A woman in her late fifties undergoes TAH/BSO and is found to have an 8.9-cm, high-grade uterine leiomyosarcoma with negative margins. What metastatic workup would you recommend?

None	0%
CT scan of the chest, abdomen and pelvis	85%
CT scan of the chest only	0%
PET/CT fusion scan	15%
Other	0%

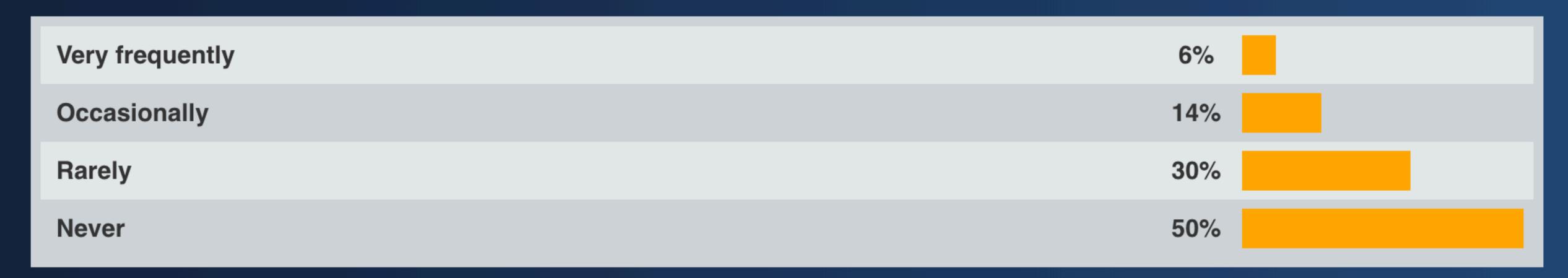
Would you recommend pelvic lymphadenectomy for the patient in the previous scenario?



The patient in the previous scenario undergoes metastatic workup, which is negative. What adjuvant therapy, if any, would you recommend?

None	54%
Radiation therapy to the pelvis	11%
Chemotherapy	22%
Chemotherapy followed by radiation therapy to the pelvis	9%
Radiation therapy to the pelvis followed by chemotherapy	2%
Administer half the cycles of chemotherapy followed by radiation therapy to the pelvis followed by the remaining cycles of chemotherapy	2%

How frequently do you administer neoadjuvant chemotherapy to your patients with large but localized uterine leiomyosarcoma?



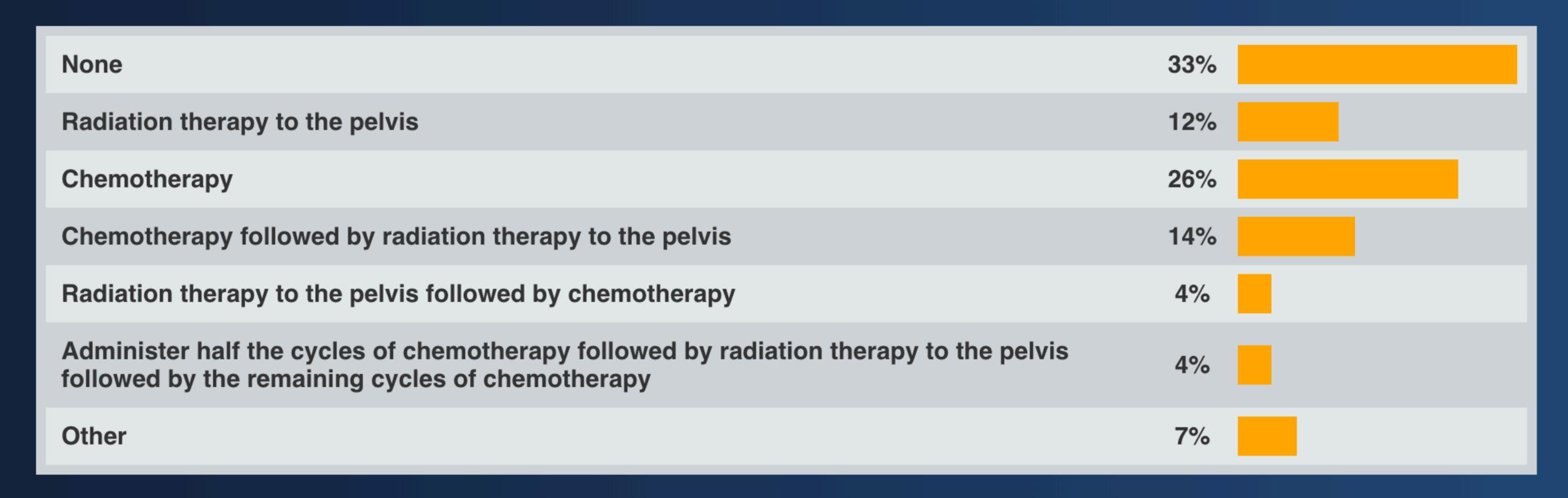
How frequently do you administer neoadjuvant radiation therapy to your patients with large but localized uterine leiomyosarcoma?

