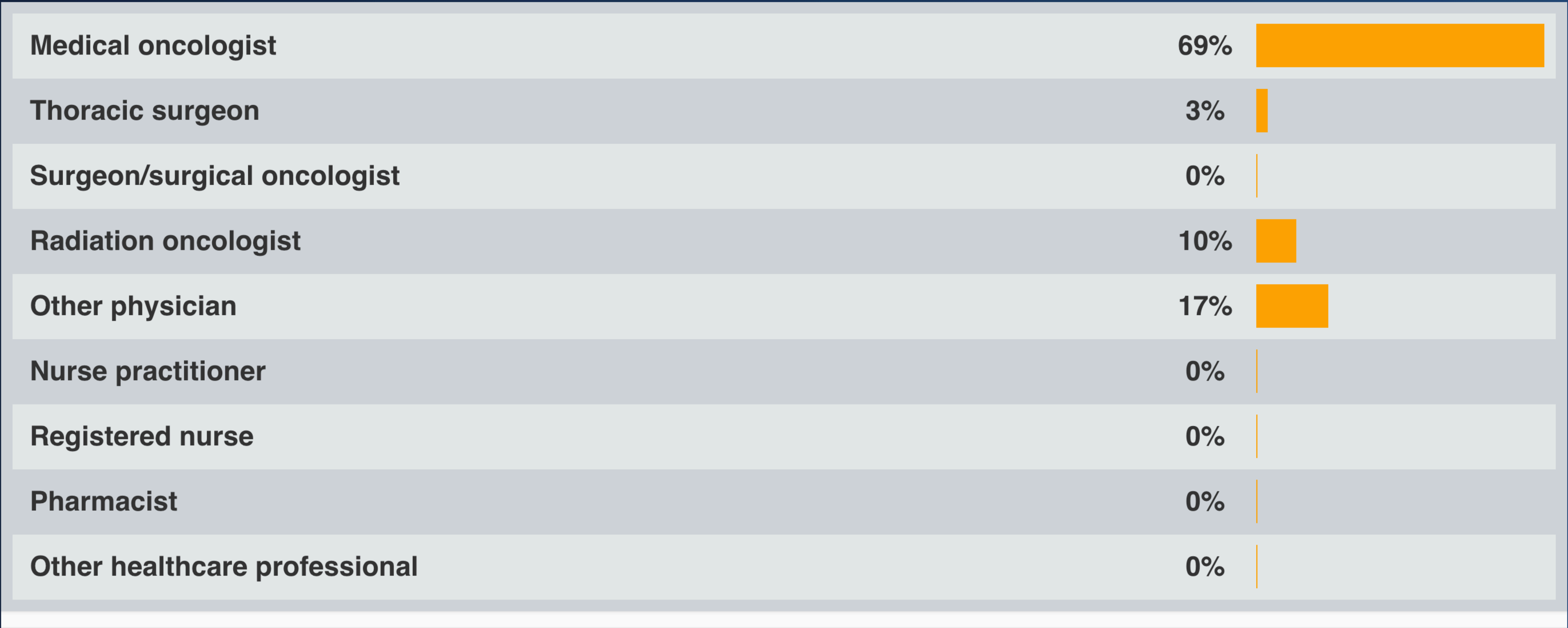
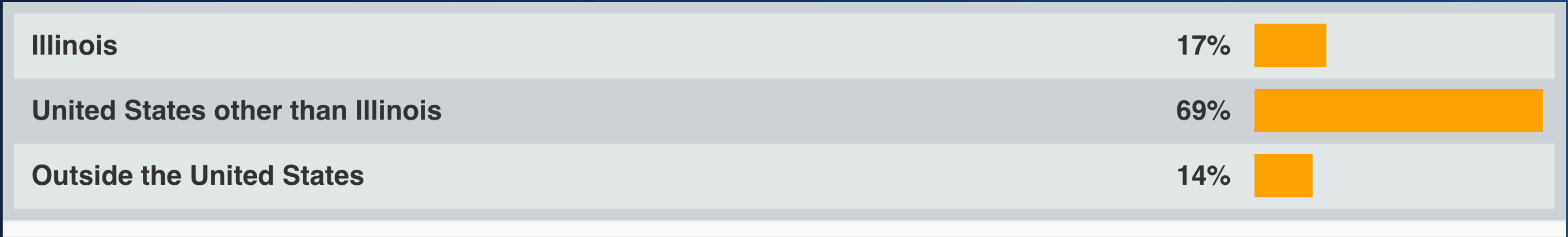


# 0A. Which of the following best represents your clinical background?



0B. Where do you currently live?





