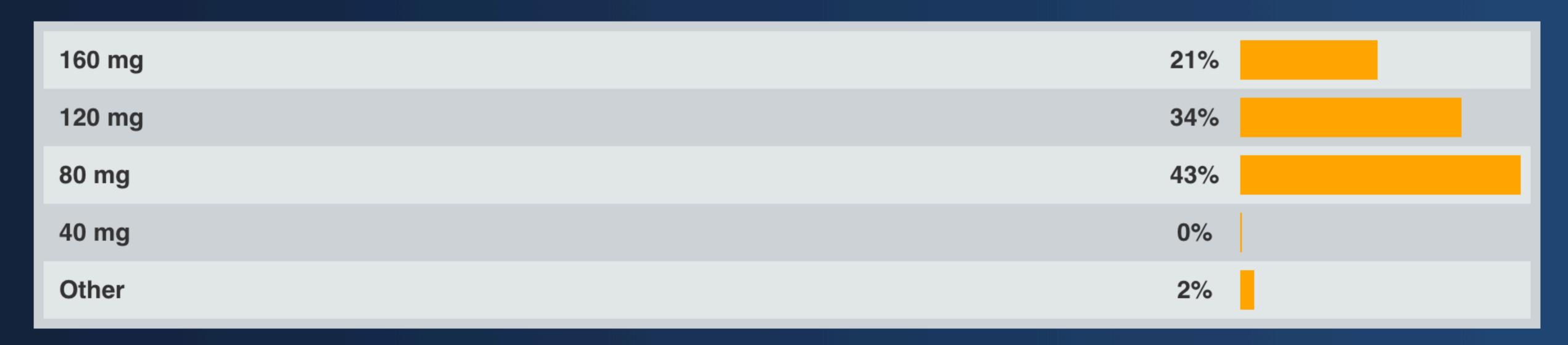
What is your usual first-line treatment recommendation for a 60-year-old patient with left-sided, microsatellite-stable, pan-RAS wild-type metastatic colorectal cancer (mCRC) who requires a response?



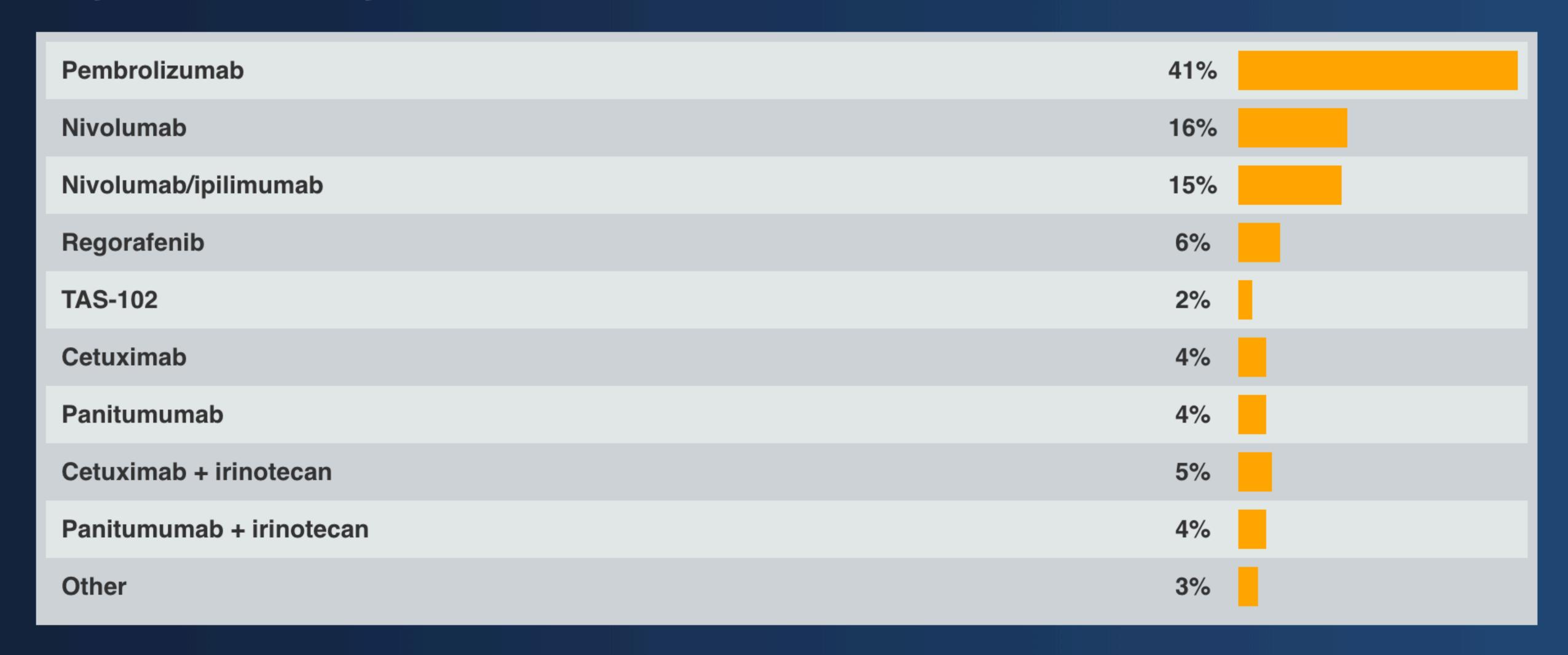
In general, for a younger patient with mCRC, what is your usual starting dose of regorafenib?



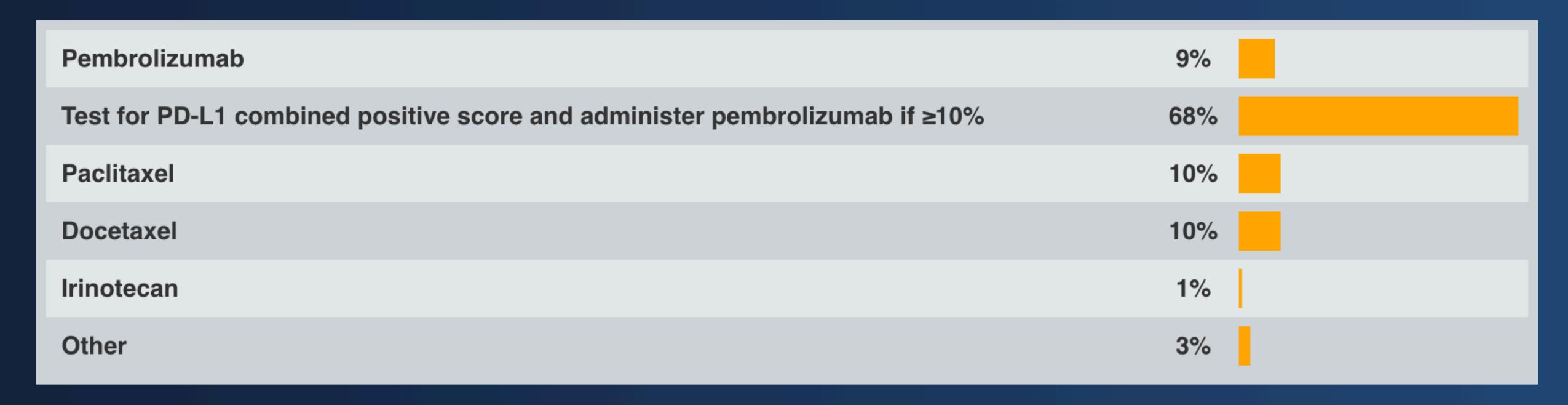
Reimbursement and regulatory issues aside, for a patient with mCRC and a BRAF V600E mutation, would you likely administer targeted therapy outside of a clinical trial setting?

No	33%
Yes, irinotecan + cetuximab + vemurafenib	31%
Yes, irinotecan + panitumumab + vemurafenib	14%
Yes, encorafenib + binimetinib + cetuximab	18%
Yes, other	4%

A 60-year-old man with pan-RAS wild-type, BRAF wild-type, <u>MSI-high</u>, 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?



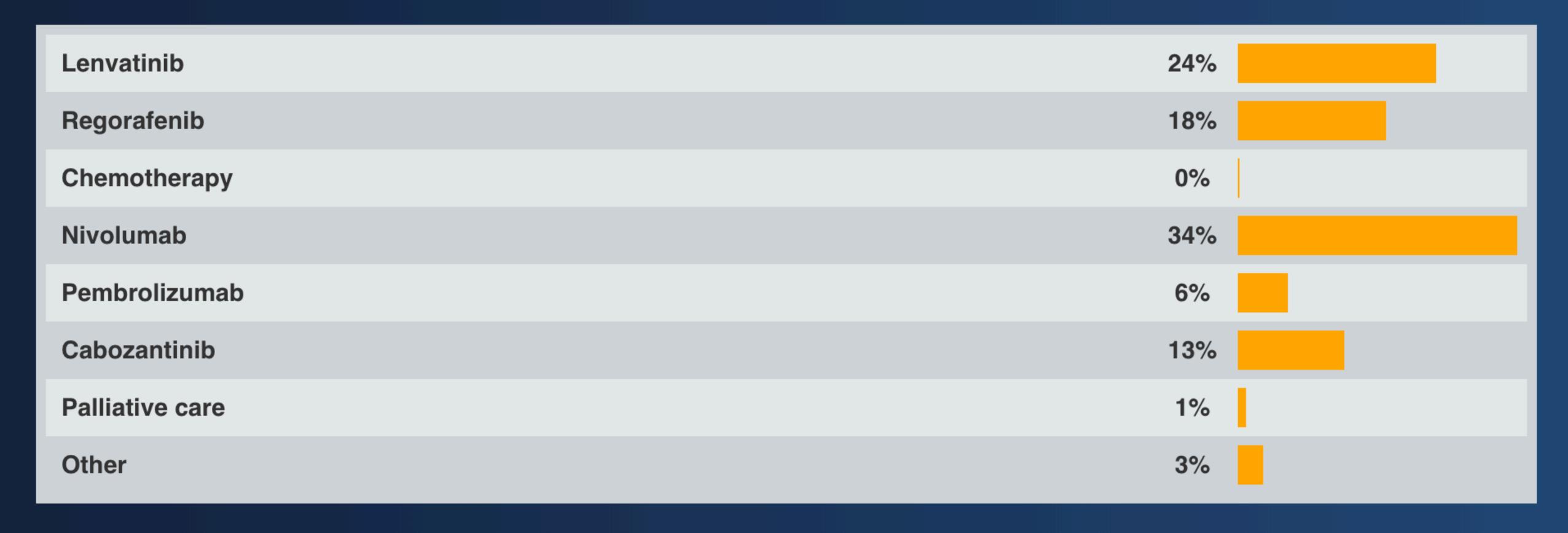
Regulatory and reimbursement issues aside, what would you currently recommend as second-line therapy for a patient with metastatic HER2-negative, microsatellite-stable gastric cancer who has experienced disease progression on first-line FOLFOX?

