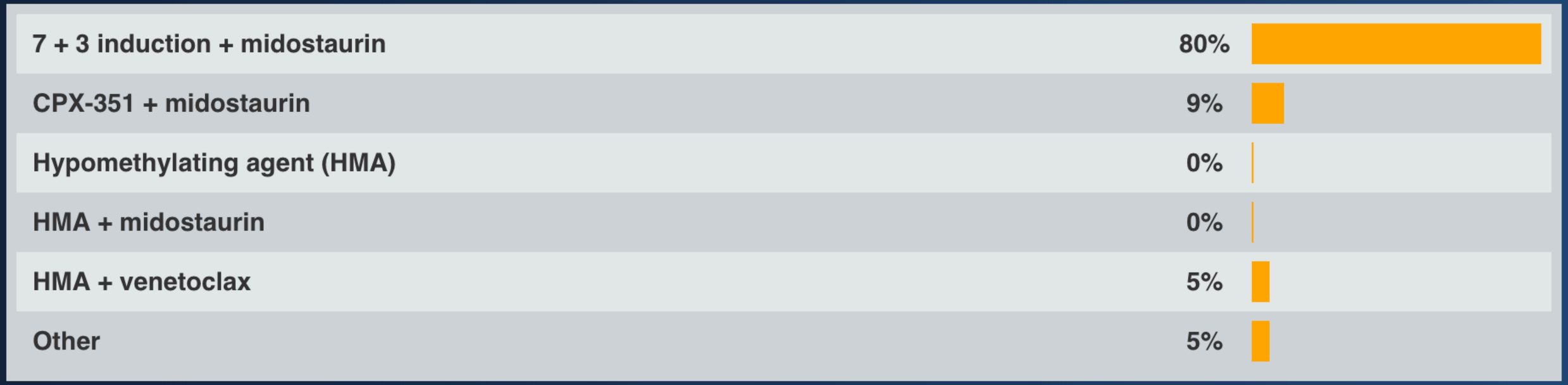
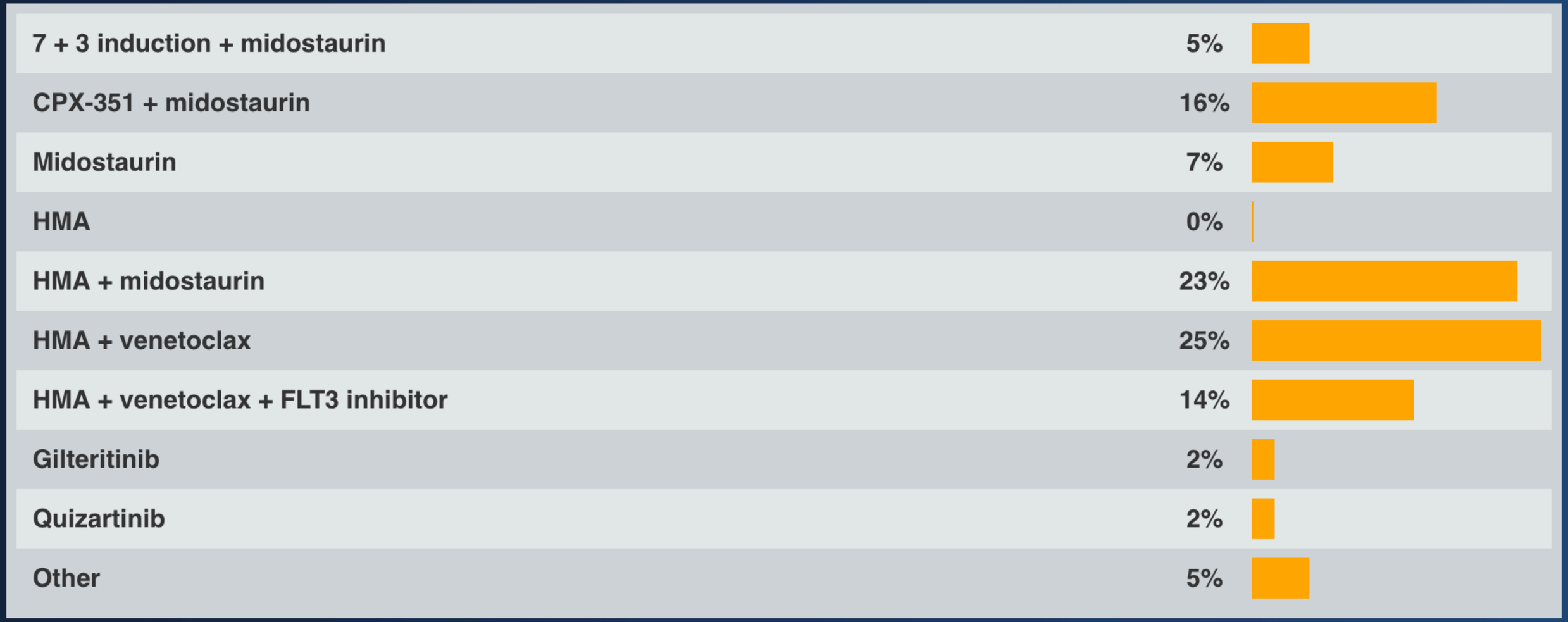
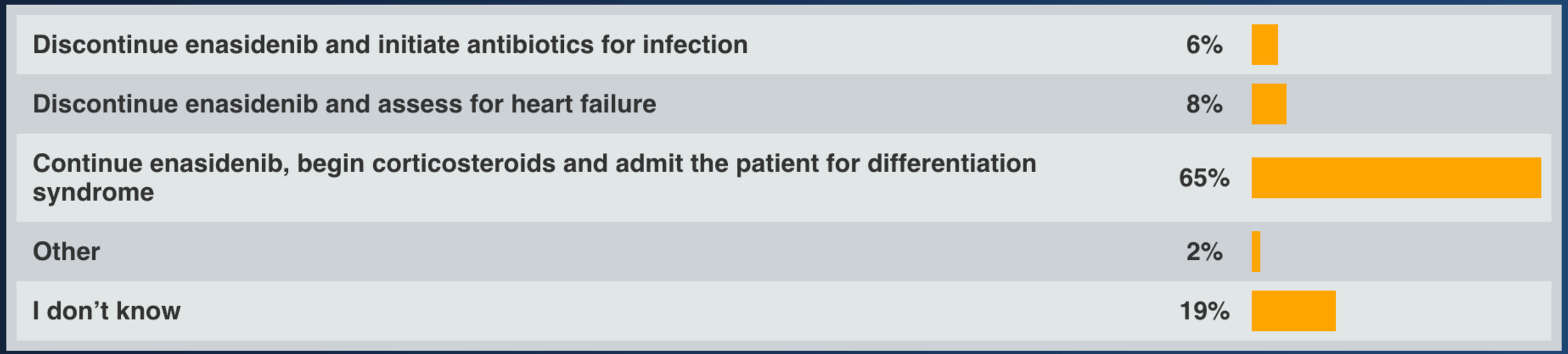
Regulatory and reimbursement issues aside, what initial treatment would you recommend for a 60-year-old woman with acute myeloid leukemia (AML) with a FLT3 mutation?



