0A. Which of the following best represents your clinical background?

Medical oncologist	69%
Thoracic surgeon	3%
Surgeon/surgical oncologist	0%
Radiation oncologist	10%
Other physician	17%
Nurse practitioner	0%
Registered nurse	0%
Pharmacist	0%
Other healthcare professional	0%

0B. Where do you currently live?



OC. Are you in general oncology practice or do you specialize in lung cancer?

General oncology practice	24%
General oncology practice emphasizing lung cancer	28%
Specialize in lung cancer	31%
Other	17%

Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a <u>65-year-old</u> patient with extensive-stage small cell lung cancer (SCLC)?

Carboplatin/etoposide	13%
Cisplatin/etoposide	4%
Carboplatin/etoposide + atezolizumab	79%
Carboplatin/etoposide + durvalumab	4%
Cisplatin/etoposide + durvalumab	0%
Carboplatin/irinotecan	0%
Cisplatin/irinotecan	0%
Other	0%

Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 65-year-old patient with extensive-stage SCLC <u>and neurologic paraneoplastic syndrome causing moderate to severe proximal myopathy?</u>

Carboplatin/etoposide	67%
Cisplatin/etoposide	5%
Carboplatin/etoposide + atezolizumab	24%
Carboplatin/etoposide + durvalumab	0%
Cisplatin/etoposide + durvalumab	0%
Carboplatin/irinotecan	5%
Cisplatin/irinotecan	0%
Other	0%

A 65-year-old patient with metastatic SCLC experiences a response to first-line <u>carboplatin/etoposide/atezolizumab</u> but then experiences disease progression after 6 months. What would you generally recommend?

Topotecan or irinotecan	25%
Paclitaxel	4%
Nivolumab	4%
Pembrolizumab	4%
Nivolumab/ipilimumab	8%
Re-treat with carboplatin/etoposide	50%
Other	4%

Which first-line therapy would you generally recommend for an asymptomatic patient with metastatic nonsquamous NSCLC with an EGFR exon 19 deletion and a <u>PD-L1 tumor proportion score (TPS) of 60%</u>?

Afatinib	8%
Erlotinib	4%
Dacomitinib	0%
Gefitinib	0%
Osimertinib	79%
Pembrolizumab	4%
Pembrolizumab/carboplatin/pemetrexed	4%
Atezolizumab/carboplatin/paclitaxel + bevacizumab	0%
Other	0%

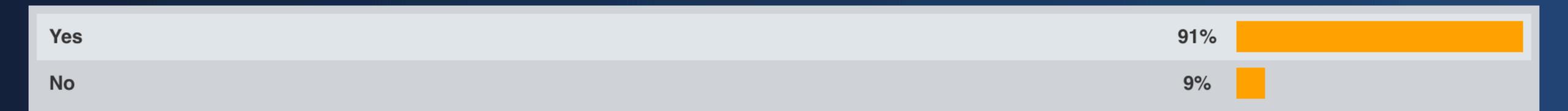
A patient with metastatic nonsquamous NSCLC with an EGFR exon 19 deletion and a PD-L1 TPS of 60% responds to first-line osimertinib and then experiences disease progression with <u>no targetable</u> <u>secondary mutations</u>. What is your most likely next systemic therapy?

Another EGFR tyrosine kinase inhibitor	8%
Chemotherapy	28%
Chemotherapy + bevacizumab	16%
Pembrolizumab	4%
Pembrolizumab/carboplatin/pemetrexed	24%
Atezolizumab/carboplatin/paclitaxel + bevacizumab	20%
Other	0%

