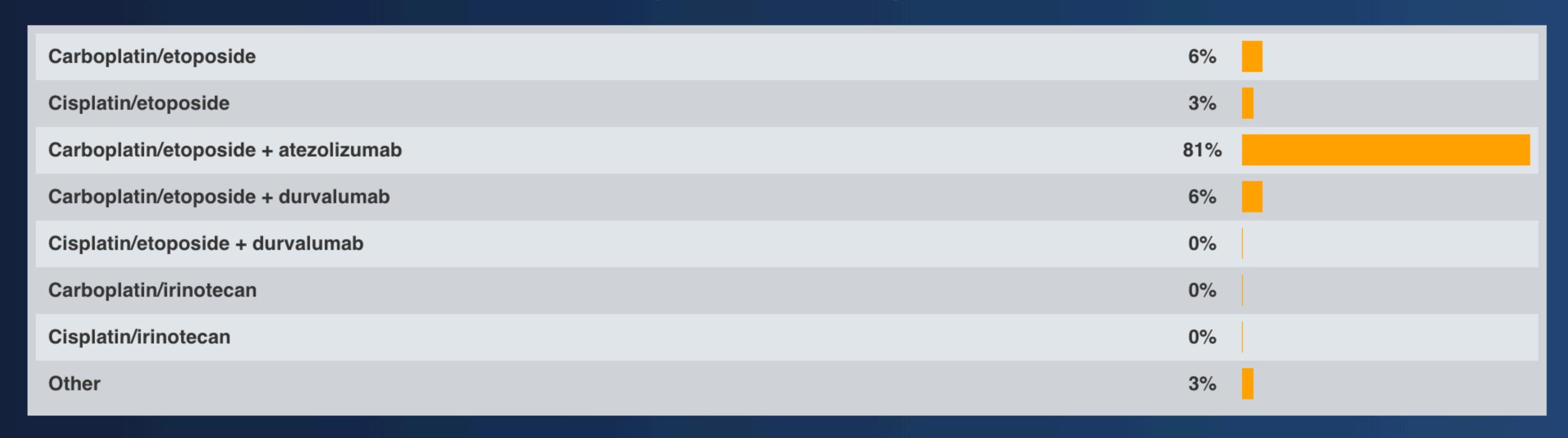
Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a <u>65-year-old</u> patient with extensive-stage small cell lung cancer (SCLC)?



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

| Carboplatin/etoposide | 25% |
|--------------------------------------|-----|
| Cisplatin/etoposide | 0% |
| Carboplatin/etoposide + atezolizumab | 69% |
| Carboplatin/etoposide + durvalumab | 0% |
| Cisplatin/etoposide + durvalumab | 3% |
| Carboplatin/irinotecan | 0% |
| Cisplatin/irinotecan | 0% |
| Other | 3% |

Both the IMpower133 and the CASPIAN Phase III trials demonstrated an improvement in _____ with the combination of an anti-PD-L1 antibody and chemotherapy as first-line therapy for extensive-stage SCLC.

| Progression-free survival | 10% |
|---|-----|
| Overall survival | 13% |
| Progression-free and overall survival | 55% |
| I don't know | 6% |
| I am not familiar with the CASPIAN trial | 13% |
| I am not familiar with either of these trials | 3% |

The benefits and risks of adding durvalumab to platinum/etoposide and of adding atezolizumab to carboplatin/etoposide are very similar, and from a clinical point of view selecting between the 2 regimens can be considered a "coin flip."

| Agree | 63% |
|--------------|-----|
| Disagree | 13% |
| I don't know | 23% |

Which of the following platinum agents offers the greatest therapeutic index when administered as part of a chemotherapy regimen for a younger patient with extensive-stage SCLC?

| Carboplatin | 26% |
|--|-----|
| Cisplatin | 39% |
| No preference, either carboplatin or cisplatin | 35% |