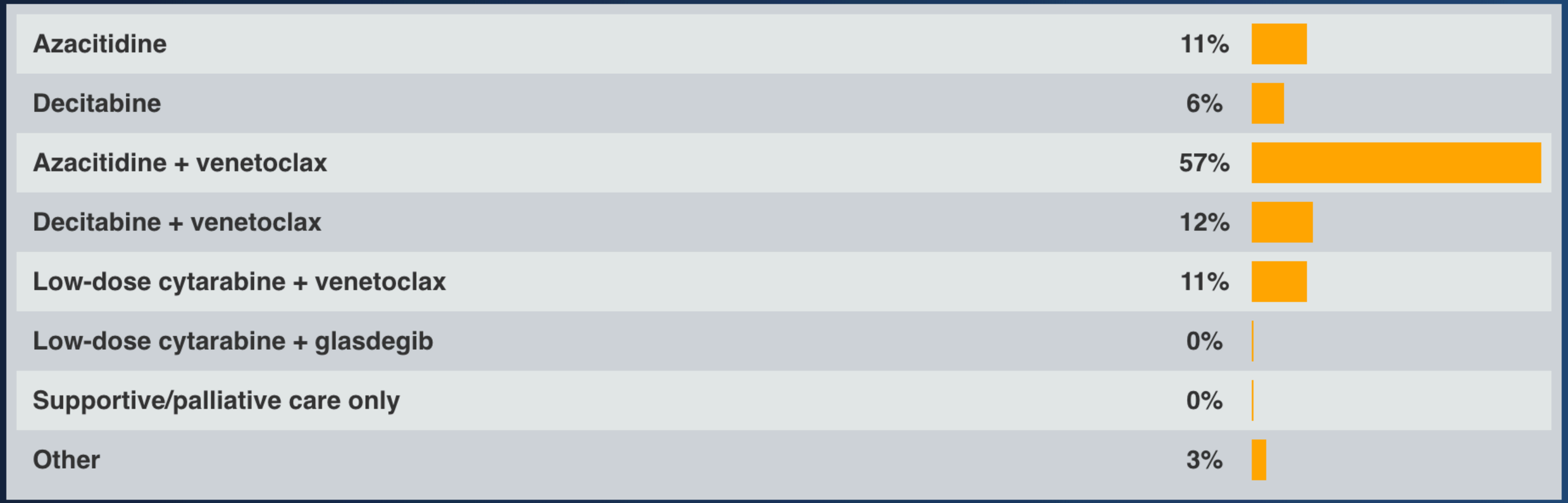
Regulatory and reimbursement issues aside, what initial treatment would you recommend for an 80-year-old woman with AML with a FLT3 mutation?



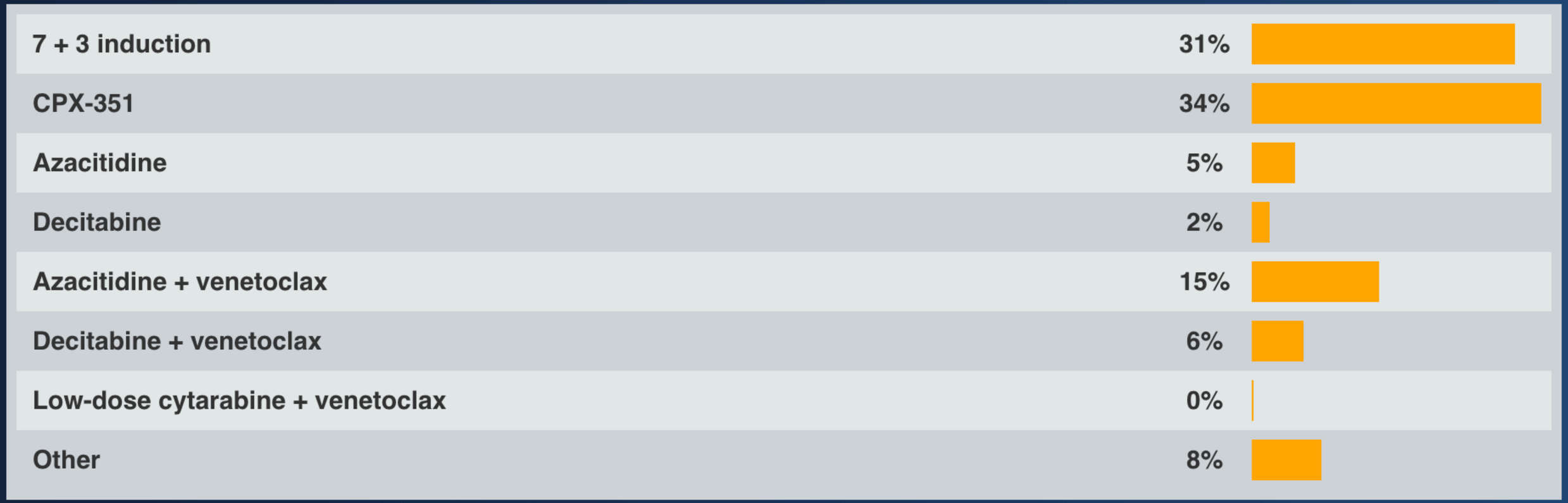
A 65-year-old man with relapsed/refractory AML and an IDH2 mutation is started on enasidenib and after 8 weeks calls to inform you of fever, shortness of breath and a rapid weight gain of 10 pounds. Upon seeing him in clinic, you observe a new leukocytosis and a new oxygen requirement. What would you recommend?



What initial treatment would you generally recommend for an 80-year-old woman with AML without significant comorbidities?

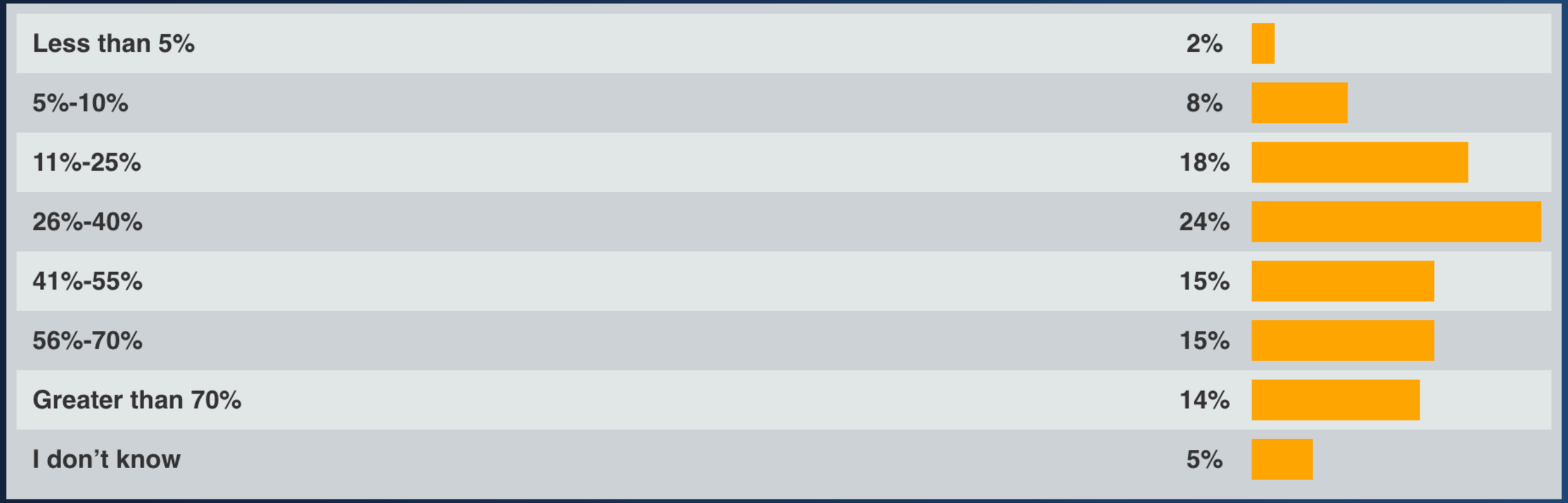


Regulatory and reimbursement issues aside, what initial treatment would you recommend for a 64-year-old woman with a history of breast cancer, for which she received adjuvant chemotherapy, who now presents with bone marrow findings consistent with therapy-related AML?