Ramucirumab	2%
Ramucirumab/paclitaxel	81%
Other chemotherapy	1%
Test for PD-L1 combined positive score and administer pembrolizumab if ≥1%	10%
Pembrolizumab	2%
Nivolumab	1%
Other	2%

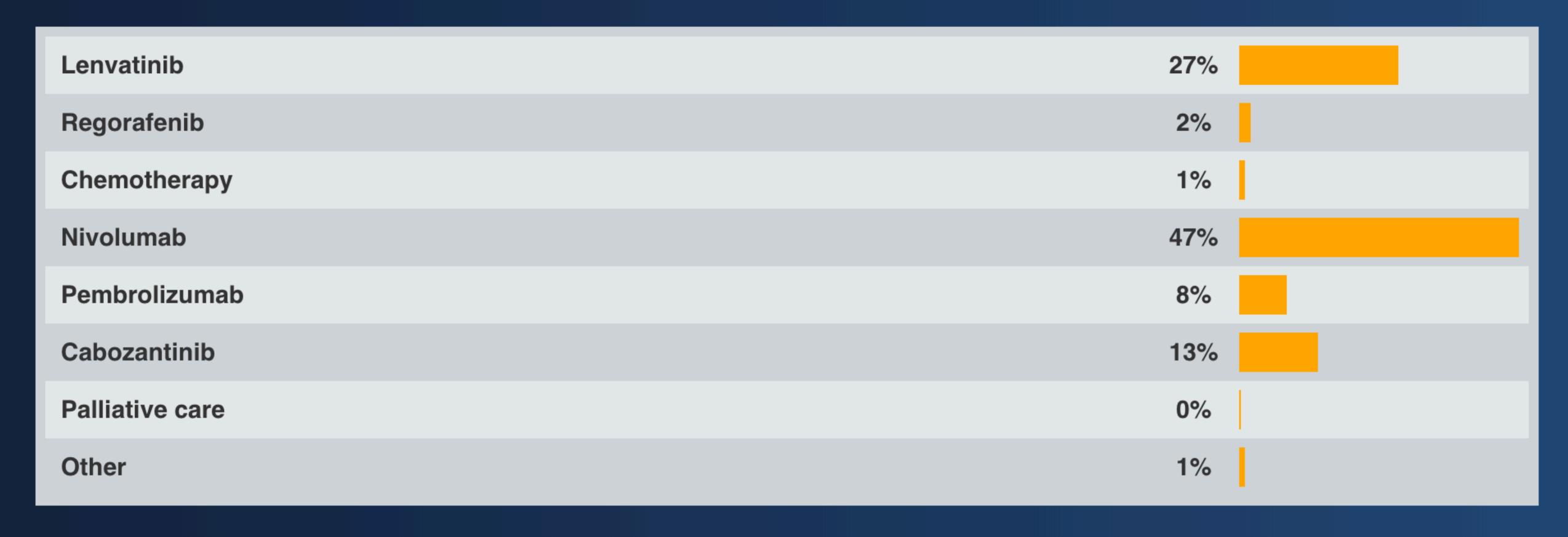
What would be your most likely first-line systemic treatment for a 65-year-old patient with hepatocellular carcinoma (HCC), a Child-Pugh A score and a performance status (PS) of 0?

Sorafenib	51%
Lenvatinib	47%
Chemotherapy	1%
Other	1%

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?



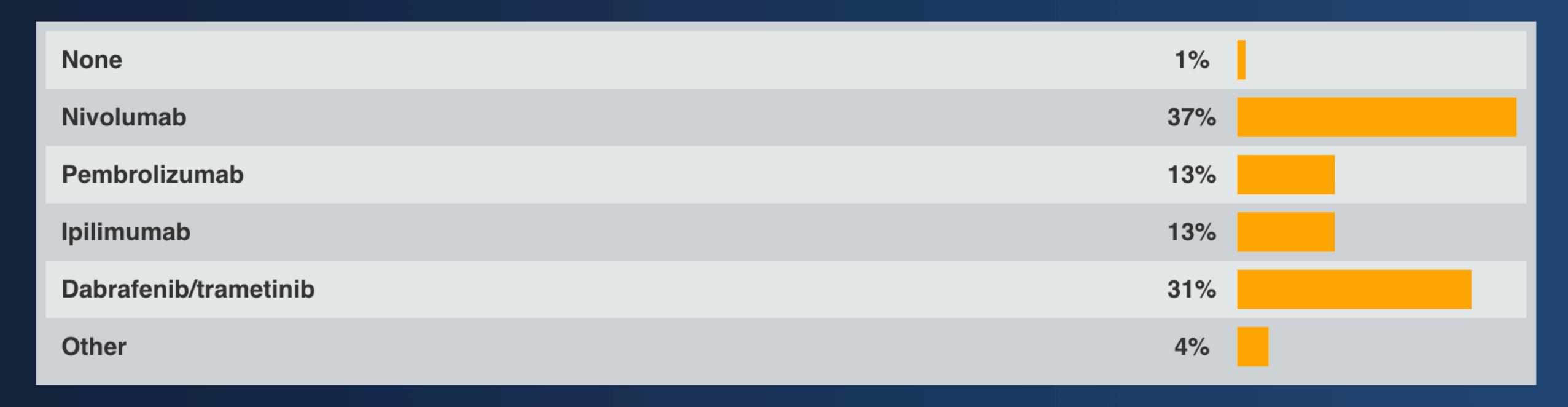
In general, the efficacy of immune checkpoint inhibitors appears to be about the same in patients with viral versus nonviral HCC.

Agree	33%
Disagree	12%
I don't know	56%

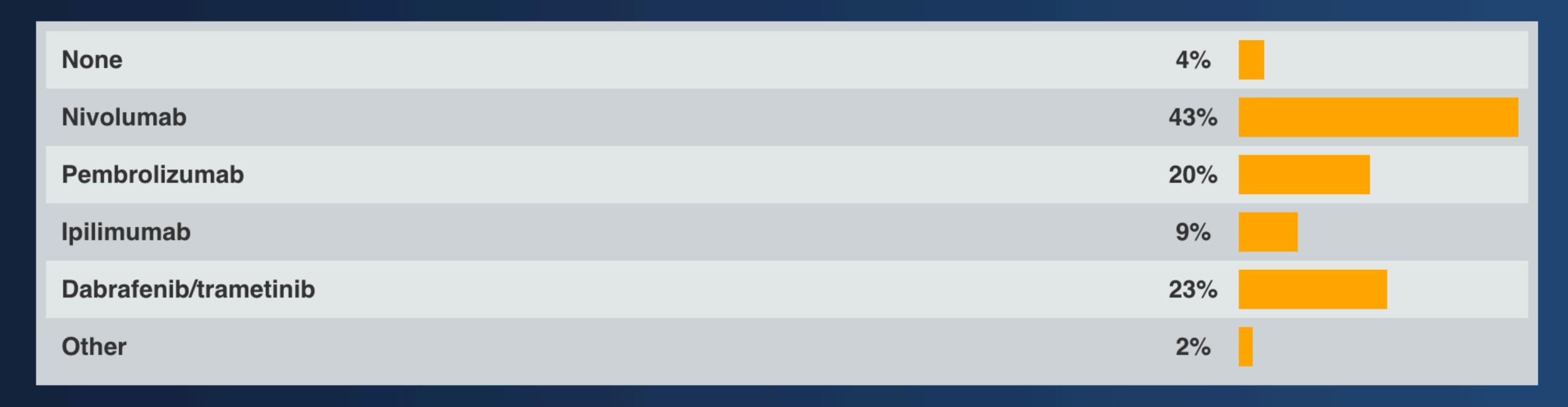
The use of immune checkpoint inhibitors in patients who have undergone solid organ transplant almost always results in rejection of the transplanted organ.

Agree	14%
Disagree	37%
I don't know	49%

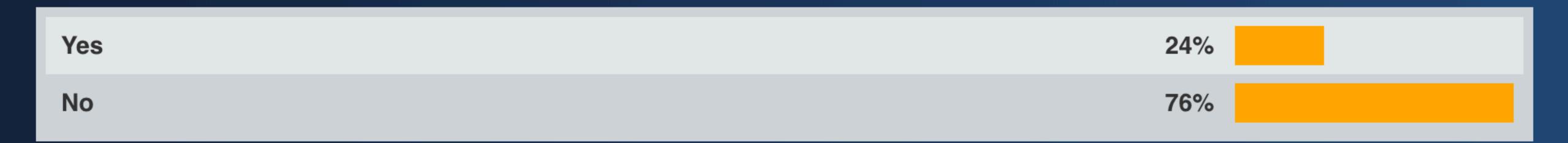
What is your usual approach to adjuvant systemic treatment, if any, for a <u>35-year-old</u> patient who is s/p surgery for primary melanoma with a BRAF V600E tumor mutation and 2 positive axillary nodes?



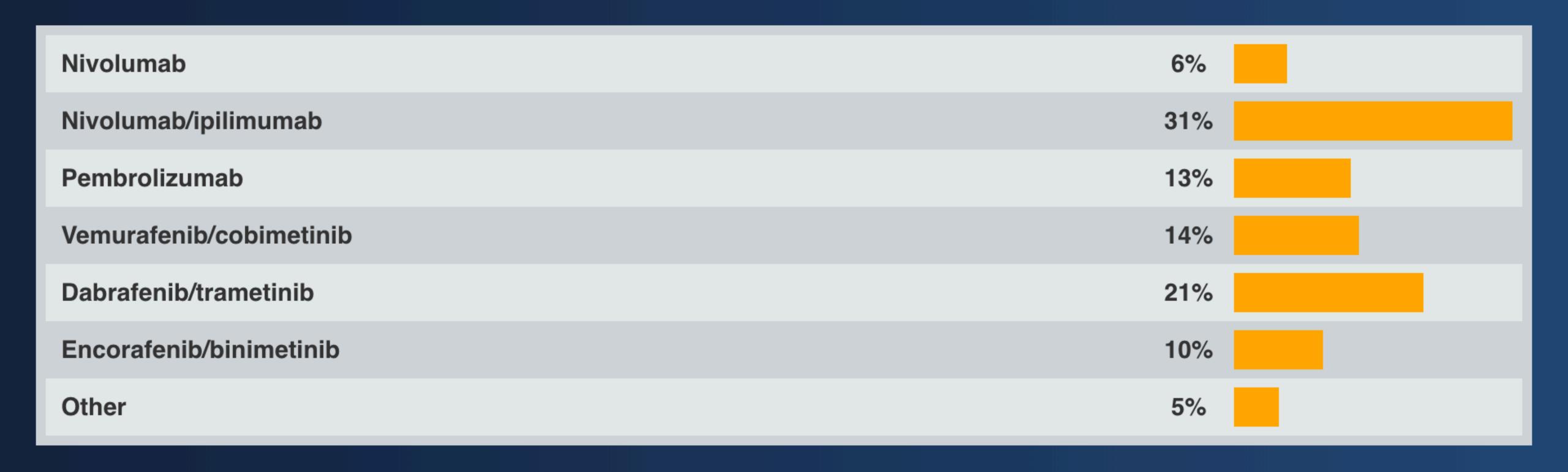
What is your usual approach to adjuvant systemic treatment, if any, for a <u>75-year-old</u> patient who is s/p surgery for primary melanoma with a BRAF V600E tumor mutation and 2 positive axillary nodes?