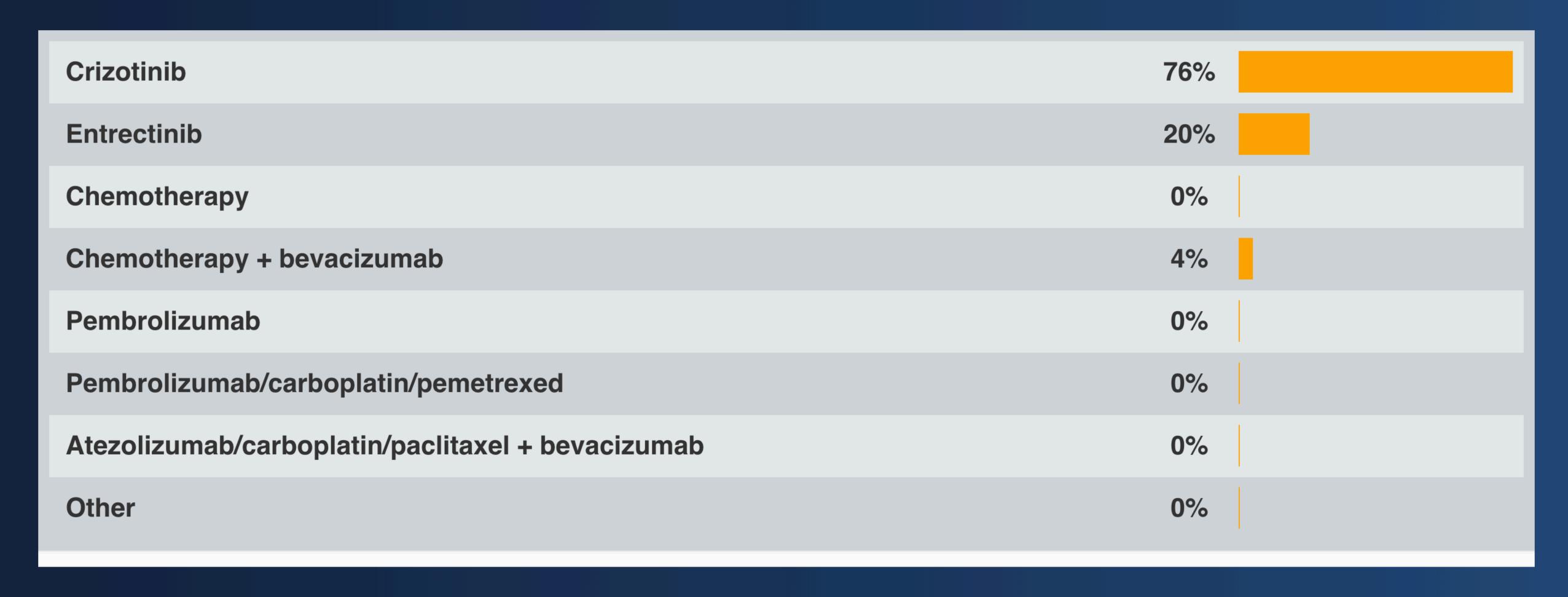
Which first-line therapy would you generally recommend for an asymptomatic patient with metastatic nonsquamous NSCLC with an ALK rearrangement and a PD-L1 TPS of 60%?

Alectinib	76%
Brigatinib	0%
Ceritinib	4%
Crizotinib	20%
Pembrolizumab	0%
Pembrolizumab/carboplatin/pemetrexed	0%
Atezolizumab/carboplatin/paclitaxel + bevacizumab	0%
Other	0%

For a patient with metastatic nonsquamous NSCLC with an ALK rearrangement and a PD-L1 TPS of 60% who receives first-line <u>alectinib</u> with response followed by disease progression, would you recommend repeat biopsy for additional mutation testing?



Which first-line therapy would you generally recommend for an asymptomatic patient with metastatic nonsquamous NSCLC with a ROS1 rearrangement and a PD-L1 TPS of 60%?



In general, what would be your preferred choice of second-line therapy for a patient with metastatic nonsquamous NSCLC with a ROS1 rearrangement and a TPS of 60% who experienced disease progression on crizotinib?

Entrectinib	25%
Ceritinib	4%
Brigatinib	0%
Lorlatinib	21%
Chemotherapy	13%
Chemotherapy + bevacizumab	4%
Pembrolizumab	13%
Pembrolizumab/carboplatin/pemetrexed	21%
Atezolizumab/carboplatin/paclitaxel +/- bevacizumab	0%
Other	0%

When you do administer targeted therapy to your patients with metastatic NSCLC and an <u>NTRK gene</u> <u>fusion</u>, what agent do you generally use?