Very frequently	1%
Occasionally	12%
Rarely	33%
Never	54%

A woman in her midforties presents with vaginal bleeding and an enlarged uterus. CT scan reveals a large uterine mass and a single lesion in the right hepatic lobe. Biopsies of both the liver and the uterus confirm leiomyosarcoma. What would be your initial approach to therapy?

Neoadjuvant chemotherapy followed by surgery	15%
TAH/BSO	5%
TAH/BSO followed by chemotherapy	8%
TAH/BSO and resection of the liver mass without additional therapy	5%
TAH/BSO and resection of the liver mass followed by chemotherapy	66%
Other	2%

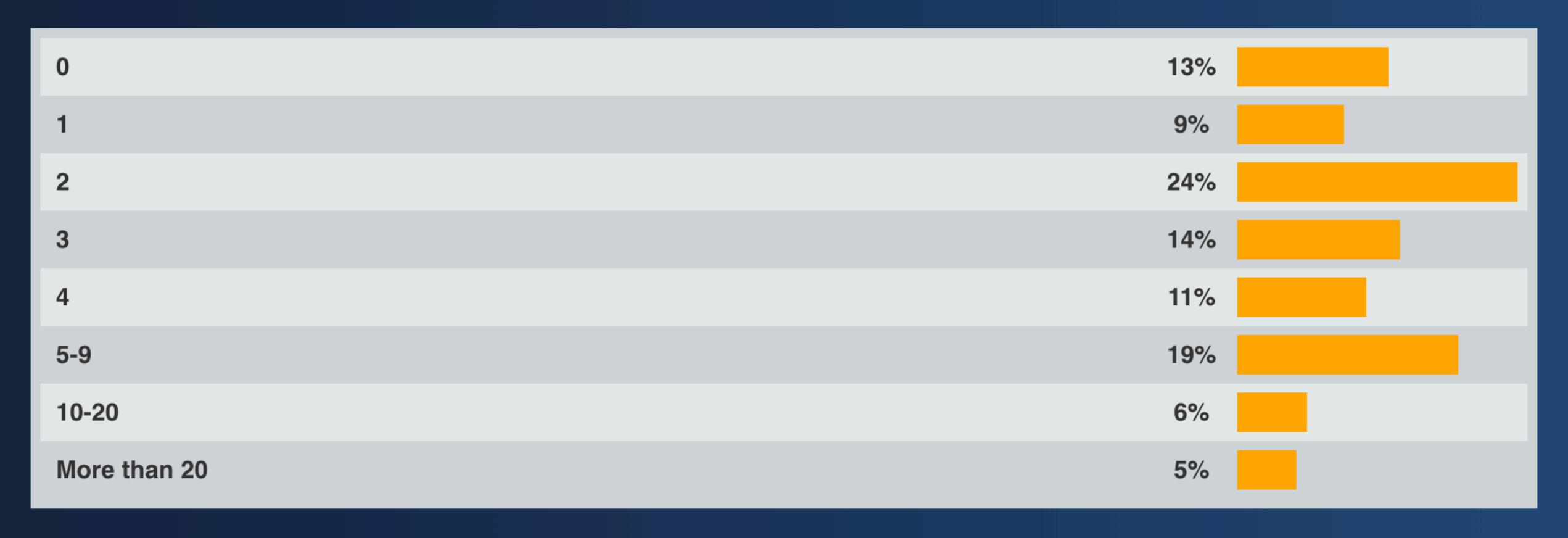
A woman in her fifties presents with vaginal bleeding and is found to have a 5.3-cm, ER/PR-positive uterine leiomyosarcoma with diffuse severe atypia, coagulative tumor cell necrosis and a mitotic rate of 27/20 HPF. What adjuvant therapy, if any, would you recommend?