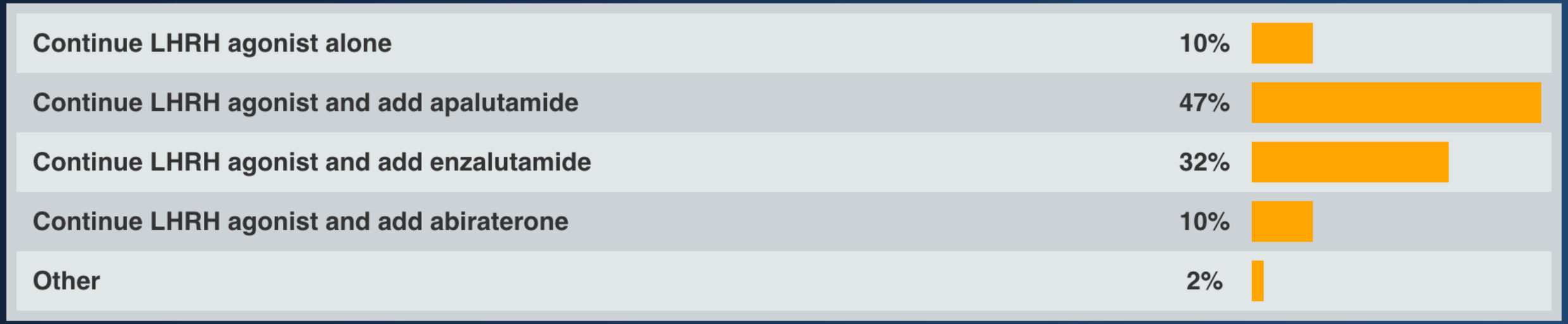


All patients with AML who are receiving venetoclax in combination with a hypomethylating agent should be admitted to the hospital regardless of disease burden or performance status.

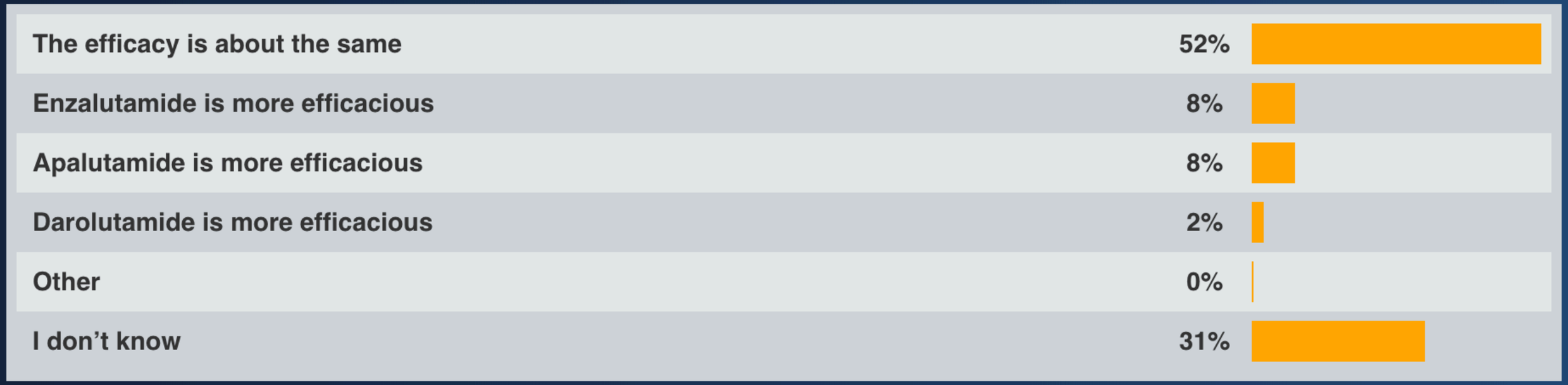
A 65-year-old man s/p radical prostatectomy followed by radiation therapy for PSA-only recurrence (M0) receives an LHRH agonist for further PSA progression to a PSA level of 14 ng/dL with a doubling time of 6 months. MRI and PSMA-PET imaging are negative. What would you estimate is the chance that he will be diagnosed with metastatic disease within 3 years if he continues an LHRH agonist alone?



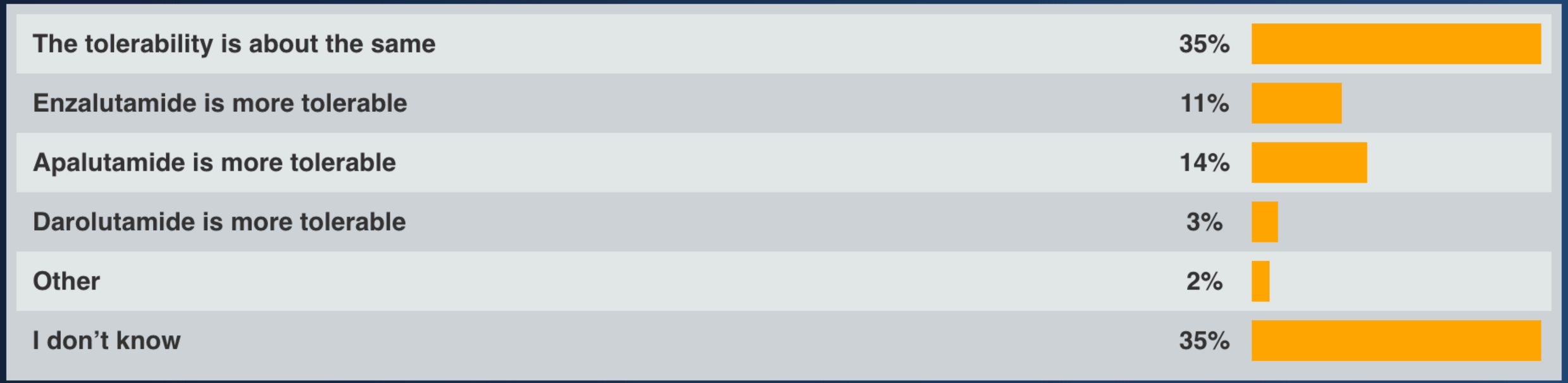
A 65-year-old man s/p radical prostatectomy followed by radiation therapy for PSA-only recurrence (M0) receives an LHRH agonist for further PSA progression to a PSA level of 14 ng/dL with a doubling time of 6 months. MRI and PSMA-PET imaging are negative. What would be your most likely treatment recommendation?



