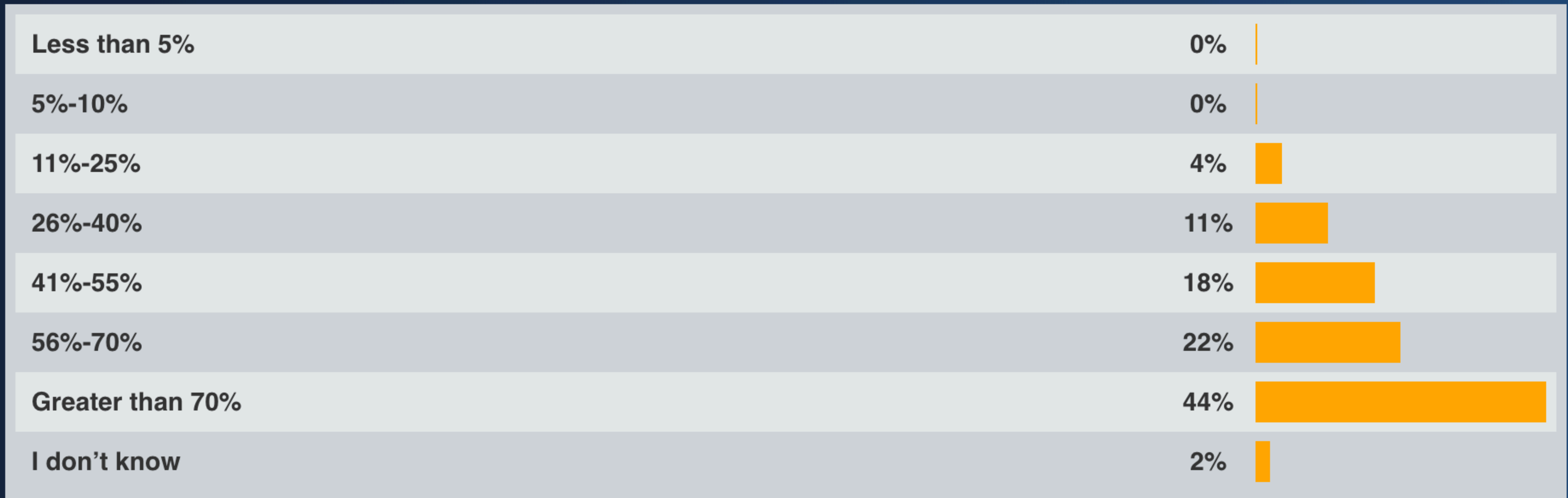
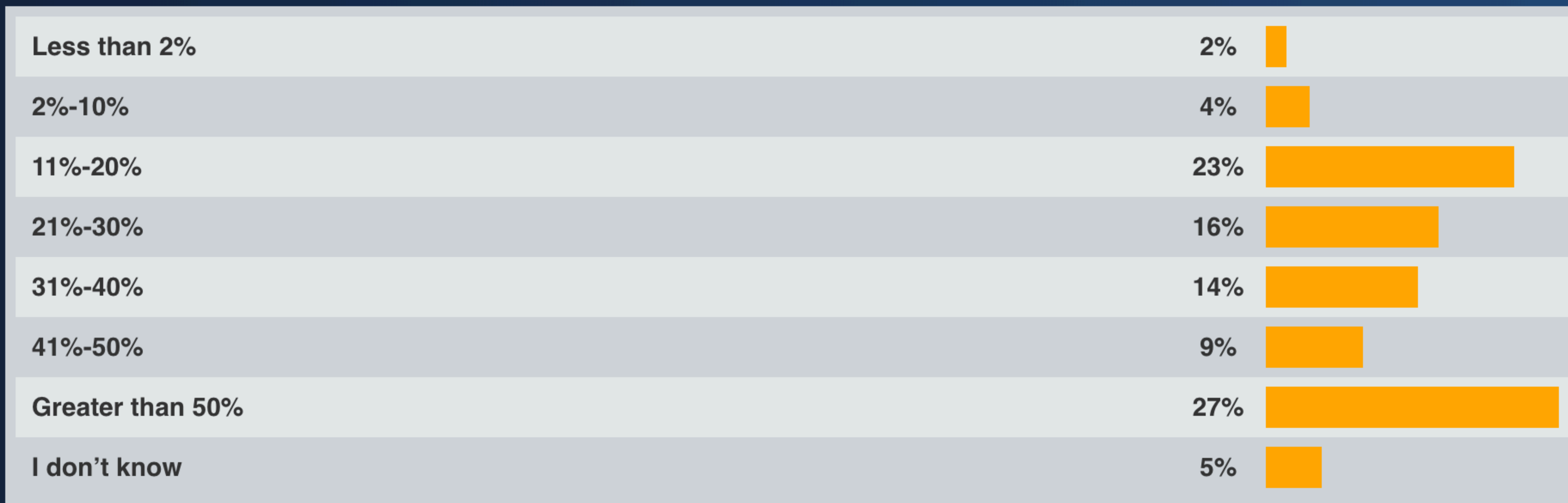


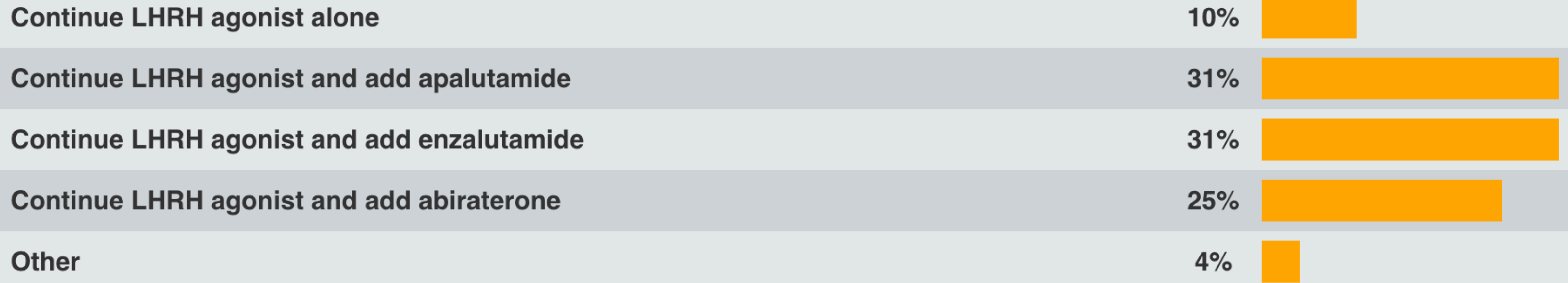
A 65-year-old man s/p radical prostatectomy followed by radiation therapy for PSA-only recurrence (M0) receives an LHRH agonist for further PSA progression to a PSA level of 14 ng/dL with a doubling