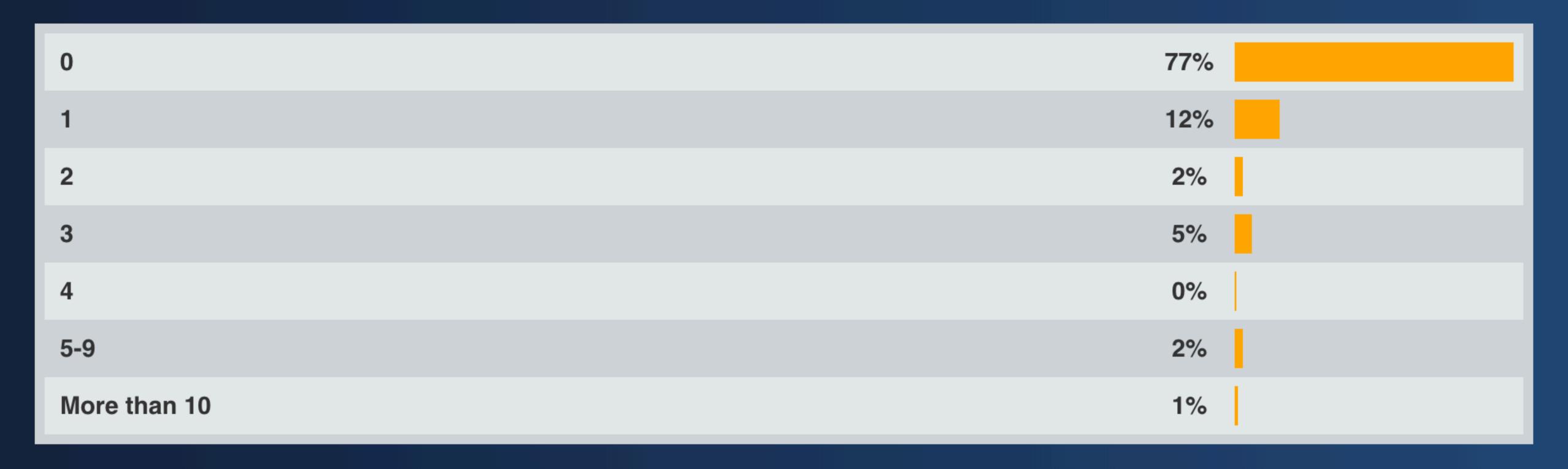
The patient in the previous scenario does not wish to receive adjuvant chemotherapy but would consider oral endocrine therapy. Would you recommend adjuvant hormonal therapy?

No	17%
Yes, tamoxifen	9%
Yes, an aromatase inhibitor	66%
Yes, an aromatase inhibitor with a CDK4/6 inhibitor	6%
Yes, other	1%

Approximately how many patients with metastatic uterine sarcoma are currently in your practice?



Approximately how many patients with metastatic uterine sarcoma in your practice are currently receiving olaratumab?



A woman in her thirties undergoes TAH/BSO for high-grade uterine leiomyosarcoma and receives adjuvant doxorubicin followed by pelvic radiation therapy. One year later she presents with biopsy-proven retroperitoneal and abdominal lymphadenopathy. What systemic therapy would you recommend?