# 0C. Are you in general oncology practice or do you specialize in lung cancer?

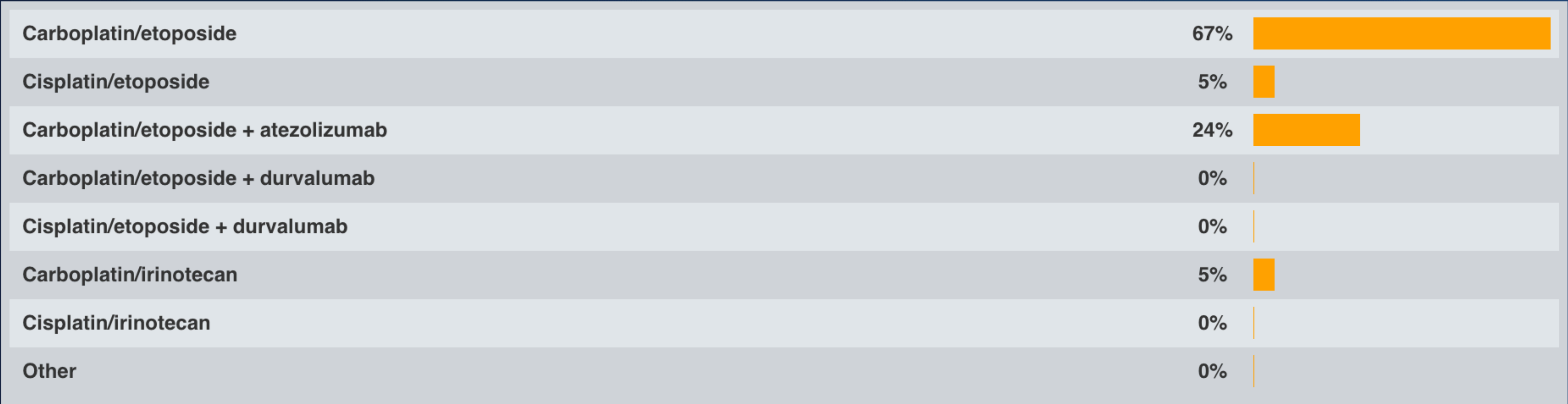


Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 65-year-old patient with extensive-stage small cell lung cancer (SCLC)?

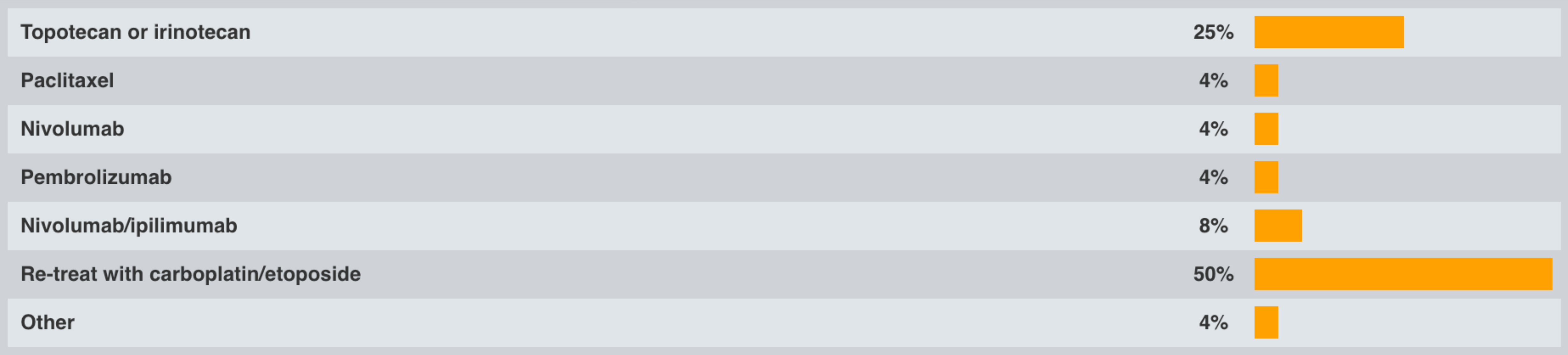




Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 65-year-old patient with extensive-stage SCLC and neurologic paraneoplastic syndrome causing moderate to severe proximal myopathy?