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



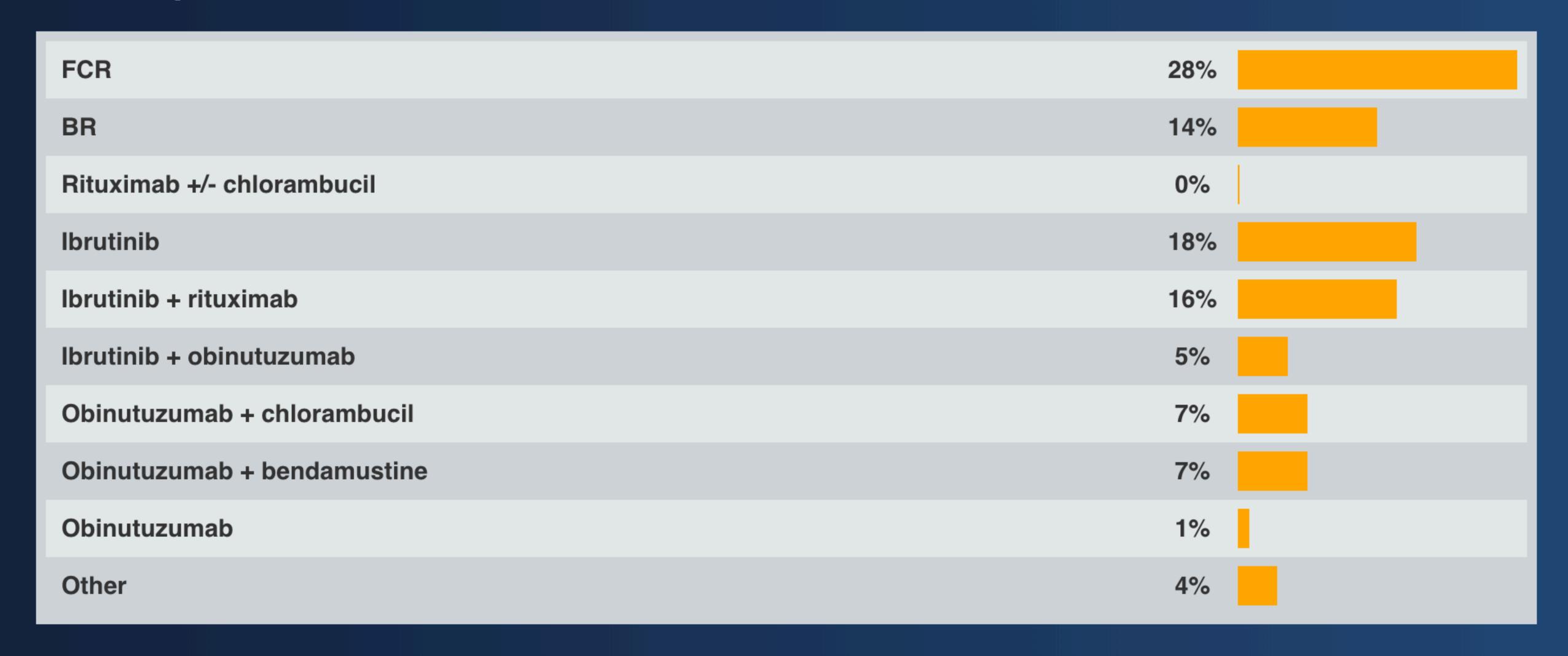
What is your usual treatment approach for a patient with asymptomatic metastatic melanoma with a BRAF V600E tumor mutation?



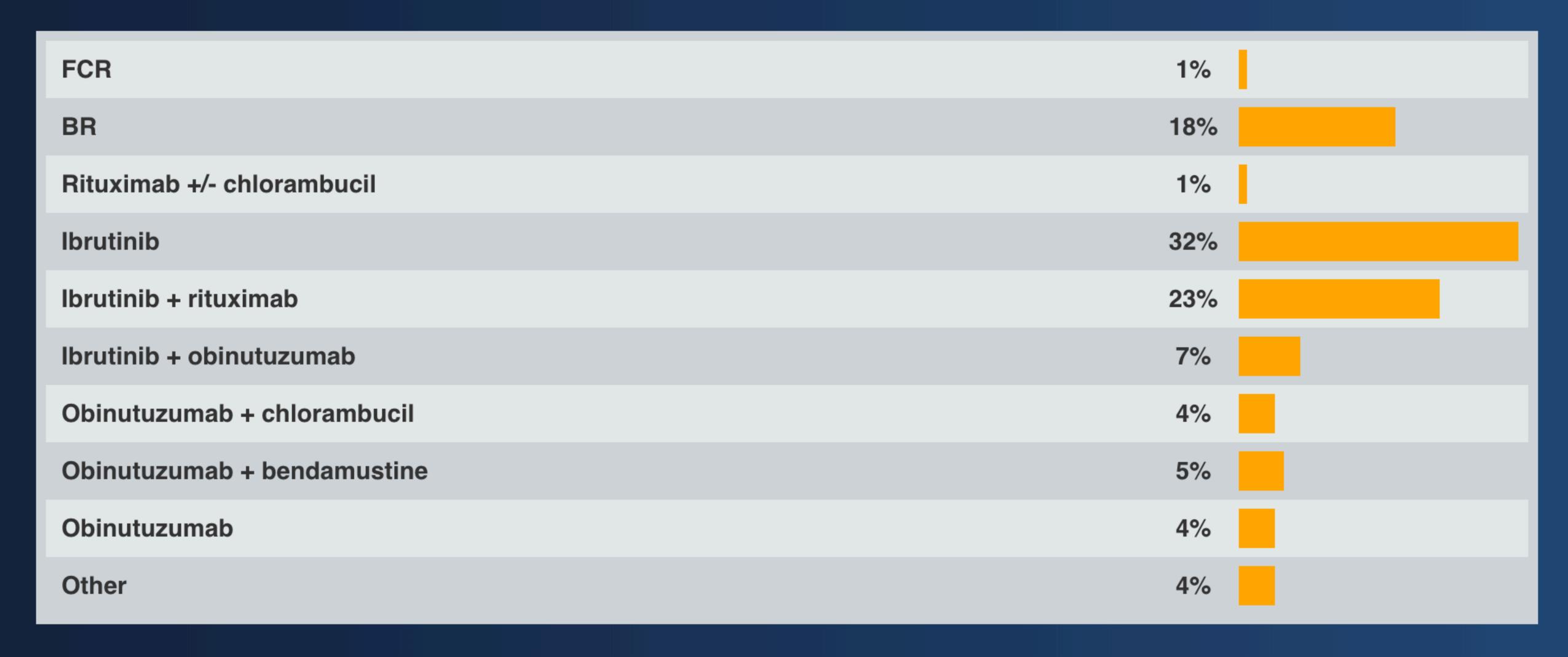
What is your usual preferred initial BRAF/MEK inhibitor combination for a patient with metastatic melanoma with a BRAF V600E tumor mutation?

Vemurafenib/cobimetinib	20%
Dabrafenib/trametinib	52%
Encorafenib/binimetinib	23%
Other	5%

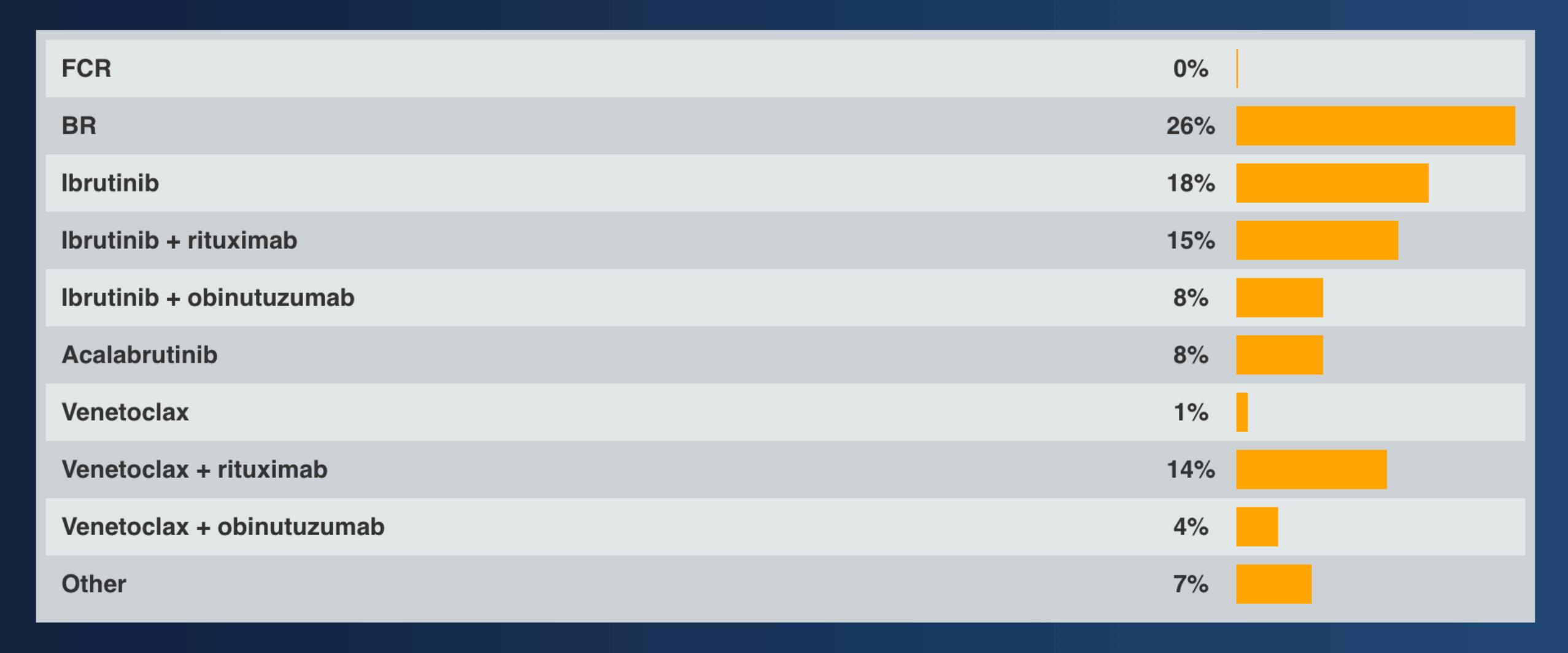
What is your usual preferred initial regimen for a <u>60-year-old</u> patient with <u>IGHV-mutated</u> chronic lymphocytic leukemia (CLL) without del(17p) or TP53 mutation who requires treatment?