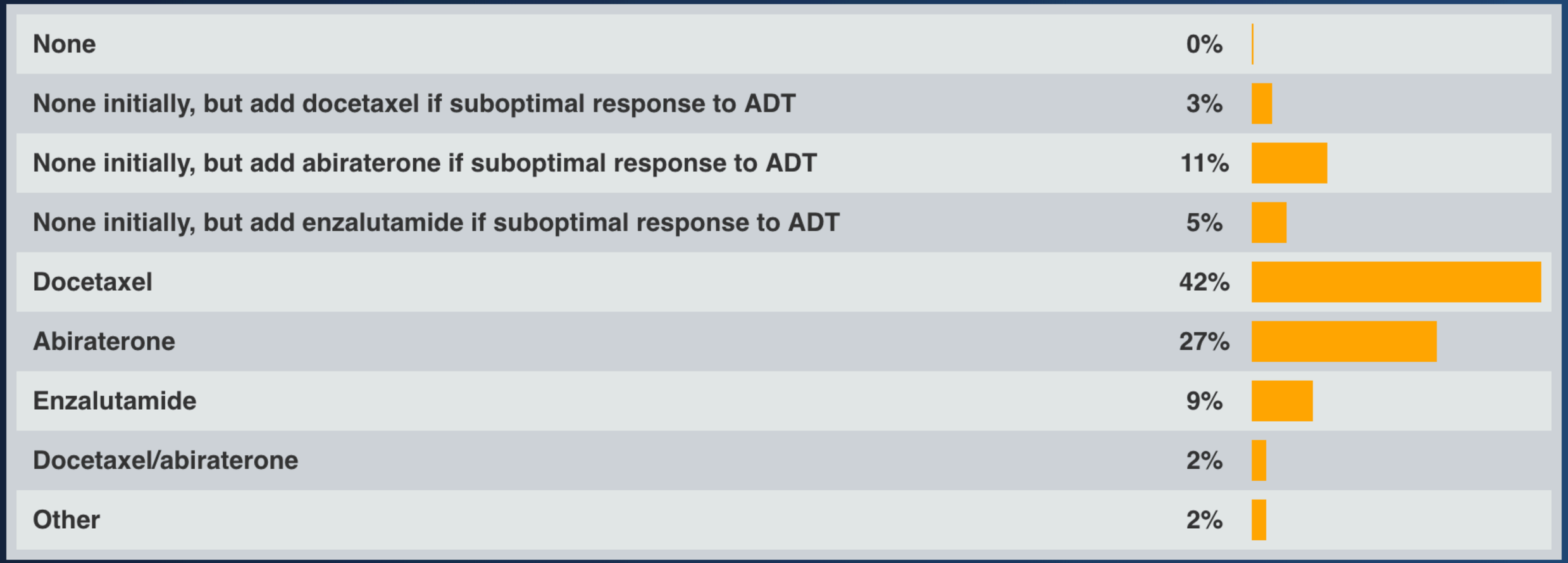
How would you compare the efficacy of enzalutamide, apalutamide and darolutamide in patients with M0 castration-resistant prostate cancer?



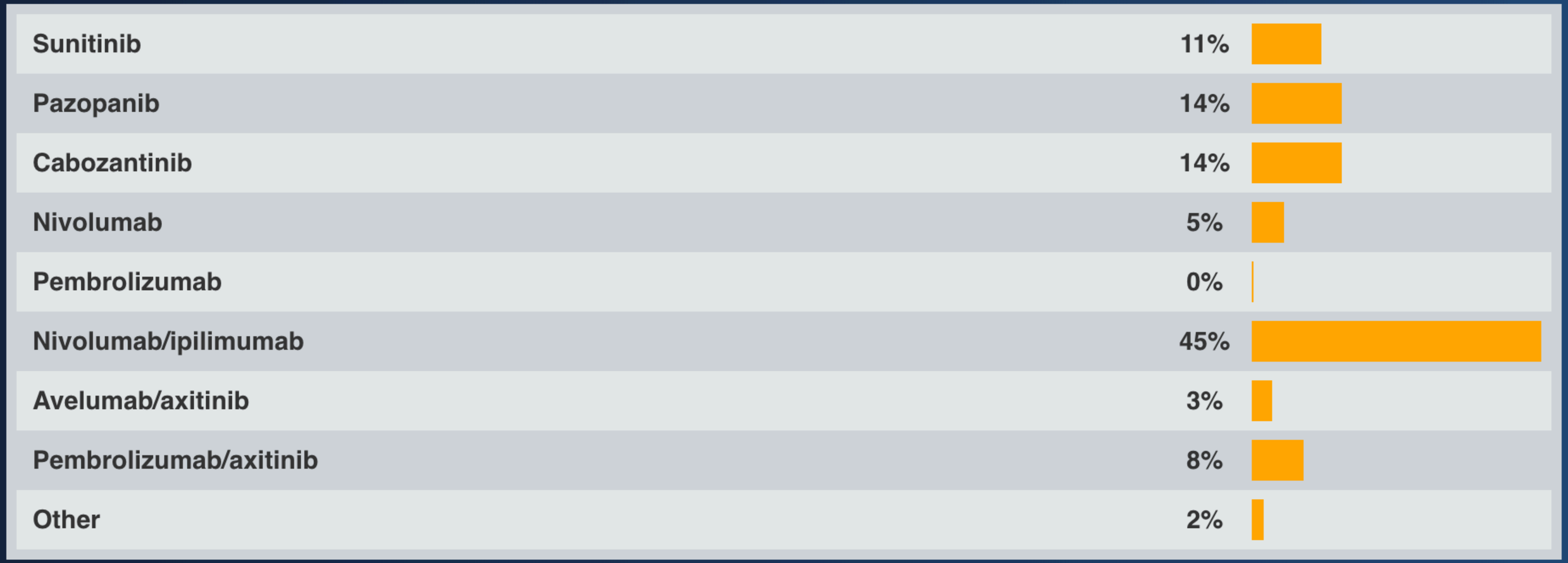
How would you compare the tolerability of enzalutamide, apalutamide and darolutamide in patients with M0 castration-resistant prostate cancer?



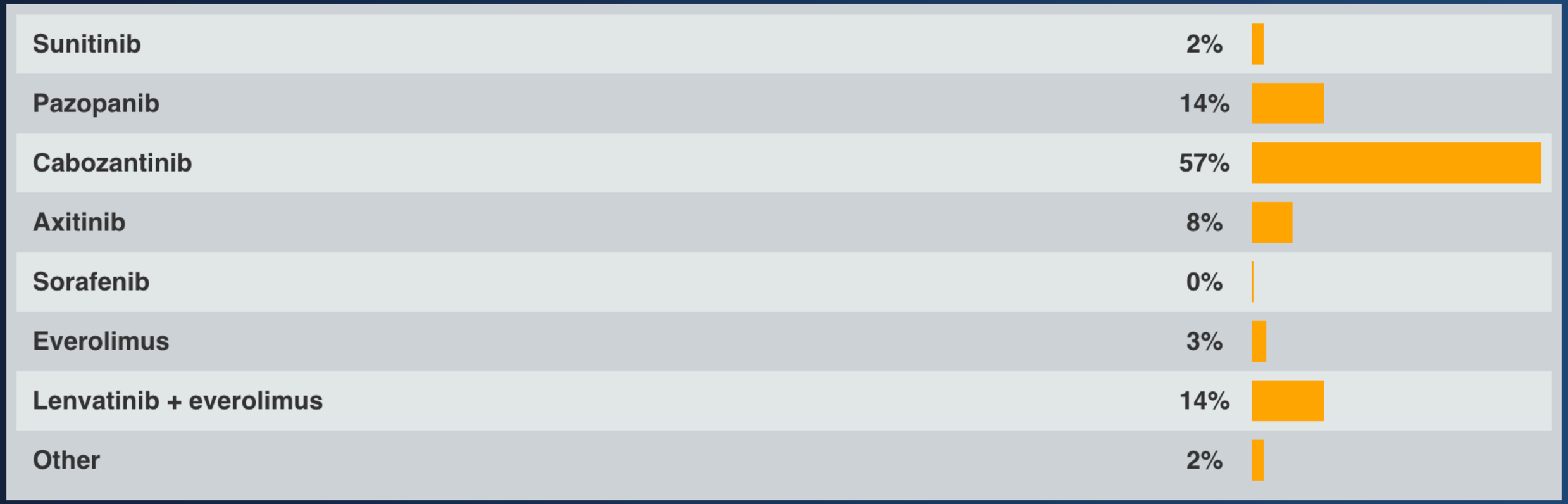
A 60-year-old patient presents with Gleason 8 prostate cancer and widespread, moderately symptomatic bone metastases. Regulatory and reimbursement issues aside, what systemic therapy, if any, would you typically add to androgren deprivation?



