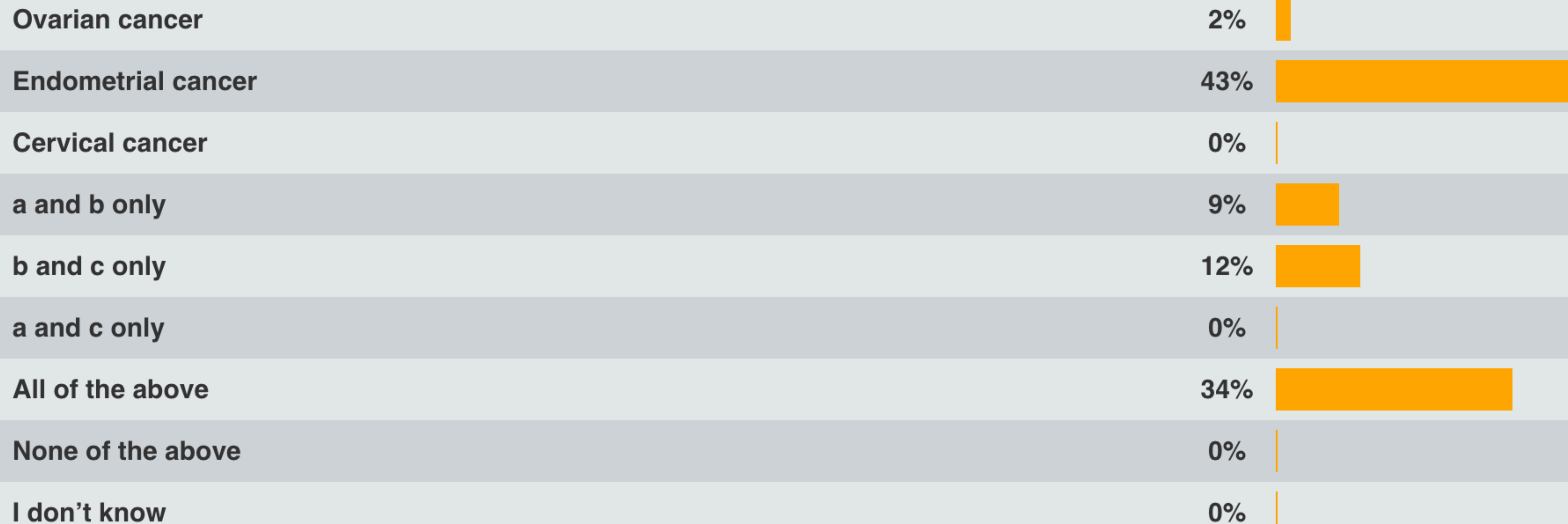
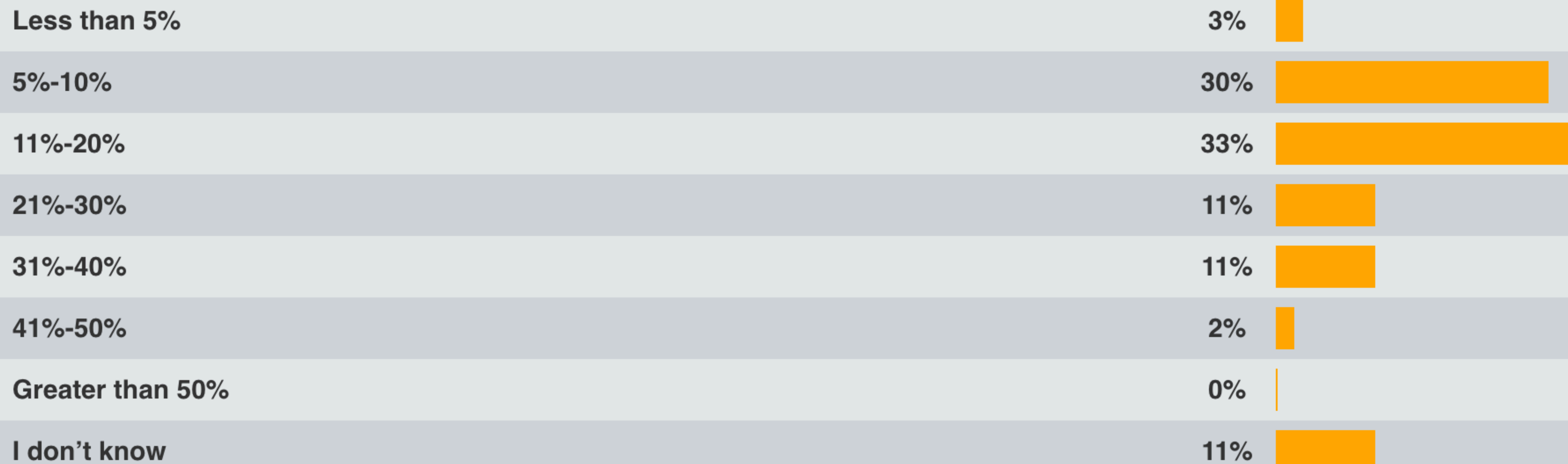