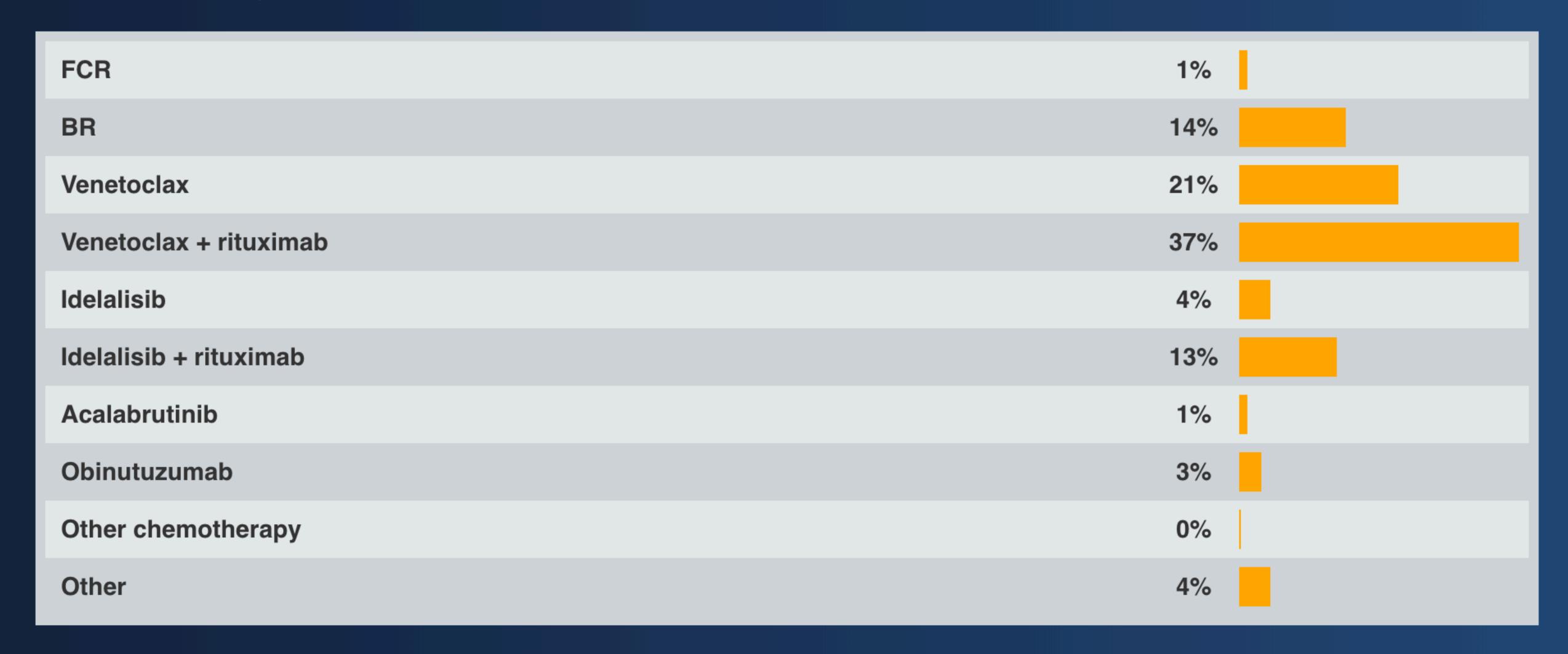
What is your usual preferred initial regimen for a 70-year-old patient with IGHV-unmutated CLL without del(17p) or TP53 mutation who requires treatment?



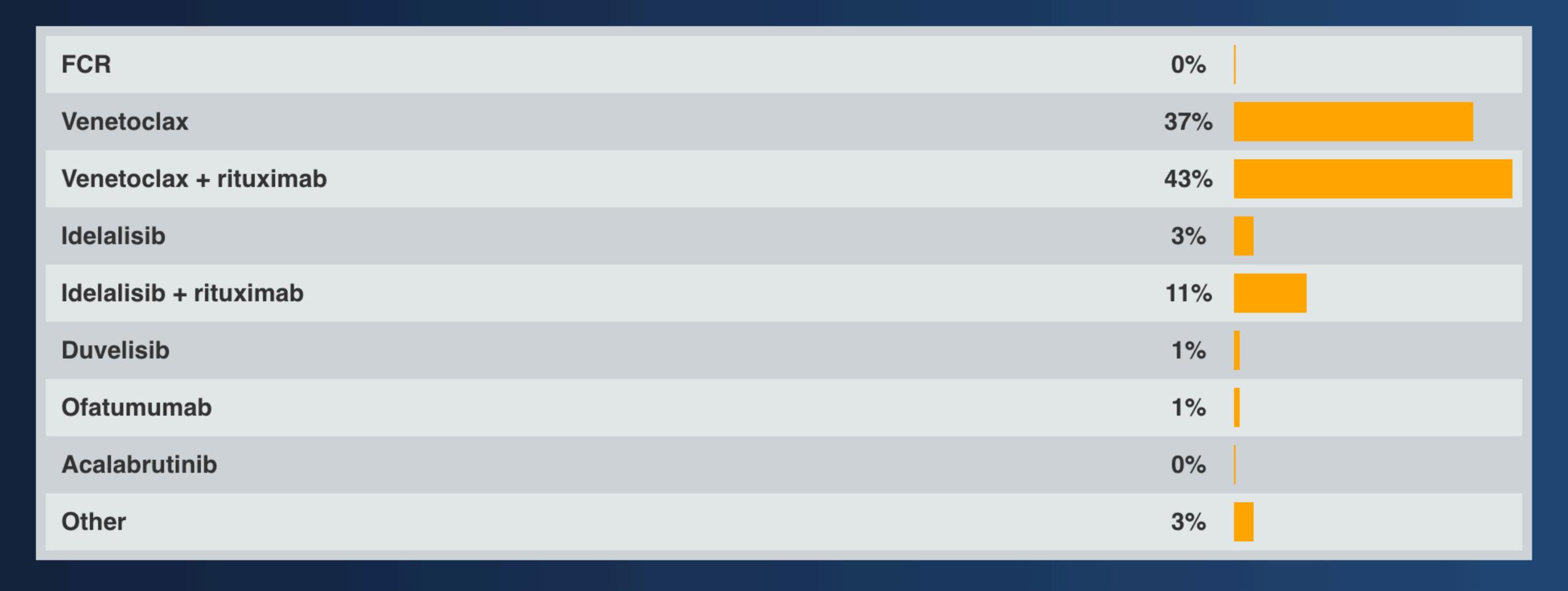
What is your usual preferred initial regiment for a <u>75-year-old</u> patient with <u>IGHV-unmutated</u> CLL without del(17p) or TP53 mutation who requires treatment and is receiving anticoagulation for recent bilateral pulmonary emboli?



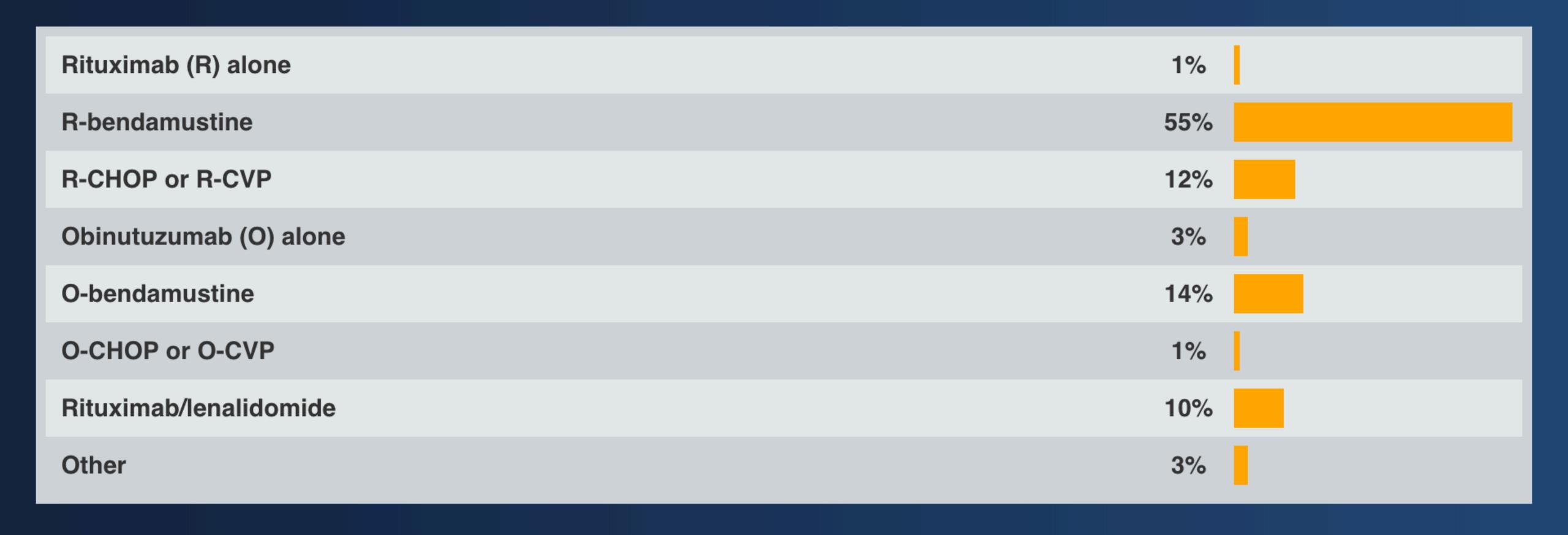
Reimbursement and regulatory issues aside, what second-line systemic therapy would you recommend for a 70-year-old patient with IGHV-mutated CLL without del(17p) or TP53 mutation who responded to ibrutinib and then experienced disease progression 4 years later?