Regulatory and reimbursement issues aside, which first-line therapy would you recommend for a 70-year-old patient presenting with metastatic renal cell carcinoma (RCC) and multiple bone metastases?

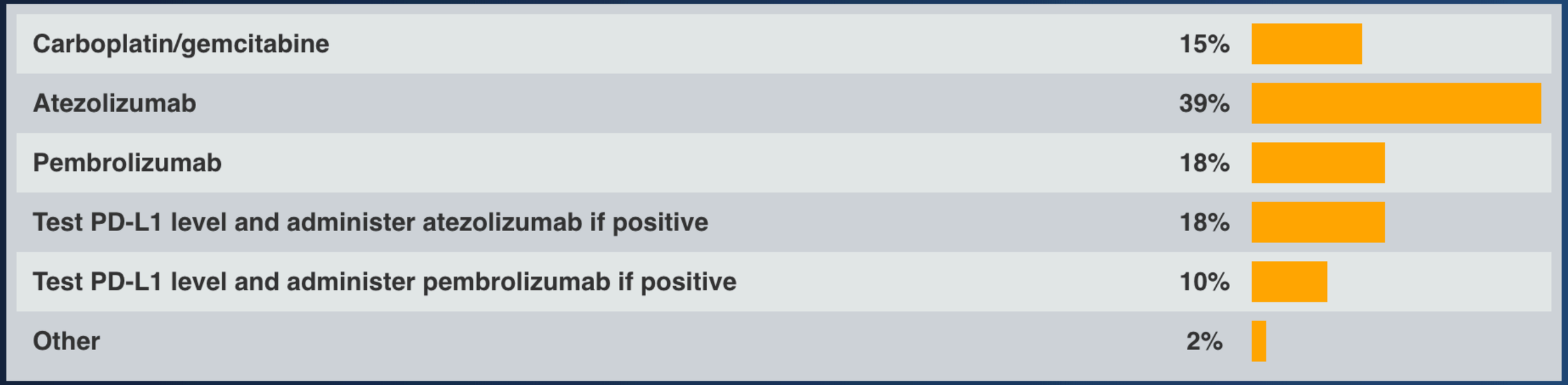


What would you recommend for a patient with metastatic RCC who receives first-line ipilimumab/nivolumab and experiences disease progression after 4 months?

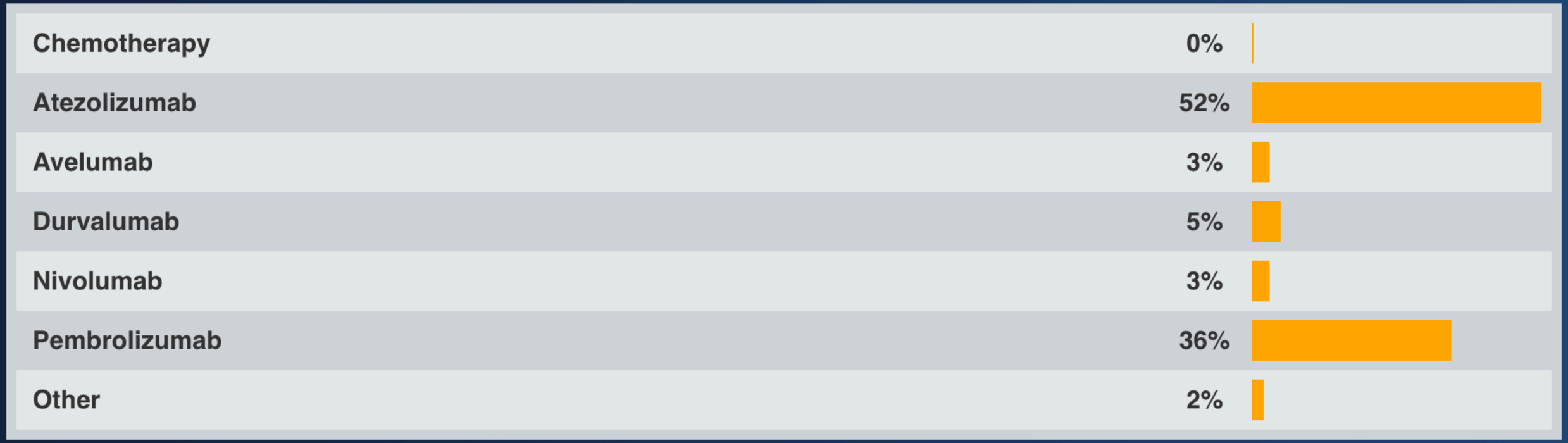


A 58-year-old asymptomatic patient is receiving an anti-PD-1/PD-L1 antibody as second-line treatment for metastatic RCC. On initial restaging there is about a 20% increase in the size of some metastatic lesions but no new lesions, and the patient feels well. What would you most likely do?

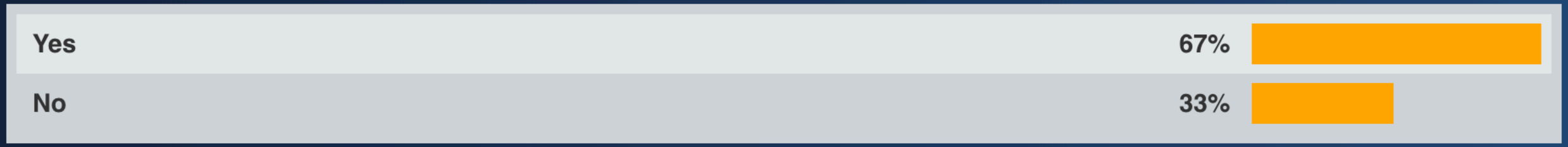
Which first-line therapy would you recommend for a 78-year-old patient with metastatic urothelial bladder cancer (UBC) who is not a candidate for cisplatin-based chemotherapy?



What would you generally recommend as second-line therapy for a patient with metastatic UBC whose disease progresses on cisplatin/gemcitabine?