MSI testing should routinely be performed in all patients with advanced...



Approximately what percentage of patients with metastatic endometrial cancer have MSI-high disease?



For a patient with metastatic MSI-high endometrial cancer, outside of a clinical trial setting and regulatory and reimbursement issues aside, what is the earliest point that you would introduce an anti-PD-1/PD-L1 antibody?

First line

8%



Second line

73%



Third line or beyond

14%

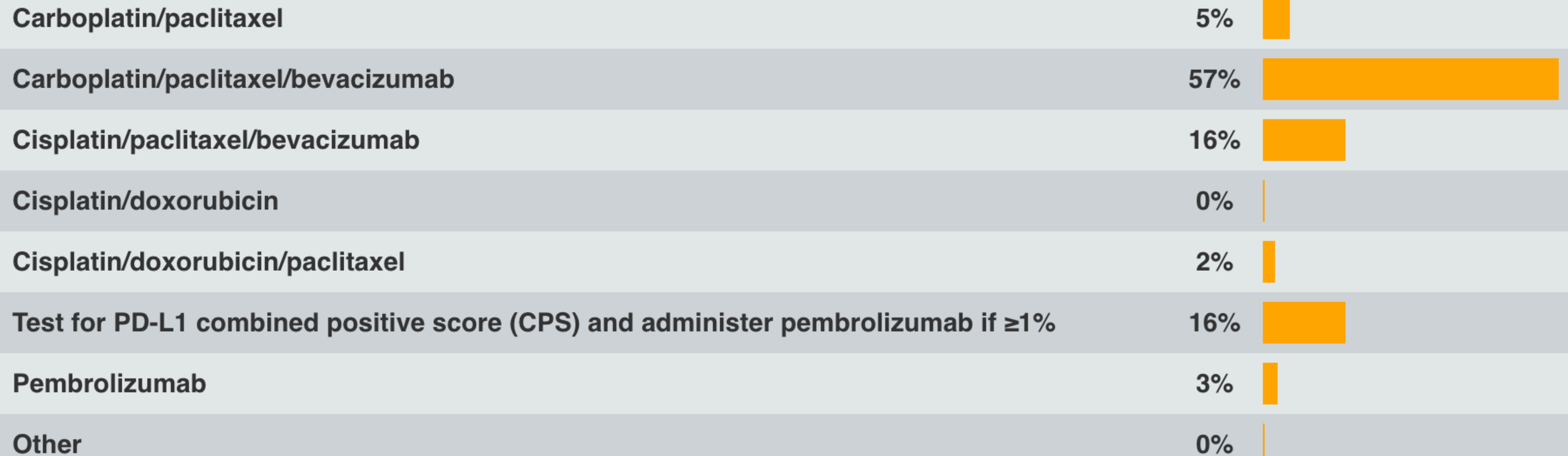


I don't know

5%



A woman in her early 30s with microsatellite-stable Stage IIIB cervical cancer receives cisplatin-based chemoradiation therapy but develops metastatic disease 12 months later. What would you most likely recommend?