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?



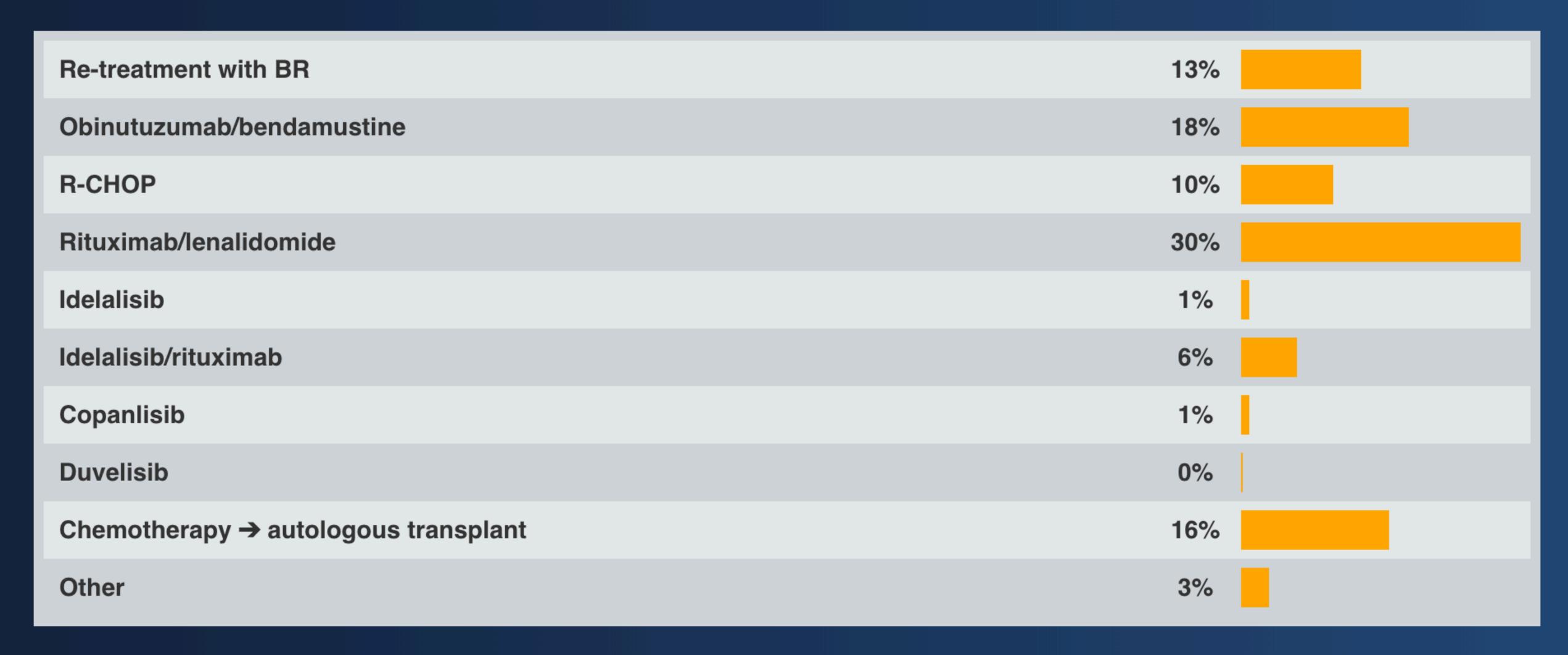
Regulatory and reimbursement issues aside, what would be your most likely initial treatment choice for a 78-year-old patient with Stage III, Grade 1/2 follicular lymphoma (FL) with fatigue and symptomatic bulky adenopathy who requires treatment?



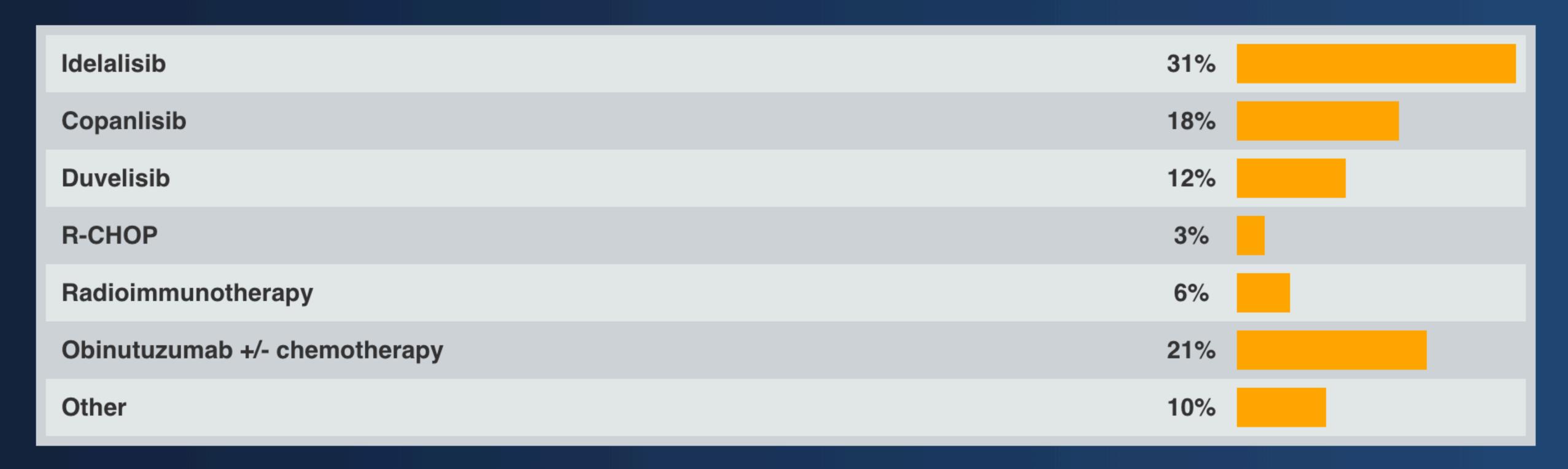
Obinutuzumab/chemotherapy is more effective than rituximab/chemotherapy as initial treatment for FL.

Agree	56%
Disagree	20%
I don't know	24%

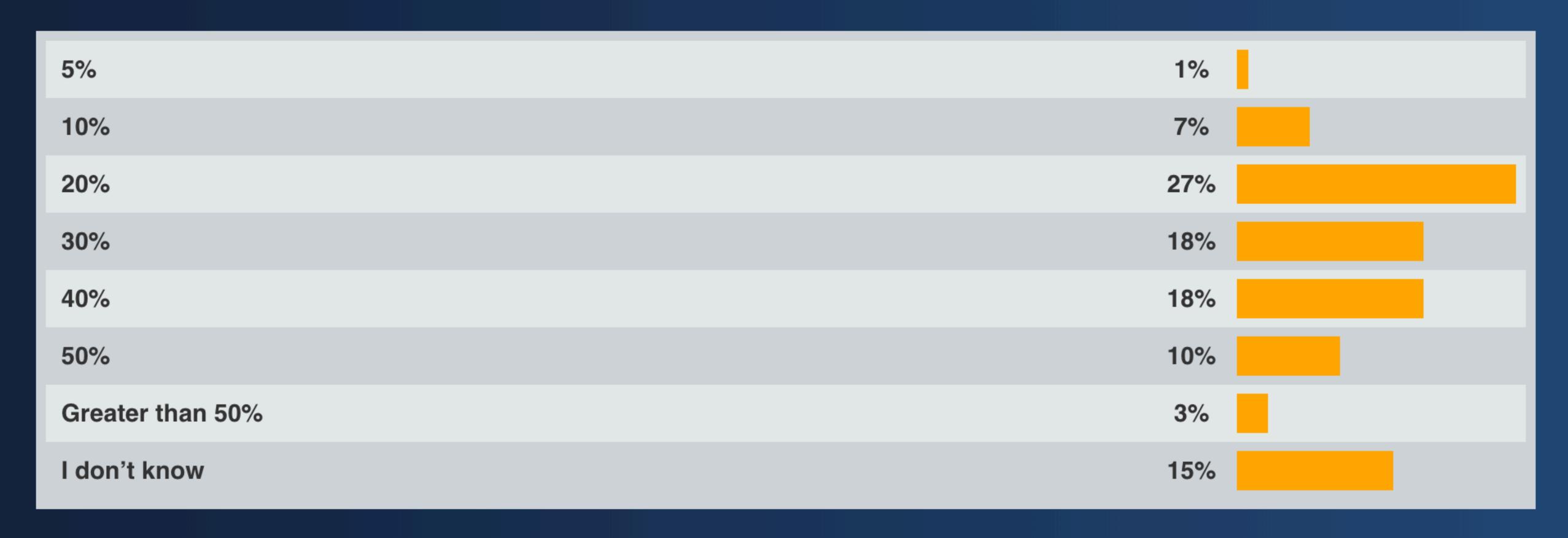
Regulatory and reimbursement issues aside, what is your usual second-line therapy for a 60-year-old patient with FL who achieves a complete response to BR followed by 2 years of rituximab maintenance but then experiences bulky, symptomatic disease relapse 4 years later?



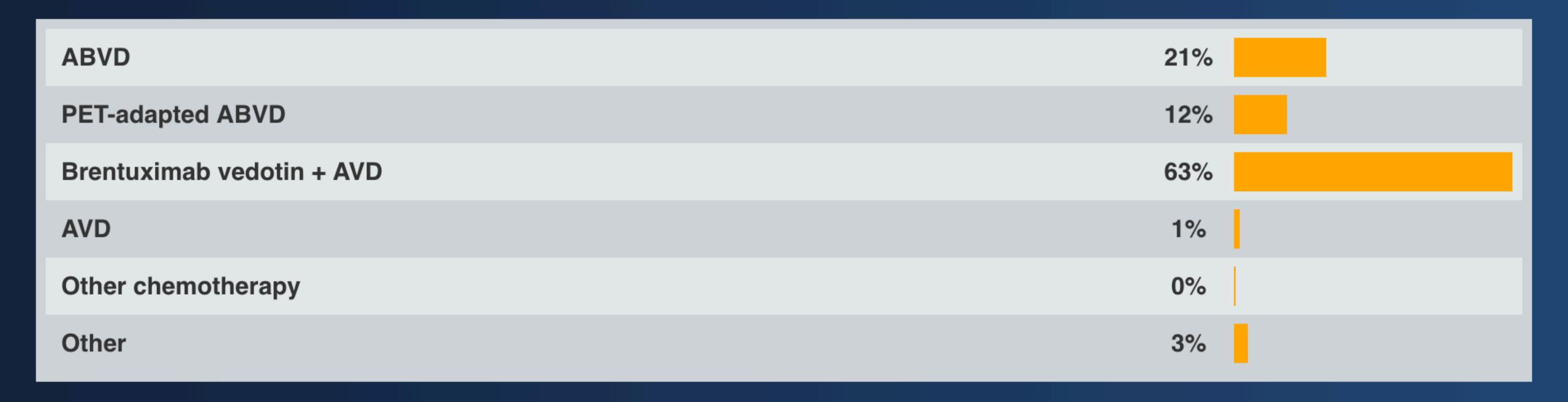
In general, what would be your most likely treatment recommendation for a 70-year-old patient with FL who responds to BR followed by 2 years of rituximab maintenance and then rituximab/lenalidomide on relapse but subsequently develops disease progression?