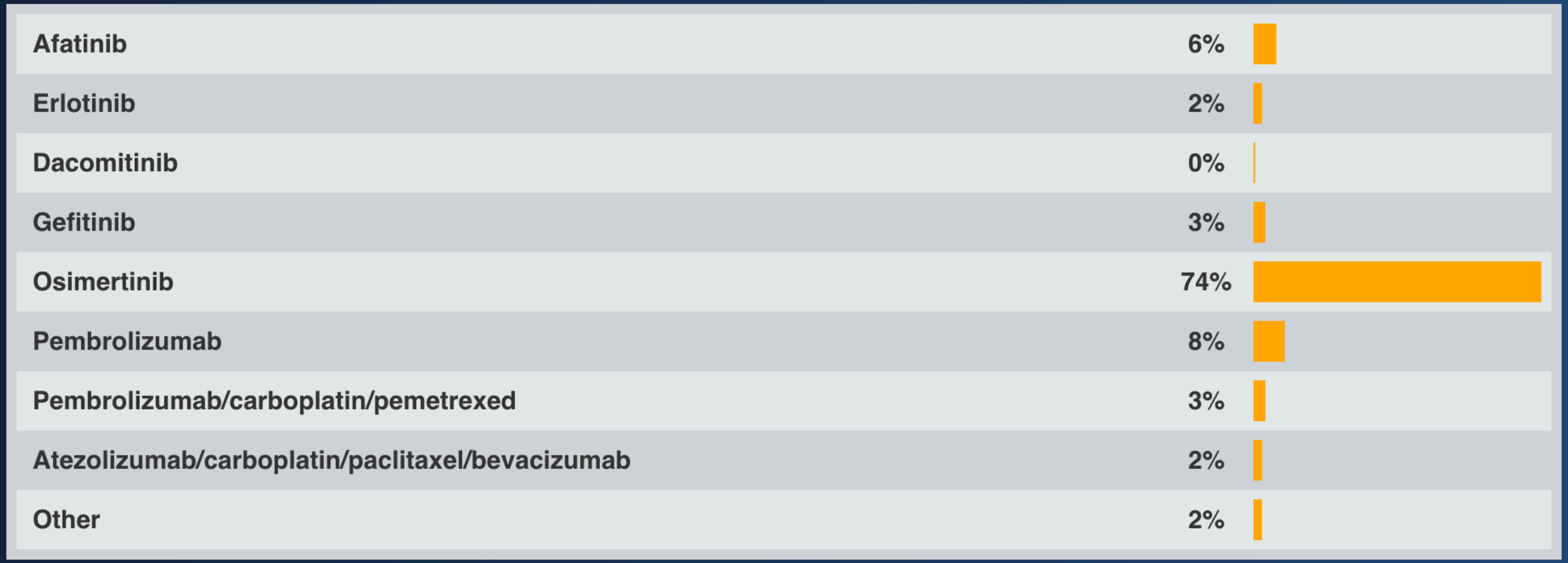


Outside of a protocol setting, would you generally offer an anti-PD-1/anti-PD-L1 antibody to a patient with metastatic UBC whose disease has progressed on 2 lines of chemotherapy but has a history of Crohn's disease that is well controlled on infliximab?

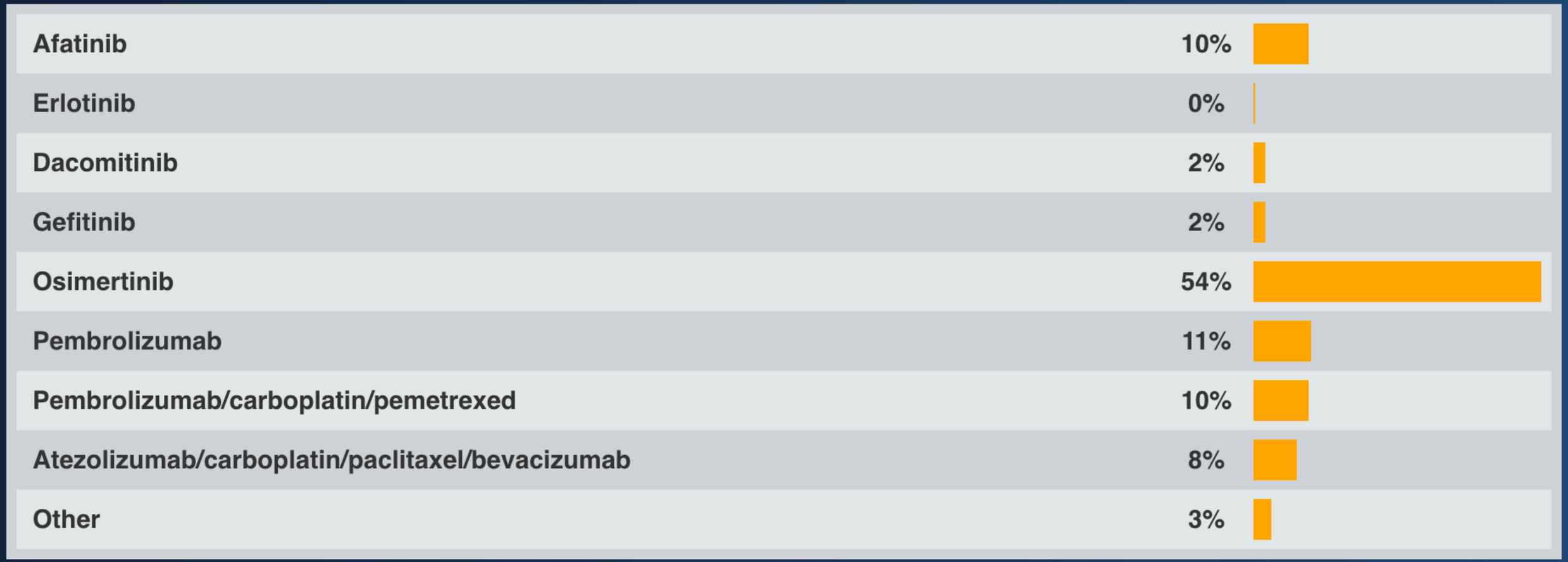


A plasma mutation assay ordered for a patient with newly diagnosed metastatic non-small cell lung cancer (NSCLC) demonstrates an EGFR exon 19 deletion. Is that result adequate to initiate treatment with an EGFR tyrosine kinase inhibitor (TKI)?

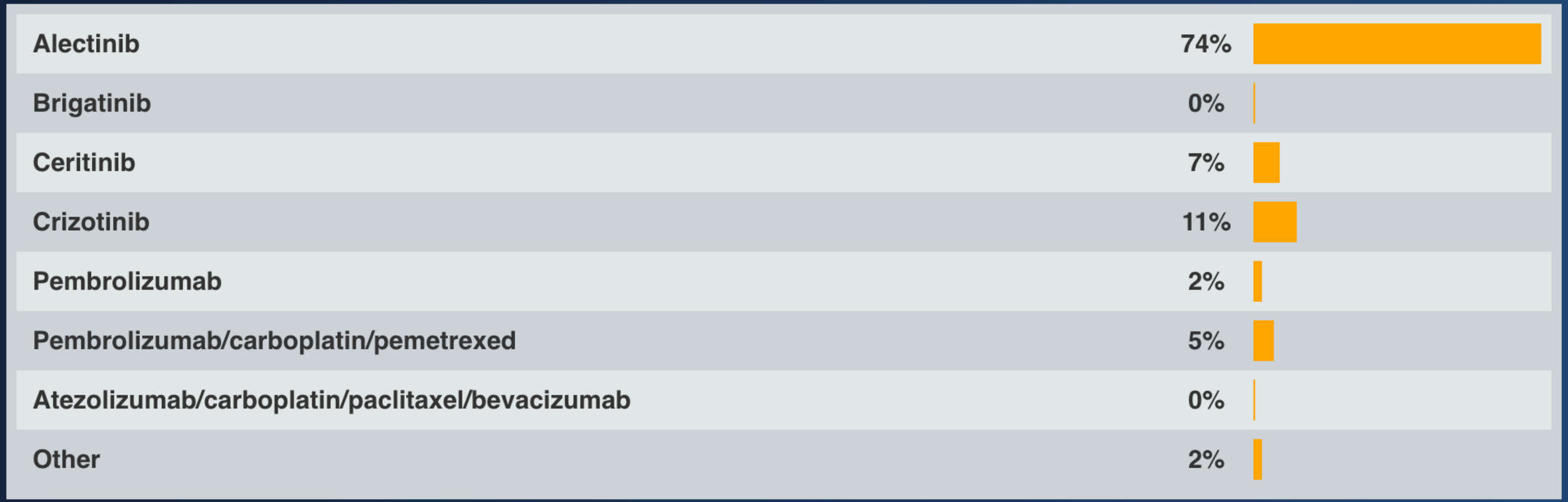
Regulatory and reimbursement issues aside, what first-line therapy would you recommend for an asymptomatic patient with metastatic nonsquamous NSCLC with an EGFR exon 19 deletion and a PD-L1 TPS of 60%?