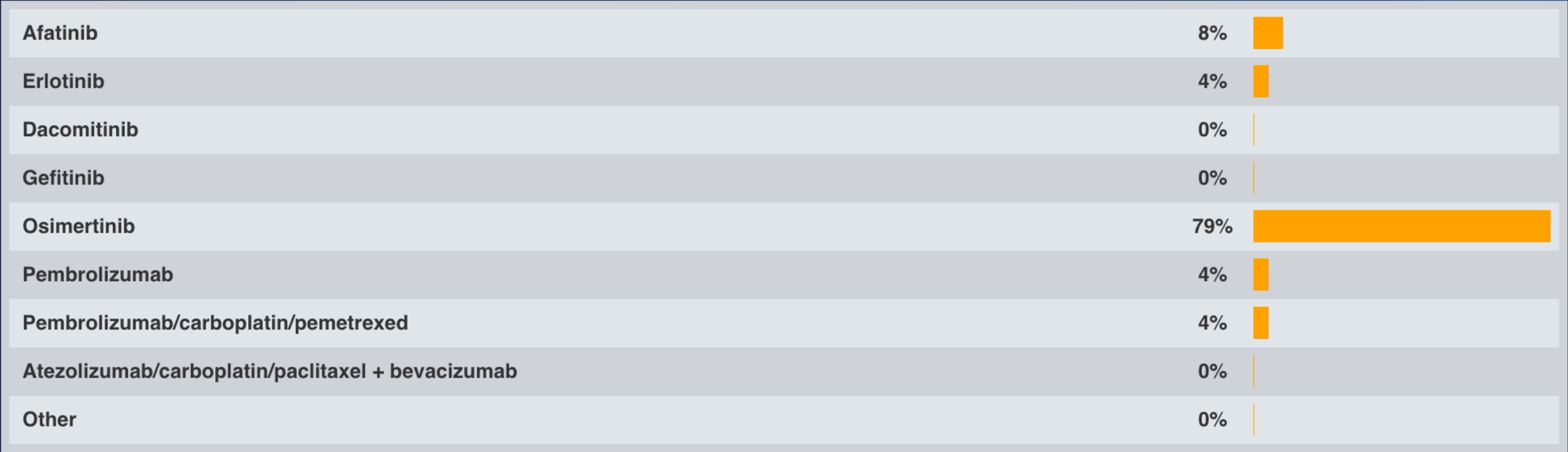


A 65-year-old patient with metastatic SCLC experiences a response to first-line carboplatin/etoposide/atezolizumab but then experiences disease progression after 6 months. What would you generally recommend?