The patient in the previous scenario receives carboplatin/paclitaxel/bevacizumab and experiences a good response followed by disease progression after 8 months. What would you most likely recommend?

Cisplatin/doxorubicin

2%



Cisplatin/doxorubicin/paclitaxel

2%



Test for PD-L1 CPS and administer pembrolizumab if $\geq 1\%$

79%



Pembrolizumab

16%



Other

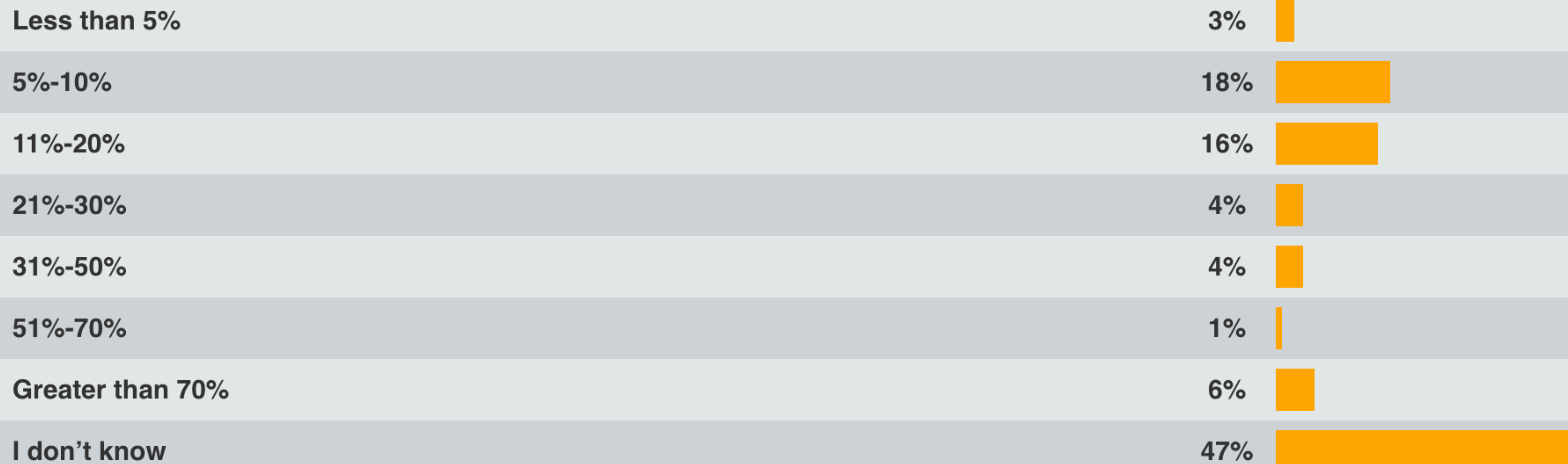
2%



For a patient with metastatic cervical cancer who experiences a response to an anti-PD-1/PD-L1 antibody and is tolerating it well, how long would you continue treatment?



Approximately what percentage of patients with serous ovarian cancer have folate receptor alpha-positive disease?



A relatively nontoxic therapy is reported to result in an objective response rate of 30% in a single-arm study in a late-line metastatic solid tumor. Regulatory and reimbursement issues aside, is this type of evidence adequate for you to want to use the therapy in practice, or would you require a Phase III randomized trial comparing it to best available/supportive care?

It is adequate

44%



I would require randomized Phase III data

39%



I don't know

17%



The ocular side effects observed in trials evaluating mirvetuximab soravtansine are generally reversible.