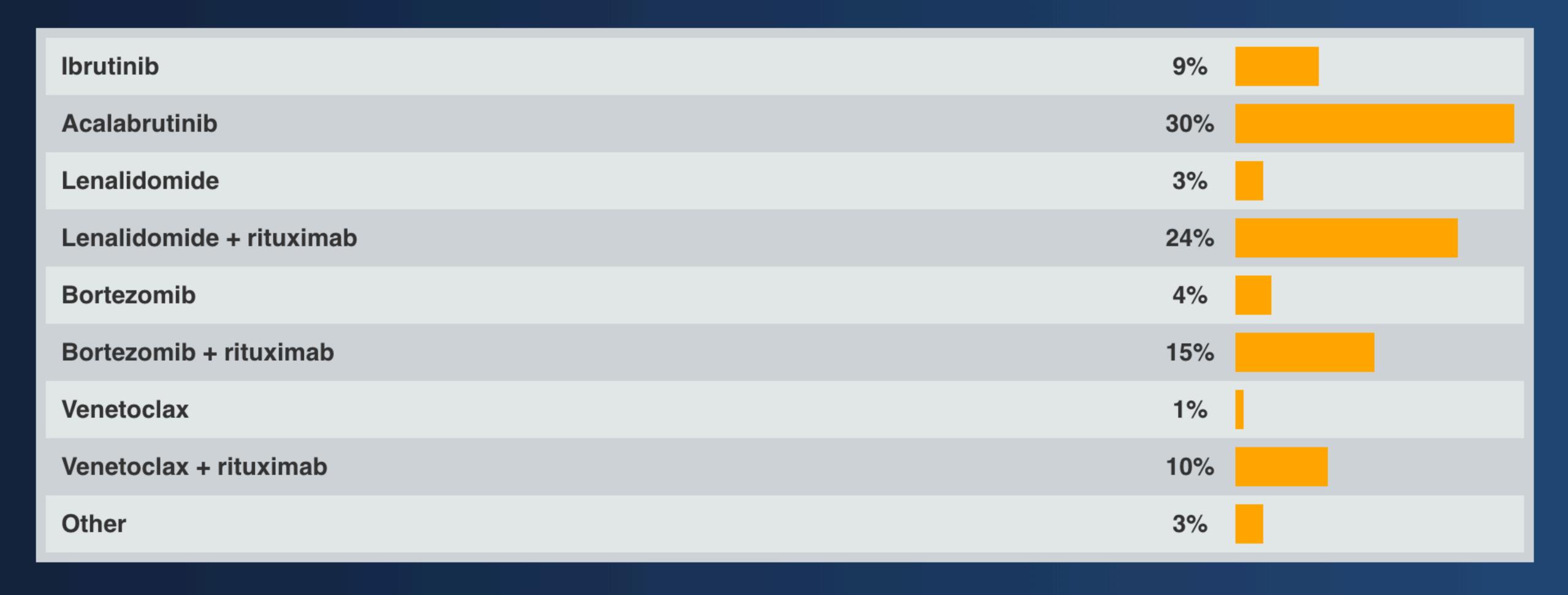
A 27-year-old man is diagnosed with Stage IVB classical Hodgkin lymphoma with nodal, spleen and bone involvement. Albumin is 3.1 g/dL, Hgb is 8.6 g/dL and white blood cell count is 17,5000. IPS = 5. What would you estimate to be the risk of relapse if the patient receives ABVD?



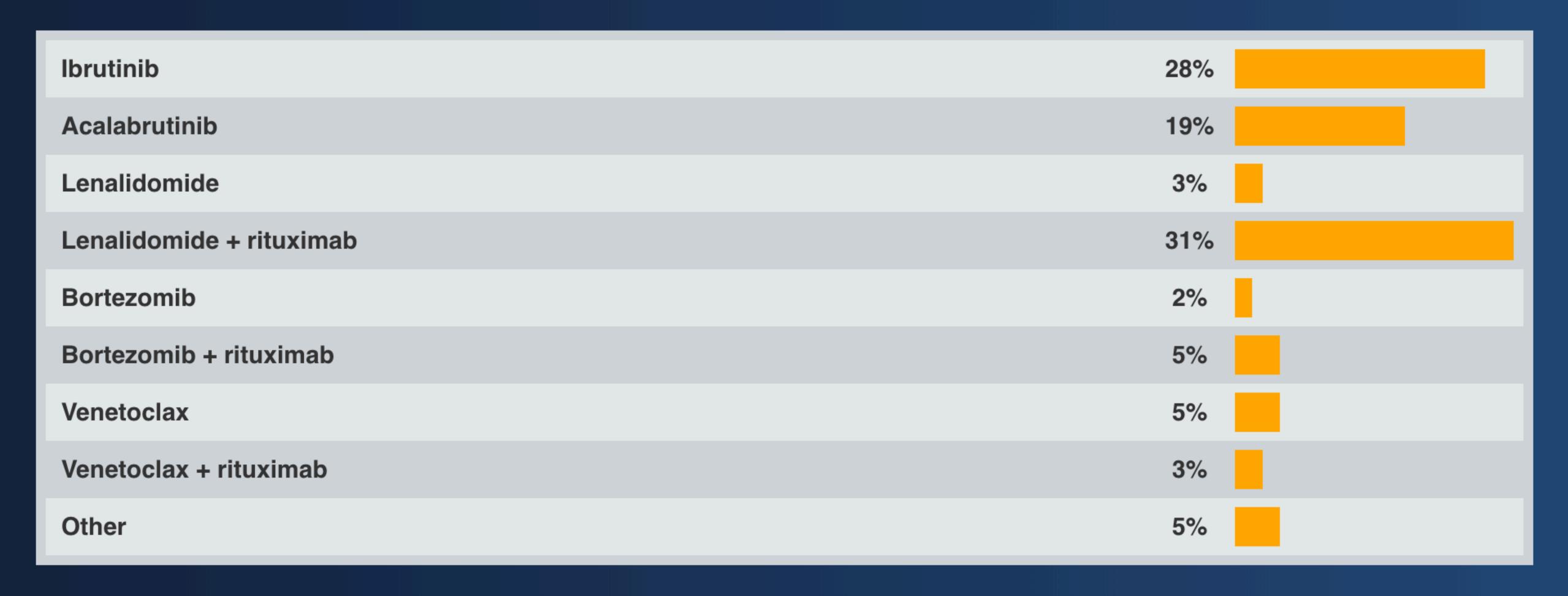
What initial treatment would you recommend for the patient in the previous scenario?



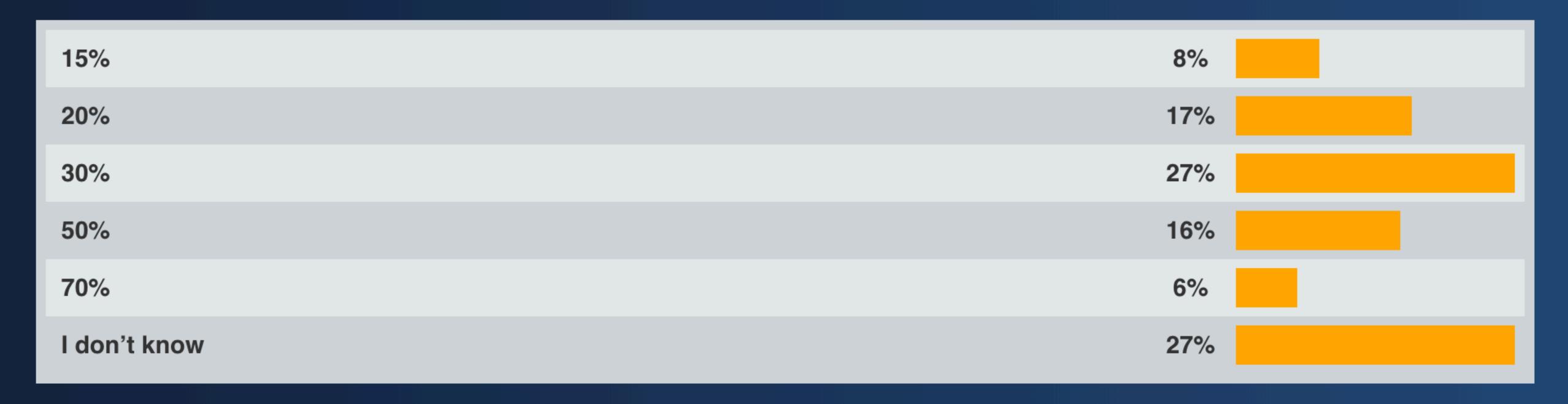
A 65-year-old patient with mantle cell lymphoma (MCL) initially treated with BR followed by 2 years of rituximab maintenance experiences disease relapse 3 years later. The patient has a history of atrial fibrillation and is receiving anticoagulation. What would you recommend?



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?

IP/IV chemotherapy	3%
Carboplatin/paclitaxel	6%
Carboplatin/paclitaxel → olaparib	44%
Carboplatin/paclitaxel + bevacizumab → olaparib	31%
Carboplatin/paclitaxel + bevacizumab → bevacizumab	6%
Carboplatin/paclitaxel + bevacizumab → bevacizumab + olaparib	6%
Other	3%

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

Carboplatin doublet/bevacizumab → bevacizumab	3%
Carboplatin doublet/bevacizumab → bevacizumab + PARP inhibitor	21%
Carboplatin doublet → olaparib	23%
Carboplatin doublet → niraparib	6%
Carboplatin doublet → rucaparib	2%
Carboplatin doublet/bevacizumab → olaparib	28%
Carboplatin doublet/bevacizumab → niraparib	5%
Carboplatin doublet/bevacizumab → rucaparib	3%
Other	8%

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?