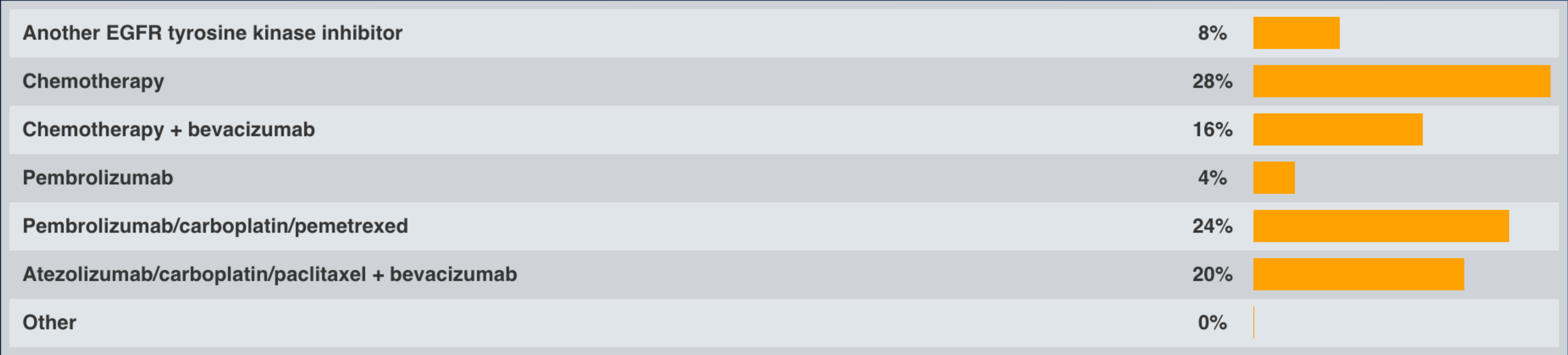




Which first-line therapy would you generally recommend for an asymptomatic patient with metastatic nonsquamous NSCLC with an EGFR exon 19 deletion and a PD-L1 tumor proportion score (TPS) of 60%?

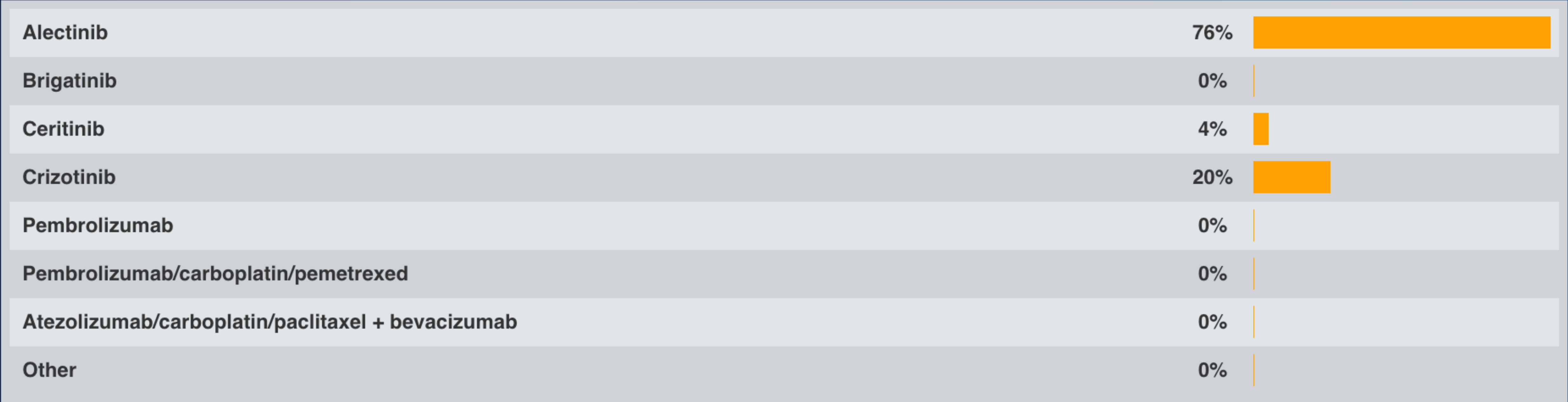


**A patient with metastatic nonsquamous NSCLC with an EGFR exon 19 deletion and a PD-L1 TPS of 60% responds to first-line osimertinib and then experiences disease progression with no targetable secondary mutations. What is your most likely next systemic therapy?**

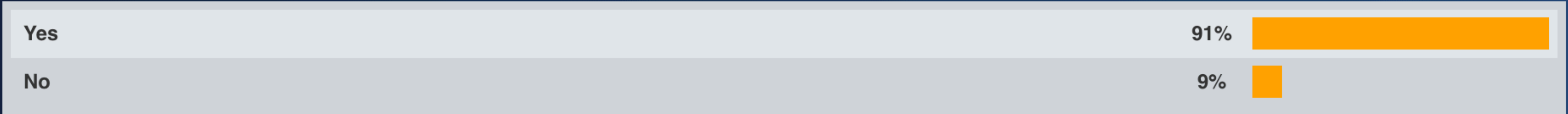




Which first-line therapy would you generally recommend for an asymptomatic patient with metastatic nonsquamous NSCLC with an ALK rearrangement and a PD-L1 TPS of 60%?