Docetaxel/gemcitabine	78%
Doxorubicin	3%
Liposomal doxorubicin	3%
Doxorubicin/ifosfamide/mesna with or without dacarbazine	10%
Trabectedin	1%
Eribulin	0%
Pazopanib	2%
Other	2%

The patient in the previous scenario receives docetaxel/gemcitabine and achieves a partial response for 9 months followed by progressive disease in the lungs. What systemic therapy would you recommend?

Doxorubicin	9%
Liposomal doxorubicin	10%
Doxorubicin/ifosfamide/mesna with or without dacarbazine	16%
Trabectedin	25%
Eribulin	6%
Pazopanib	22%
Other	13%

What would generally be your first-line treatment recommendation for a patient in her forties with metastatic uterine leiomyosarcoma who has not received prior systemic therapy?

Docetaxel/gemcitabine	57%
Doxorubicin	15%
Liposomal doxorubicin	3%
Doxorubicin/ifosfamide/mesna with or without dacarbazine	16%
Trabectedin	1%
Eribulin	0%
Pazopanib	3%
Other	2%

What would generally be your second-line treatment recommendation for a patient in her forties with metastatic uterine leiomyosarcoma who is experiencing disease progression on a <u>doxorubicin-containing regimen?</u>

Docetaxel/gemcitabine	51%
Trabectedin	18%
Eribulin	5%
Pazopanib	18%
Other	8%

What would generally be your second-line treatment recommendation for a patient in her forties with metastatic uterine leiomyosarcoma who is experiencing disease progression on <u>docetaxel/gemcitabine?</u>

Doxorubicin	28%
Liposomal doxorubicin	12%
Doxorubicin/ifosfamide/mesna with or without dacarbazine	16%
Trabectedin	19%
Eribulin	1%
Pazopanib	12%
Other	11%

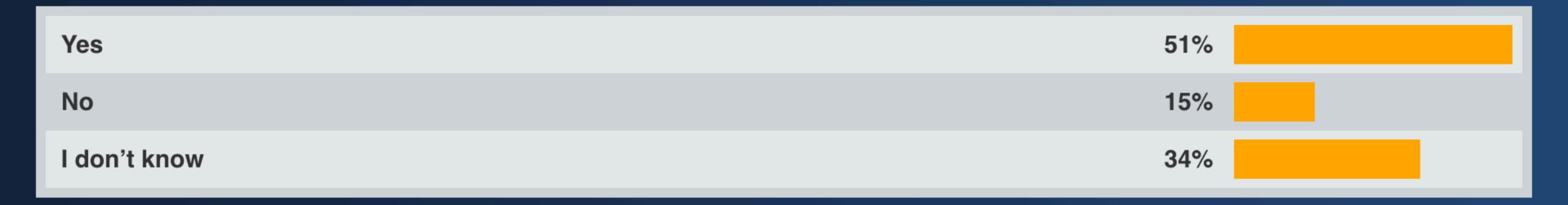
What would generally be your third-line treatment recommendation for a patient in her forties with metastatic uterine leiomyosarcoma who has experienced disease progression on doxorubicin and gemcitabine/docetaxel?

Trabectedin	34%
Eribulin	11%
Pazopanib	38%
Other	18%

Have you or would you order next-generation sequencing for a patient with recurrent metastatic uterine leiomyosarcoma?

I have	43%
I have not but would for the right patient	40%
I have not and would not	17%

Would you attempt to access an ALK inhibitor for a patient with recurrent metastatic uterine leiomyosarcoma who is found to have an ALK rearrangement?



Would you attempt to access a BCR-ABL tyrosine kinase inhibitor for a patient with recurrent metastatic uterine leiomyosarcoma who is found to have a c-KIT mutation?



Do you generally order MSI testing for your patients with metastatic uterine leiomyosarcoma?

Yes	33%
No	67%