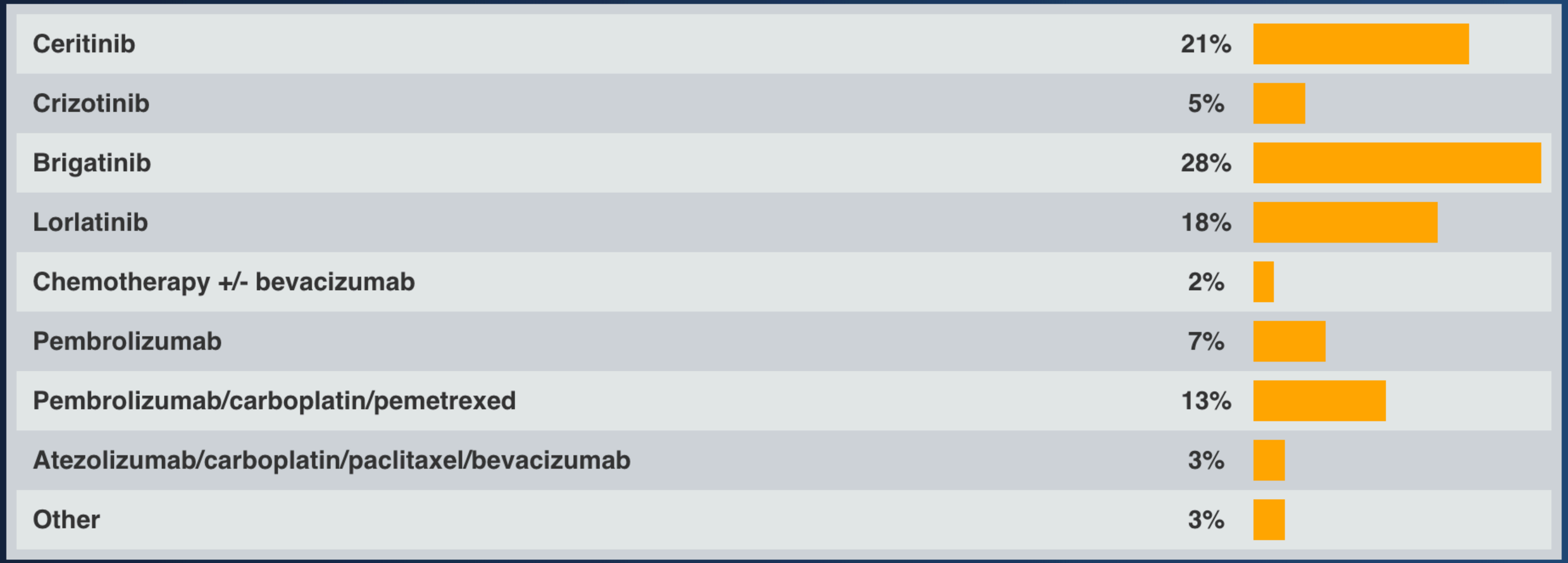
Regulatory and reimbursement issues aside, what is the optimal first-line therapy for an asymptomatic patient with metastatic nonsquamous NSCLC with an EGFR L861Q mutation and a PD-L1 TPS of 60%?



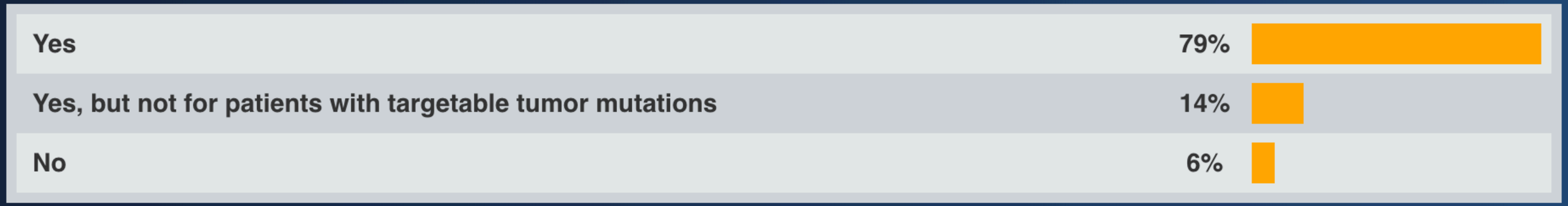
Regulatory and reimbursement issues aside, what first-line therapy would you recommend for an asymptomatic patient with metastatic nonsquamous NSCLC with an ALK rearrangement and a PD-L1 TPS of 60%?



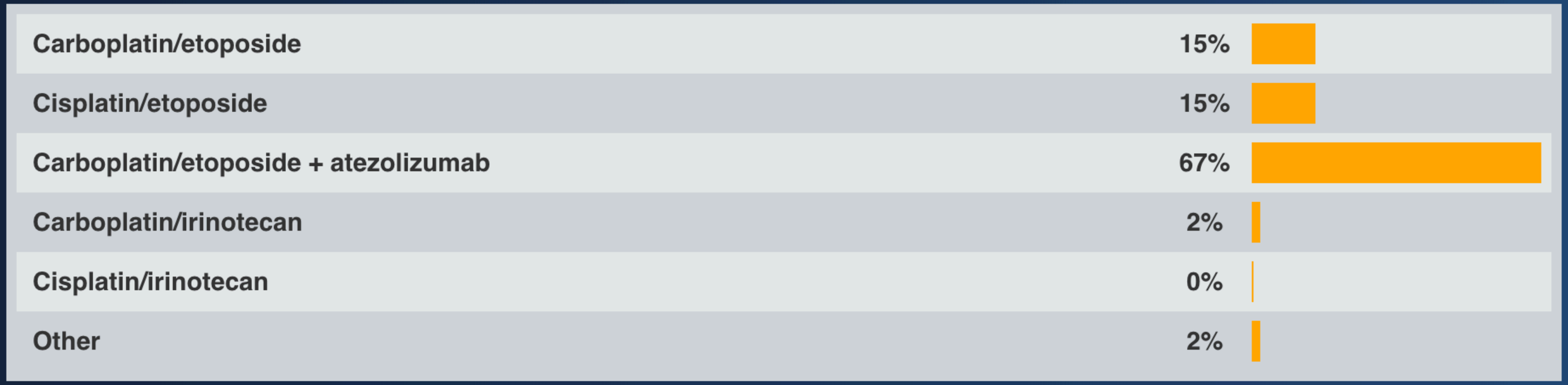
What would be your preferred choice of second-line therapy for a patient with metastatic nonsquamous NSCLC with an ALK rearrangement and a TPS of 60% who experiences disease progression on alectinib?



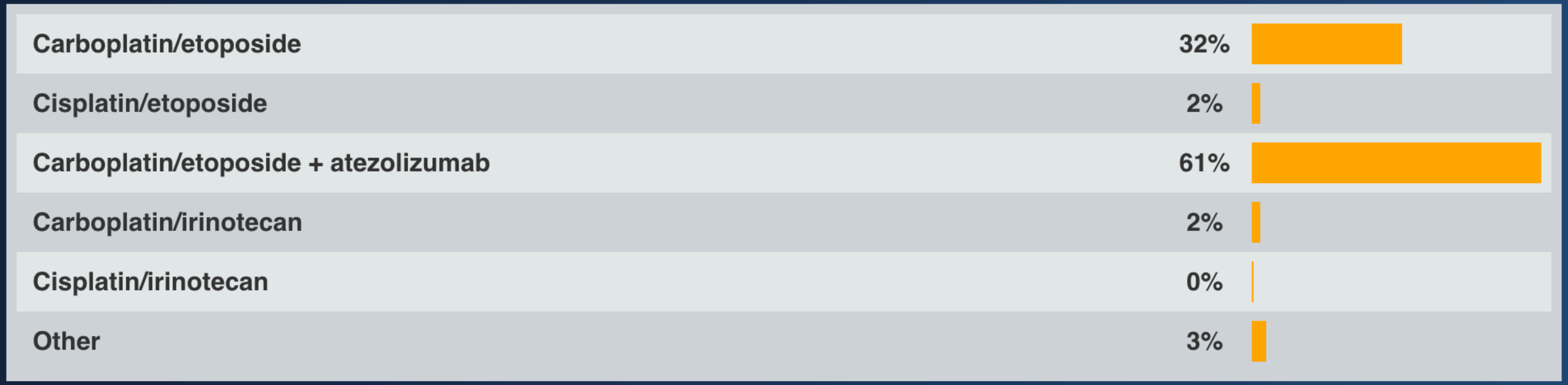
Do you generally administer durvalumab as consolidation treatment after chemoradiation therapy for unresectable Stage IIIB lung cancer?