Carboplatin doublet/bevacizumab → bevacizumab	46%
Carboplatin doublet/bevacizumab → bevacizumab + PARP inhibitor	16%
Carboplatin doublet → olaparib	16%
Carboplatin doublet → niraparib	11%
Carboplatin doublet → rucaparib	0%
Carboplatin doublet/bevacizumab → olaparib	3%
Carboplatin doublet/bevacizumab → niraparib	2%
Carboplatin doublet/bevacizumab → rucaparib	0%
Other	6%

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

Infrequent but potentially irreversible	6%
Infrequent and usually reversible	10%
Somewhat common but potentially irreversible	5%
Somewhat common and usually reversible	5%
I don't know	25%
I am not familiar with this agent	49%

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

Yes	68%
No	32%

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

FOLFIRINOX (or modified FOLFIRINOX)	67%
Nab paclitaxel/gemcitabine	31%
Other	1%

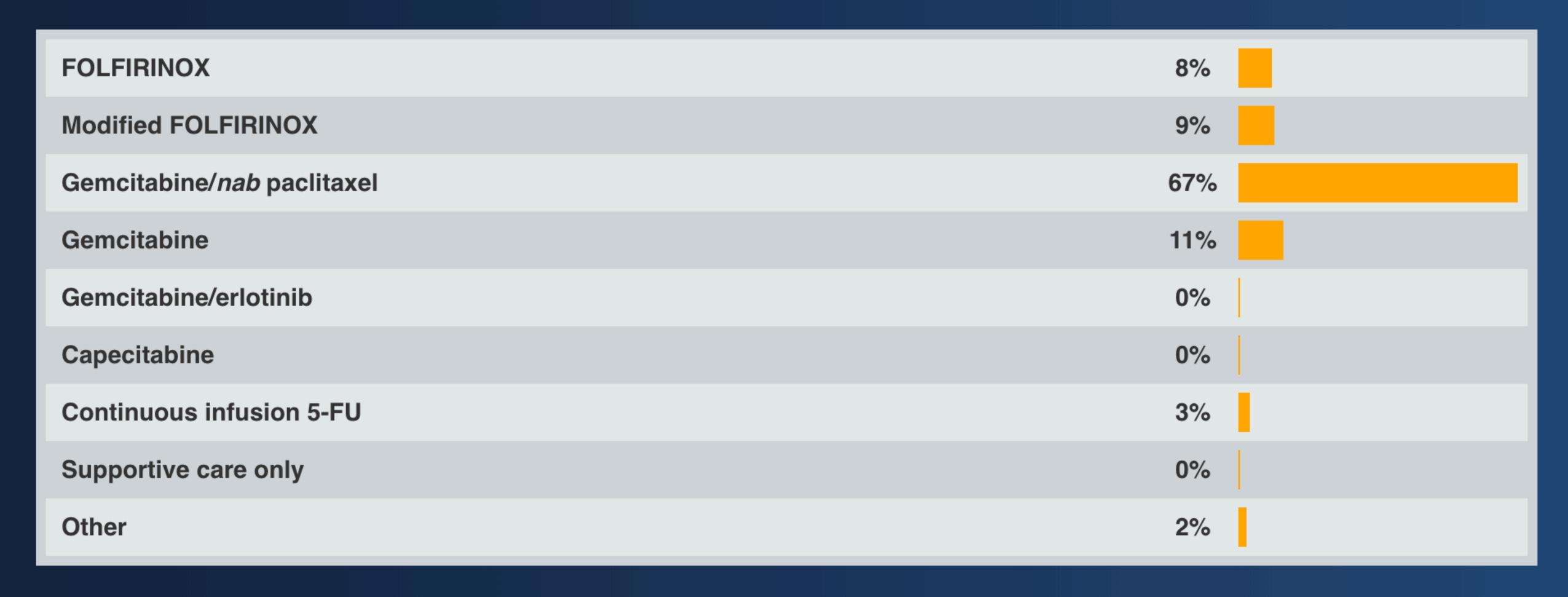
What is your likely adjuvant systemic therapy recommendation for an otherwise healthy <u>65-year-old</u> patient who is s/p surgical resection of pancreatic adenocarcinoma?

Gemcitabine	1%
Gemcitabine/capecitabine	12%
Gemcitabine/ <i>nab</i> paclitaxel	12%
5-FU/LV	4%
Modified FOLFIRINOX	69%
Other	1%

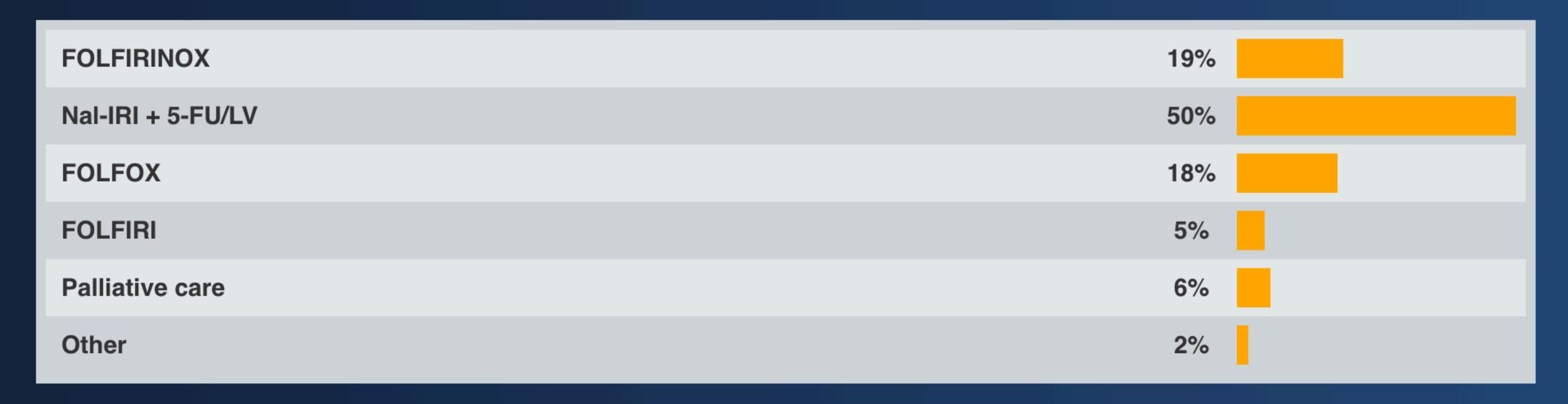
What is your likely adjuvant systemic therapy recommendation for an otherwise healthy <u>80-year-old</u> patient who is s/p surgical resection of pancreatic adenocarcinoma?

Gemcitabine	25%
Gemcitabine/capecitabine	35%
Gemcitabine/ <i>nab</i> paclitaxel	25%
5-FU/LV	3%
Modified FOLFIRINOX	6%
Other	6%

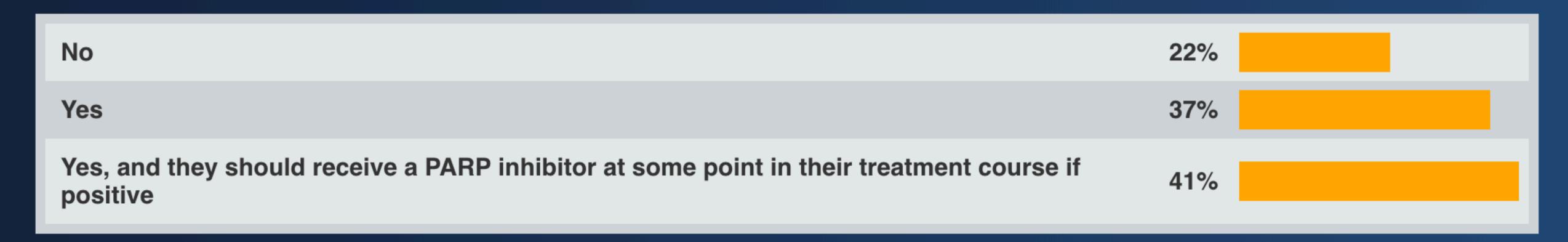
In general, what treatment would you recommend for a patient with de novo metastatic pancreatic cancer who is ambulatory but unable to work (PS = 2)?



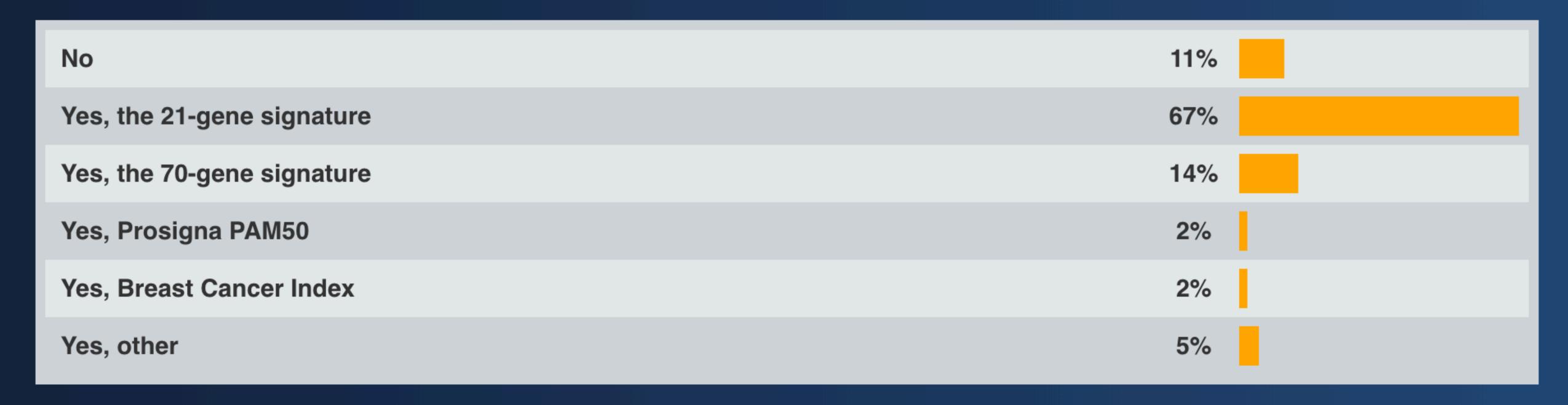
A 75-year-old patient receives gemcitabine/nab paclitaxel for metastatic pancreatic cancer and experiences disease progression after 6 cycles. What second-line therapy would you recommend?