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

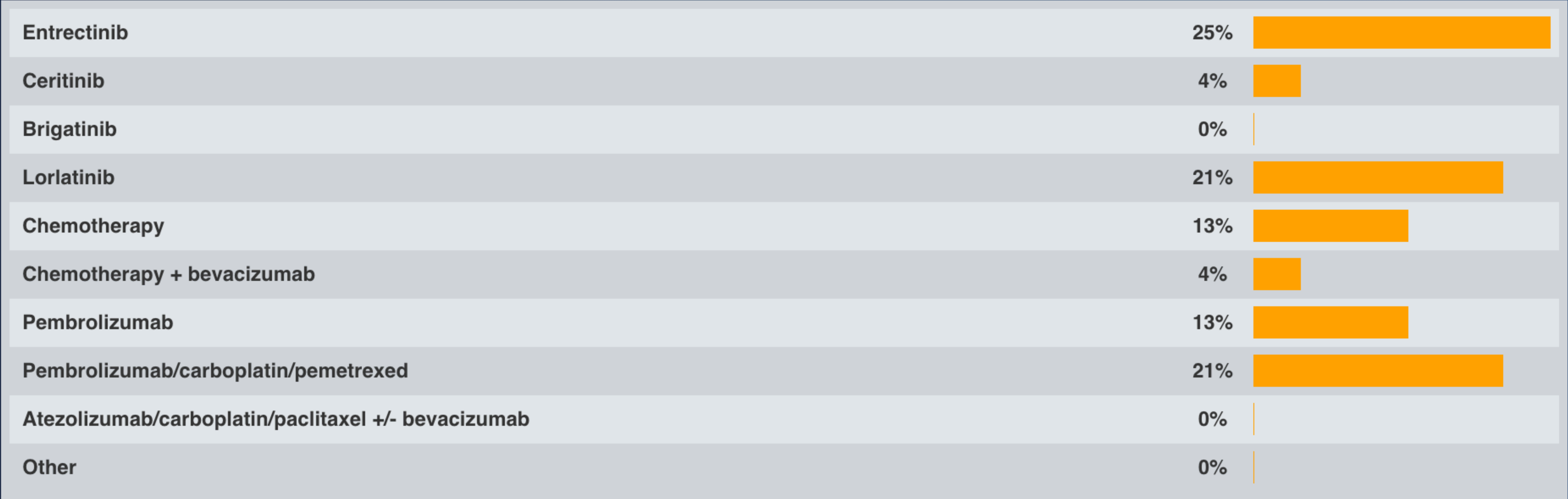




# Which first-line therapy would you generally recommend for an asymptomatic patient with metastatic nonsquamous NSCLC with a ROS1 rearrangement and a PD-L1 TPS of 60%?



**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?**





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

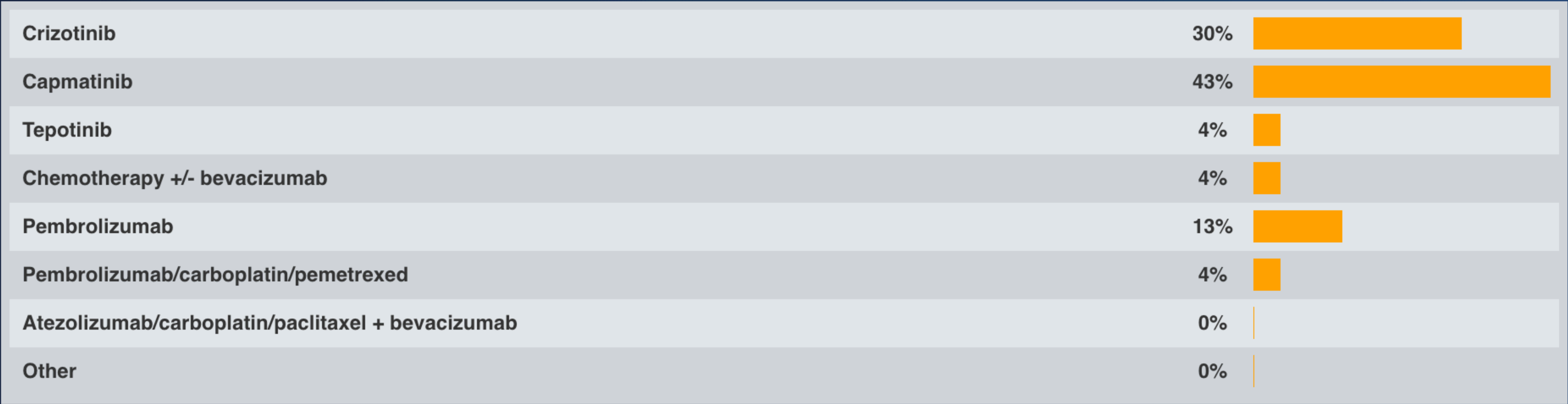


Regulatory and reimbursement issues aside and assuming you could access all of the agents below, what would be your first-line treatment recommendation for a patient with metastatic NSCLC, a RET rearrangement and a TPS of 60%?