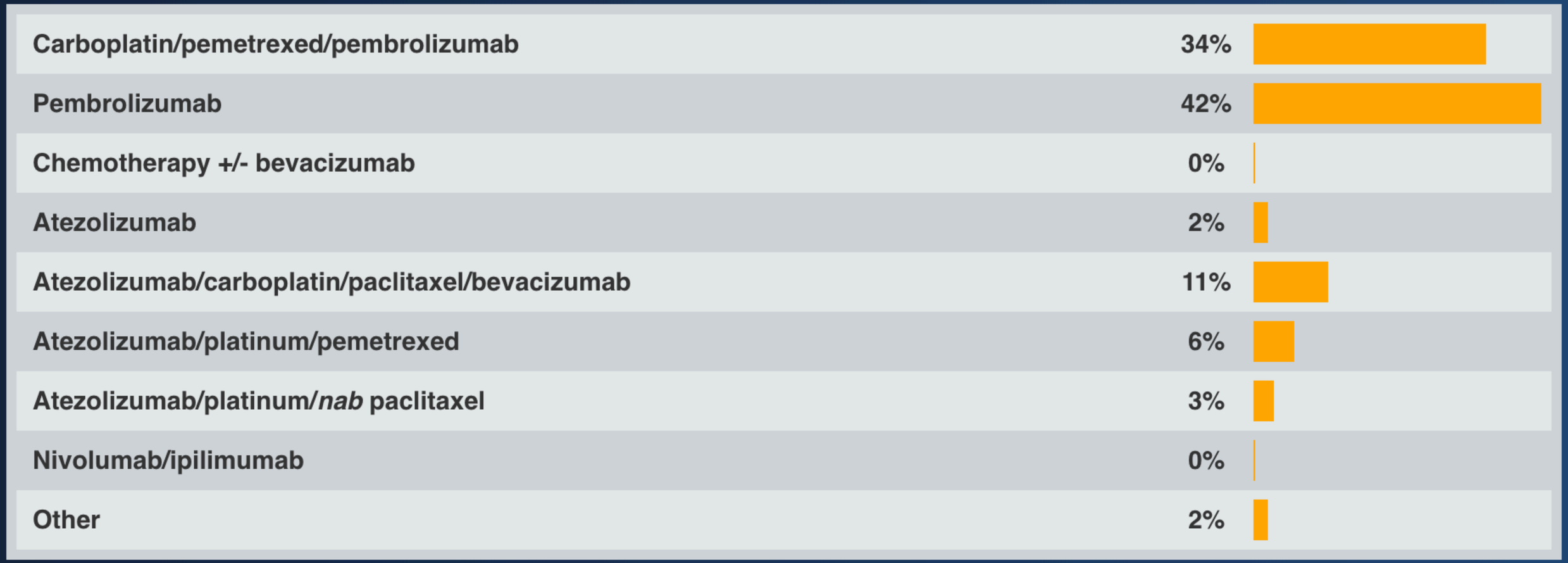
Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 60-year-old patient with extensive-stage small cell lung cancer (SCLC)?



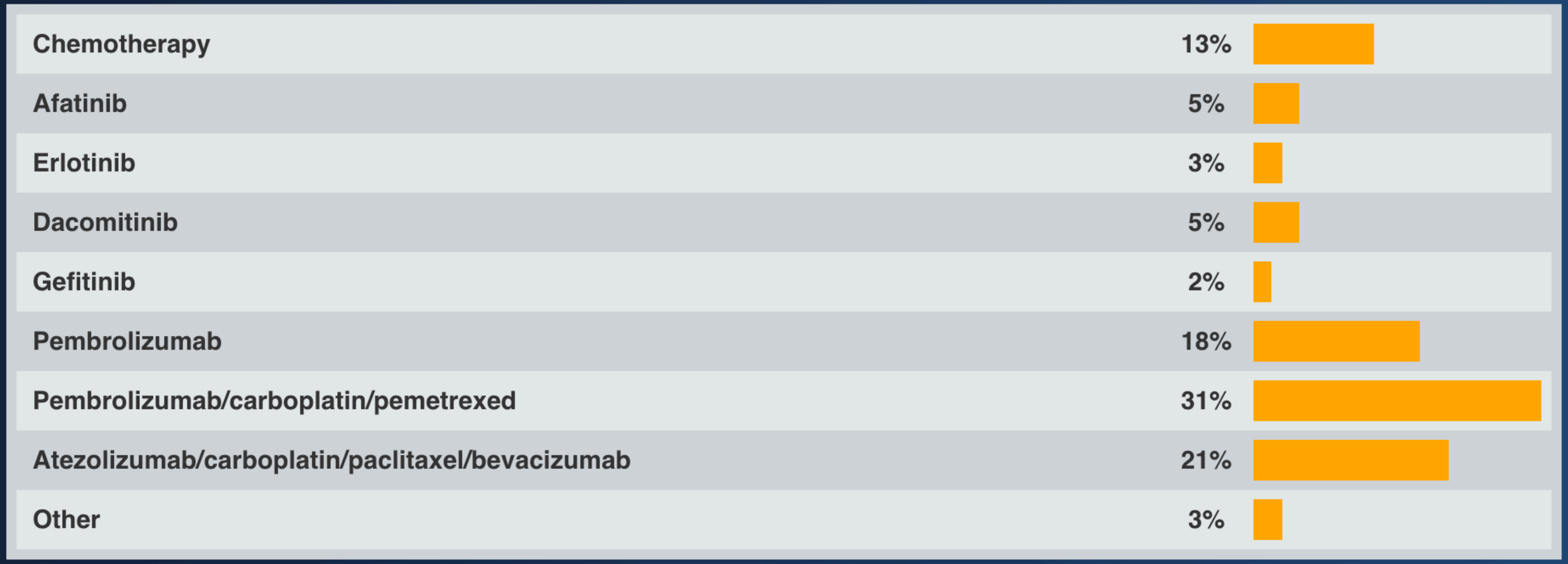
Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for an 80-year-old patient with extensive-stage SCLC?



Reimbursement and regulatory issues aside, which first-line treatment regimen would you recommend for a 65-year-old patient with minimally symptomatic nonsquamous lung cancer with liver metastases and no identified targetable mutations with a PD-L1 TPS of 60%?



If an asymptomatic patient with metastatic nonsquamous NSCLC with an EGFR exon 19 deletion and a PD-L1 TPS of 60% responded to first-line osimertinib followed by disease progression, what would be your second-line treatment recommendation if the patient had acquired no further actionable mutations?



Reimbursement and regulatory issues aside, what first-line treatment regimen would you recommend for a 65-year-old patient with metastatic squamous cell lung cancer and a PD-L1 TPS of 10%?