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



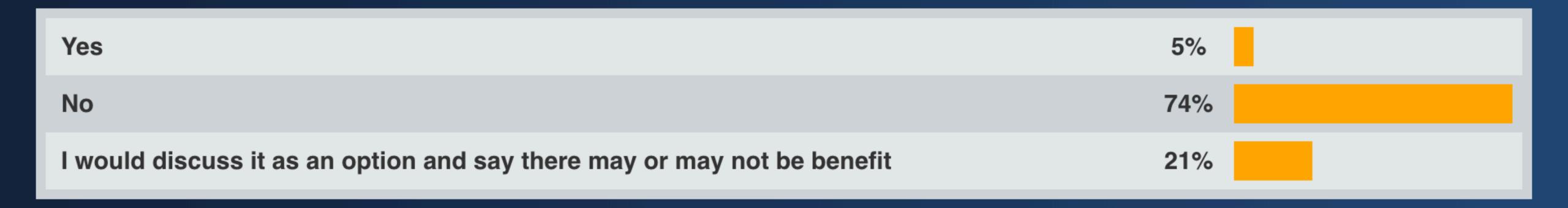
A 65-year-old woman is diagnosed with a 1.5-cm, ER/PR-positive, HER2-negative IDC. She has 1 positive axillary node. Would you order a genomic assay for this patient?



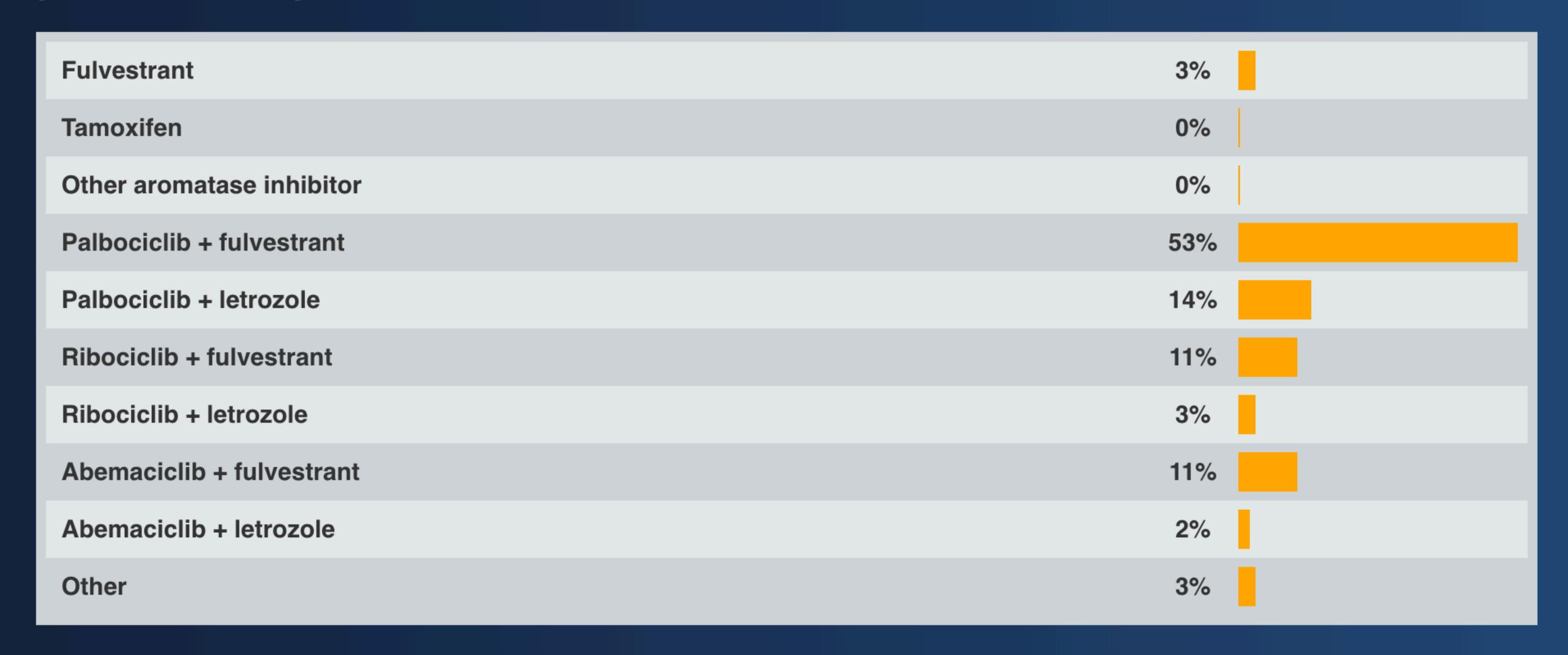
Would you recommend adjuvant chemotherapy for a <u>40-year-old premenopausal</u> woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?

Yes	48%
No	18%
I would discuss it as an option and say there may or may not be benefit	34%

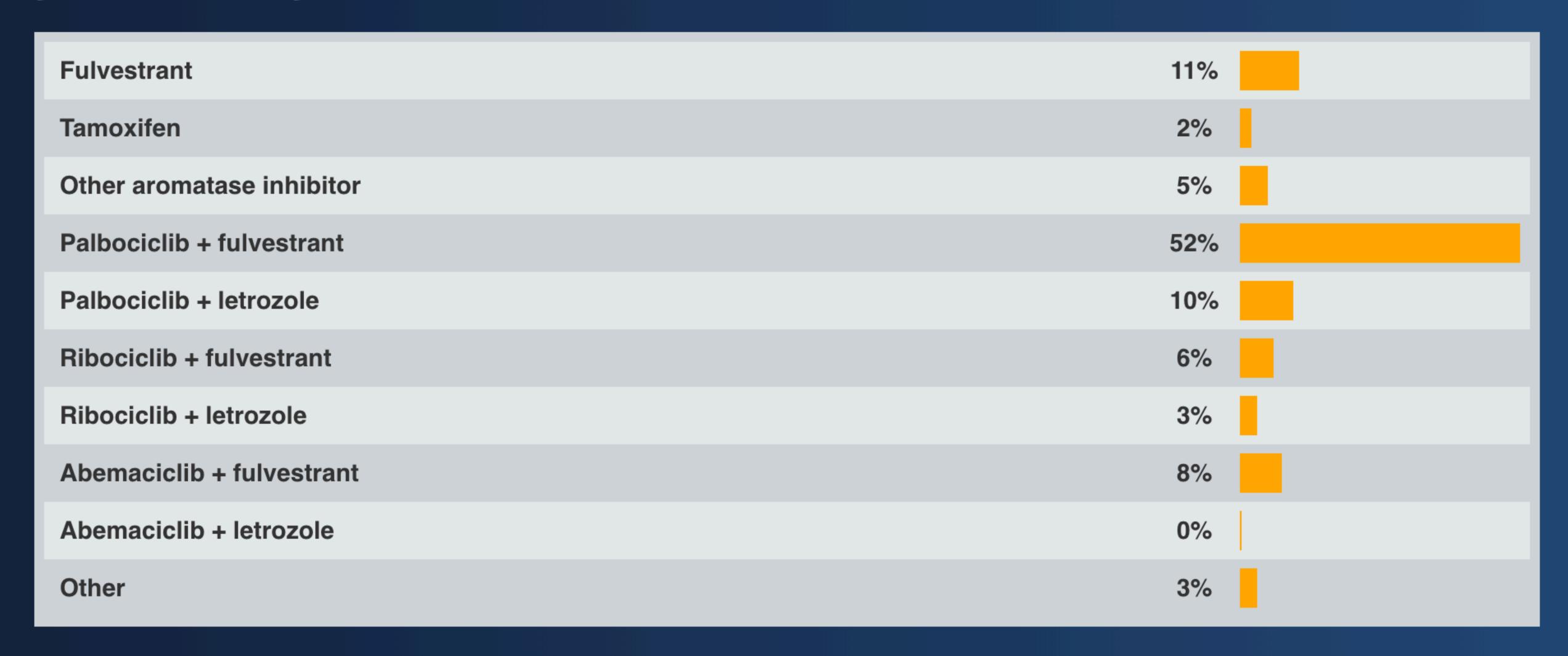
Would you recommend adjuvant chemotherapy for a <u>65-year-old postmenopausal</u> woman with a 1.5-cm, ER-positive, HER2-negative, node-negative IDC and a 21-gene Recurrence Score of 24?



A <u>60-year-old woman</u> 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 <u>77-year-old woman</u> 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 <u>60-year-old patient</u> with de novo metastatic triple-negative breast cancer (BRCA wild type)?

Chemotherapy	36%
PD-1/PD-L1 inhibitor/chemotherapy	31%
Test PD-L1 level and administer PD-1/PD-L1 inhibitor/chemotherapy if positive	28%
Other	3%
I don't know	2%

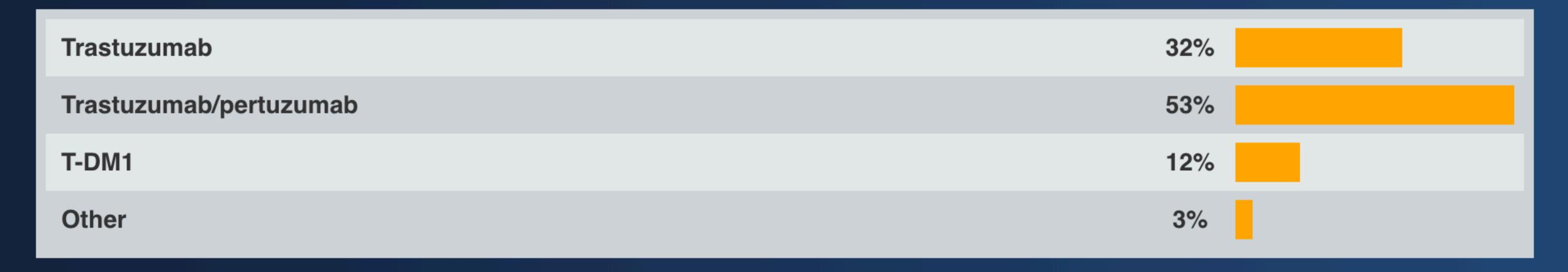
Reimbursement and regulatory issues aside, what first-line treatment would you recommend for an <u>80-year-old</u> patient with de novo metastatic triple-negative breast cancer (BRCA wild type)?

Chemotherapy	23%
PD-1/PD-L1 inhibitor/chemotherapy	31%
Test PD-L1 level and administer PD-1/PD-L1 inhibitor/chemotherapy if positive	33%
Other	5%
I don't know	8%

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?

Nonplatinum chemotherapy	5%
Platinum-containing chemotherapy	28%
PARP inhibitor	14%
Chemotherapy followed by maintenance with a PARP inhibitor	40%
Chemotherapy combined with a PARP inhibitor	9%
Other	4%

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 <u>pathologic complete response</u>. 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 <u>significant residual disease in the breast and axilla</u>. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend?

Trastuzumab	2%
Trastuzumab/pertuzumab	22%
T-DM1	74%
Other	2%

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?