Yes

27%



No

5%

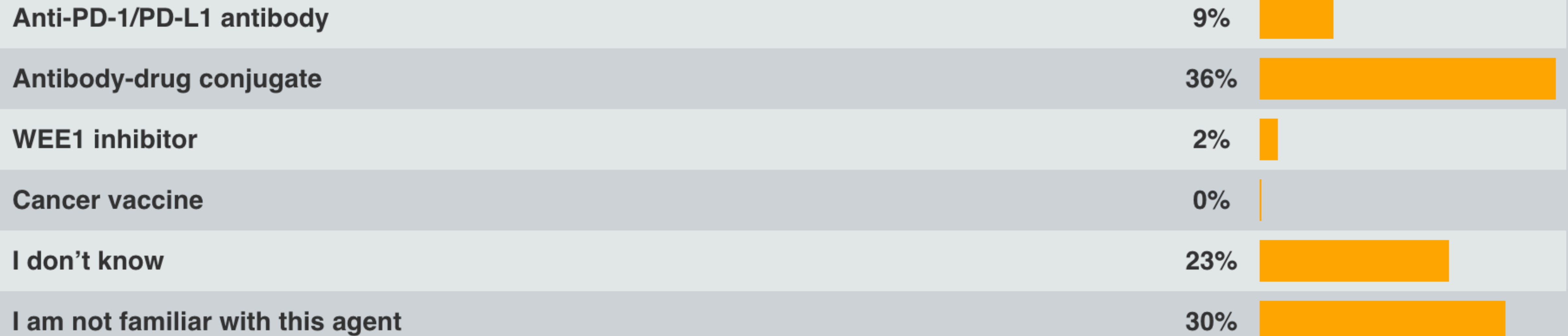


I don't know

68%



What is the mechanism of action of tisotumab vedotin?



In patients with microsatellite-stable metastatic endometrial cancer who have received and experienced disease progression on all commonly used approved therapies, do you generally send the tumor for next-generation sequencing?

Yes

86%

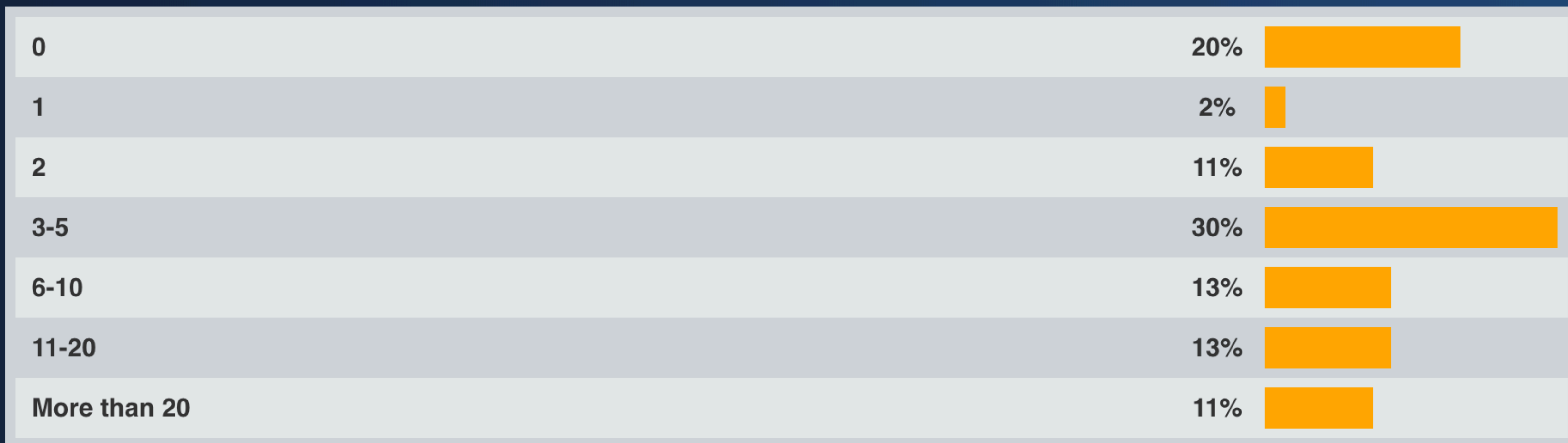


No

14%



Approximately how many patients with advanced or metastatic gynecologic cancers have you enrolled in a clinical trial in the past year?