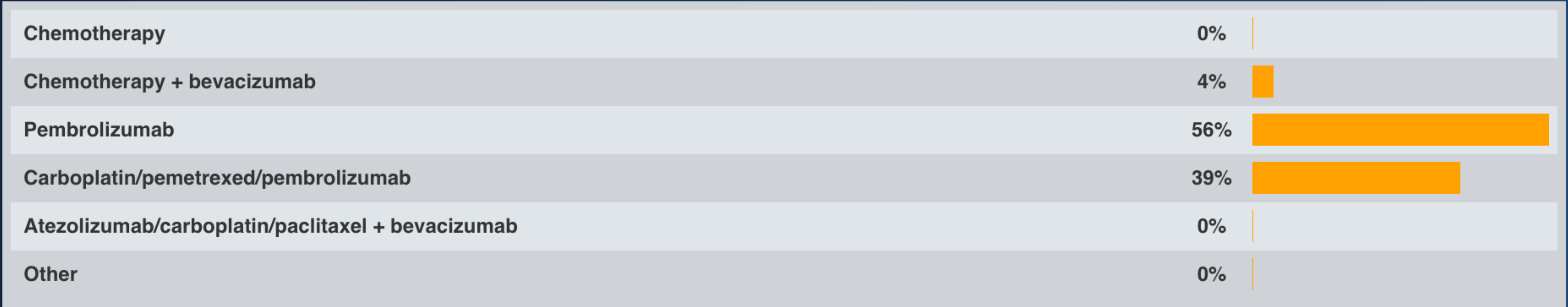
Lenvatinib	14%	<div></div>
Cabozantinib	9%	<div></div>
Vandetanib	0%	<div></div>
Pralsetinib (BLU-667)	0%	<div></div>
Selpercatinib (LOXO-292)	50%	<div></div>
Chemotherapy +/- bevacizumab	0%	<div></div>
Pembrolizumab	18%	<div></div>
Pembrolizumab/carboplatin/pemetrexed	9%	<div></div>
Atezolizumab/carboplatin/paclitaxel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



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



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

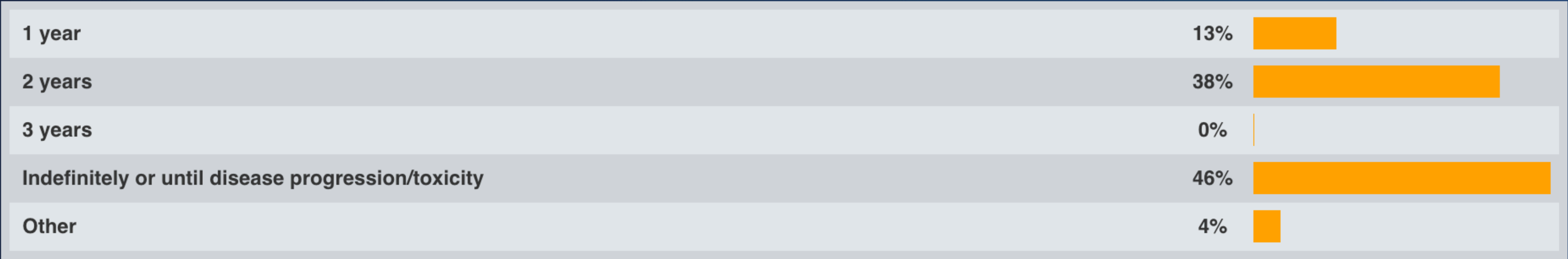




A patient presents with metastatic nonsquamous lung cancer with no identified targetable mutations, a PD-L1 TPS of 60% and moderate respiratory distress secondary to extensive tumor in the lung. Which treatment regimen would you generally recommend?

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 complete clinical response 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 65-year-old patient with metastatic squamous cell lung cancer and a PD-L1 TPS of 60%?