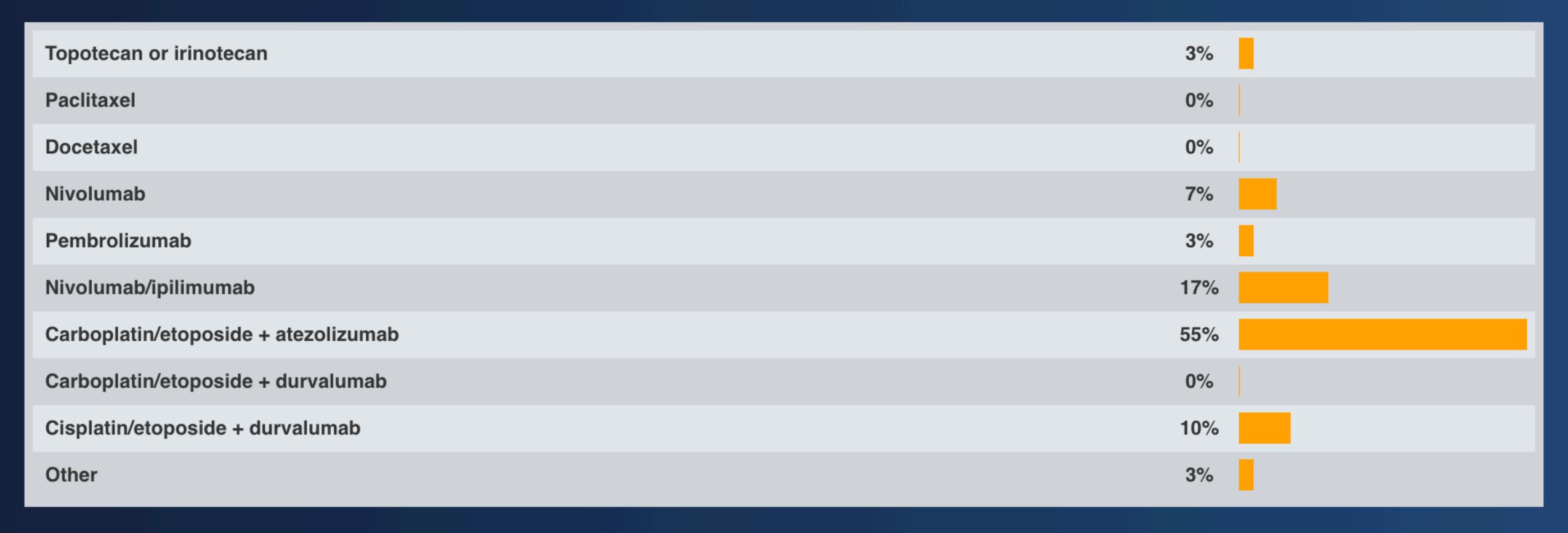
A 65-year-old patient with metastatic SCLC experiences a response to first-line <u>carboplatin/etoposide/atezolizumab</u> but then experiences disease progression <u>after 4 months</u>. What would you generally recommend?

| Topotecan or irinotecan | 63% |
|-------------------------|-----|
| Paclitaxel | 13% |
| Nivolumab | 0% |
| Pembrolizumab | 0% |
| Nivolumab/ipilimumab | 13% |
| Other | 10% |

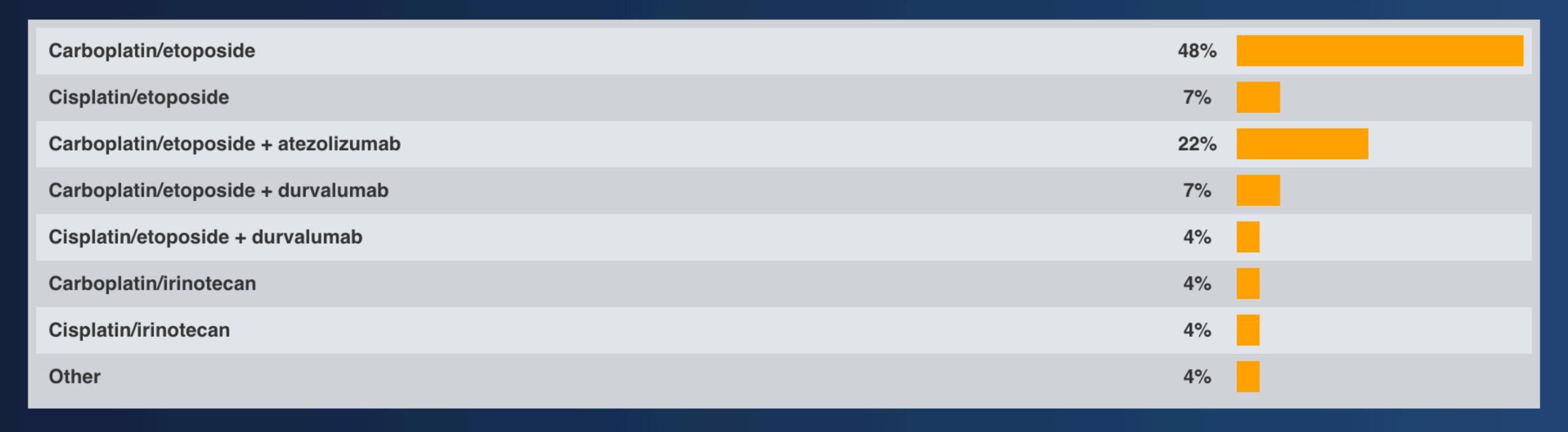
A 65-year-old patient with metastatic SCLC experiences a response to first-line <u>carboplatin/etoposide/atezolizumab</u> but then experiences disease progression <u>after 6 months</u>. What would you generally recommend?

| Topotecan or irinotecan | 20% |
|-------------------------------------|-----|
| Paclitaxel | 3% |
| Nivolumab | 3% |
| Pembrolizumab | 3% |
| Nivolumab/ipilimumab | 20% |
| Re-treat with carboplatin/etoposide | 47% |
| Other | 3% |

A 65-year-old patient with <u>limited-stage</u> SCLC experiences a response to concurrent <u>platinum/etoposide</u> and <u>RT</u> but then experiences disease progression at 6 months. What would you generally recommend?



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>



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 symptomatic SIADH (in addition to standard treatment for SIADH)</u>?