Which of the following combinations has received an FDA breakthrough therapy designation for the treatment of microsatellite-stable advanced endometrial cancer?

Pembrolizumab/axitinib

16%



Ipilimumab/nivolumab

2%



Pembrolizumab/lenvatinib

35%



Atezolizumab/bevacizumab

6%

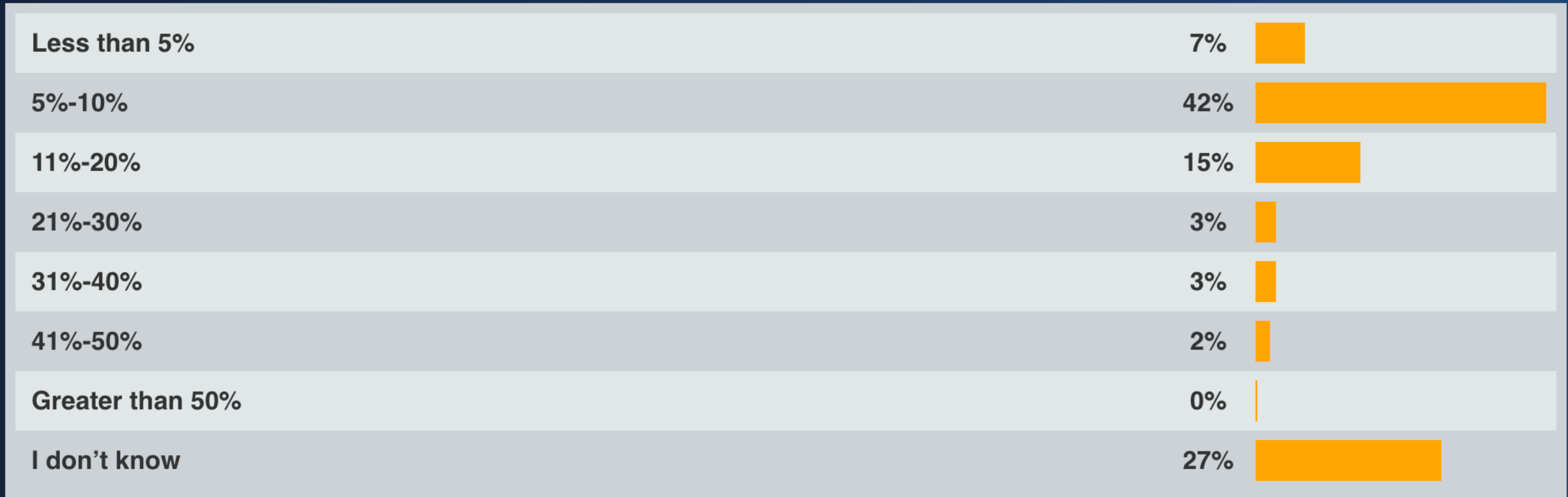


I don't know

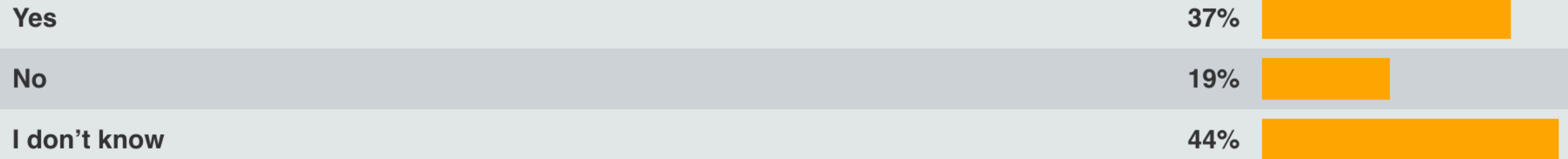
40%



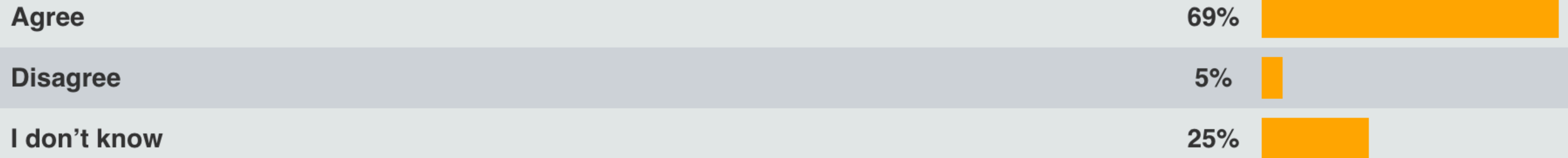
What would you estimate to be the risk that a patient who is receiving an anti-PD-1/PD-L1 antibody will experience an immune-related adverse event leading to treatment interruption or discontinuation within the first 12 months of treatment?



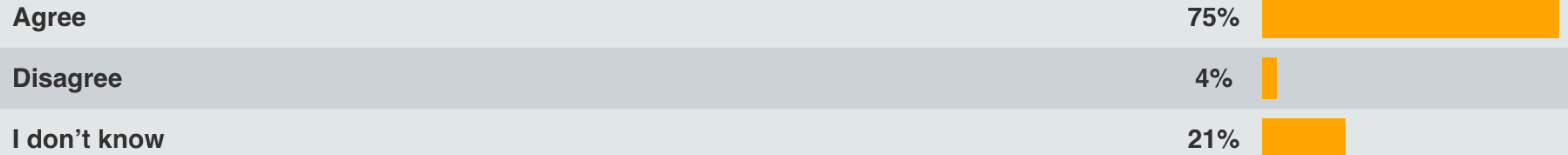
Is there a correlation between autoimmune toxicity and response to anti-PD-1/PD-L1 antibodies?