Regulatory and reimbursement issues aside and assuming you could access all of the agents below, what would be your <u>first-line treatment</u> recommendation for a patient with metastatic NSCLC, a <u>RET rearrangement and a TPS of 60%</u>?

Lenvatinib	14%
Cabozantinib	9%
Vandetanib	0%
Pralsetinib (BLU-667)	0%
Selpercatinib (LOXO-292)	50%
Chemotherapy +/- bevacizumab	0%
Pembrolizumab	18%
Pembrolizumab/carboplatin/pemetrexed	9%
Atezolizumab/carboplatin/paclitaxel + bevacizumab	0%
Other	0%

Regulatory and reimbursement issues aside and assuming you could access all of the agents below, what would be your <u>first-line treatment</u> recommendation for a patient with metastatic NSCLC, a <u>MET exon 14 mutation and a TPS of 60%</u>?

Crizotinib	30%
Capmatinib	43%
Tepotinib	4%
Chemotherapy +/- bevacizumab	4%
Pembrolizumab	13%
Pembrolizumab/carboplatin/pemetrexed	4%
Atezolizumab/carboplatin/paclitaxel + bevacizumab	0%
Other	0%

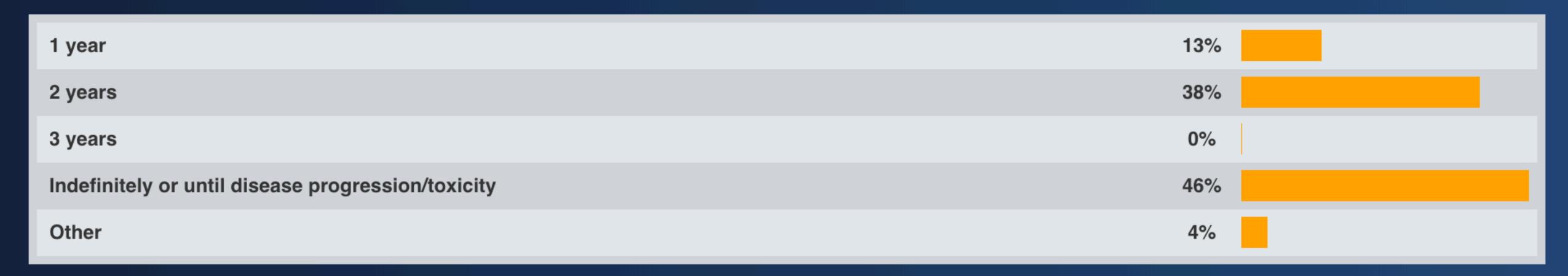
Which first-line treatment regimen would you recommend for a <u>65-year-old</u> patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a <u>PD-L1 TPS of 60%</u>?

Chemotherapy	0%
Chemotherapy + bevacizumab	4%
Pembrolizumab	56%
Carboplatin/pemetrexed/pembrolizumab	39%
Atezolizumab/carboplatin/paclitaxel + bevacizumab	0%
Other	0%

A patient presents with metastatic nonsquamous lung cancer with no identified targetable mutations, a PD-L1 <u>TPS of 60%</u> and moderate respiratory distress secondary to extensive tumor in the lung. Which treatment regimen would you generally recommend?

Chemotherapy	0%
Chemotherapy + bevacizumab	0%
Pembrolizumab	26%
Carboplatin/pemetrexed/pembrolizumab	65%
Atezolizumab/carboplatin/paclitaxel + bevacizumab	9%
Other	0%

For a patient with metastatic NSCLC who experiences a <u>complete clinical response</u> to an anti-PD-1/PD-L1 antibody at first evaluation and is tolerating it well, for how long would you continue treatment?



Which first-line treatment regimen would you recommend for a <u>65-year-old</u> patient with metastatic <u>squamous cell</u> lung cancer and a <u>PD-L1 TPS of 60%</u>?

Pembrolizumab	42%
Carboplatin/gemcitabine	0%
Carboplatin/ <i>nab</i> paclitaxel	4%
Carboplatin/paclitaxel	4%
Pembrolizumab/carboplatin/ <i>nab</i> paclitaxel	21%
Pembrolizumab/carboplatin/paclitaxel	28%
Other	0%