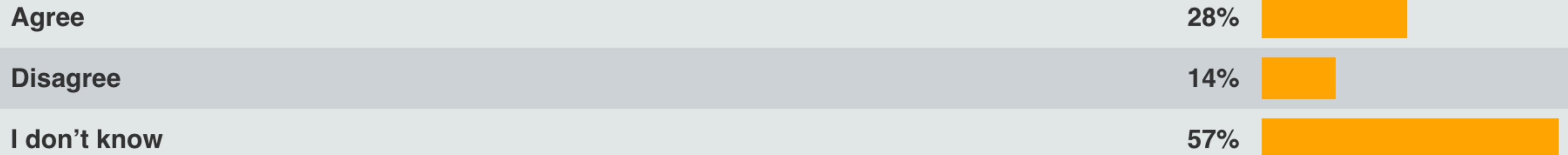
In patients receiving anti-PD-1/PD-L1 antibodies, thyroid function should frequently be evaluated (eg, each time the patient has blood drawn).



Patients who are experiencing autoimmune thyroid toxicity while receiving anti-PD-1/PD-L1 antibodies may present clinically with either hypothyroidism or hyperthyroidism.



Early data suggest a negative correlation between clinical benefit from an anti-PD-1/PD-L1 antibody and the use of certain antibiotics shortly before or after first administration.



Which of the following clinical phenomena have been reported in patients receiving anti-PD-1/PD-L1 antibodies across various tumor types.

Hyper- or accelerated progression

3%



Pseudoprogression

34%



Both of the above

24%



Neither of the above

3%



I don't know

34%