time of 3 months. MRI and PSMA-PET imaging are negative. The patient has asked you to estimate the chance he will be diagnosed with metastatic disease in 3 years if he continues an LHRH agonist alone. How would you respond?



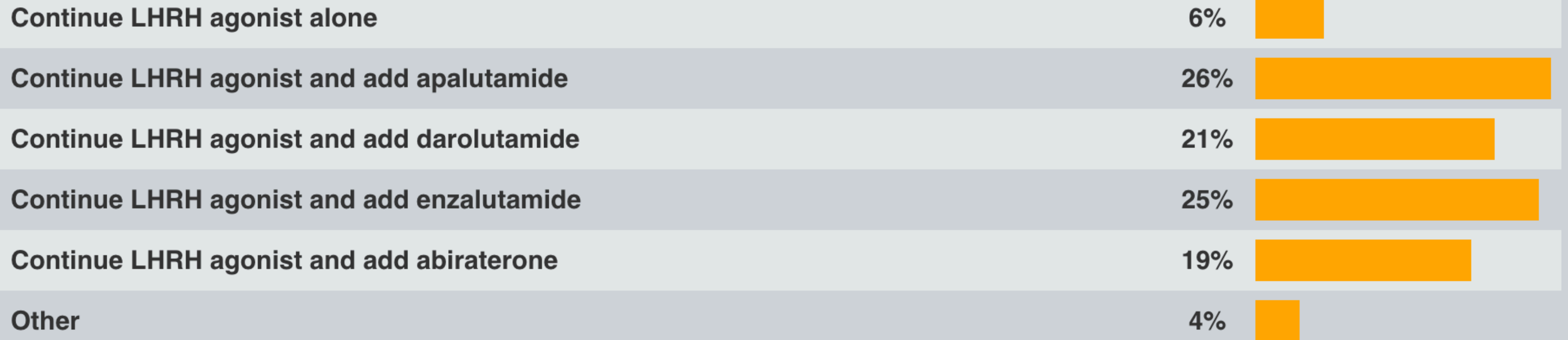
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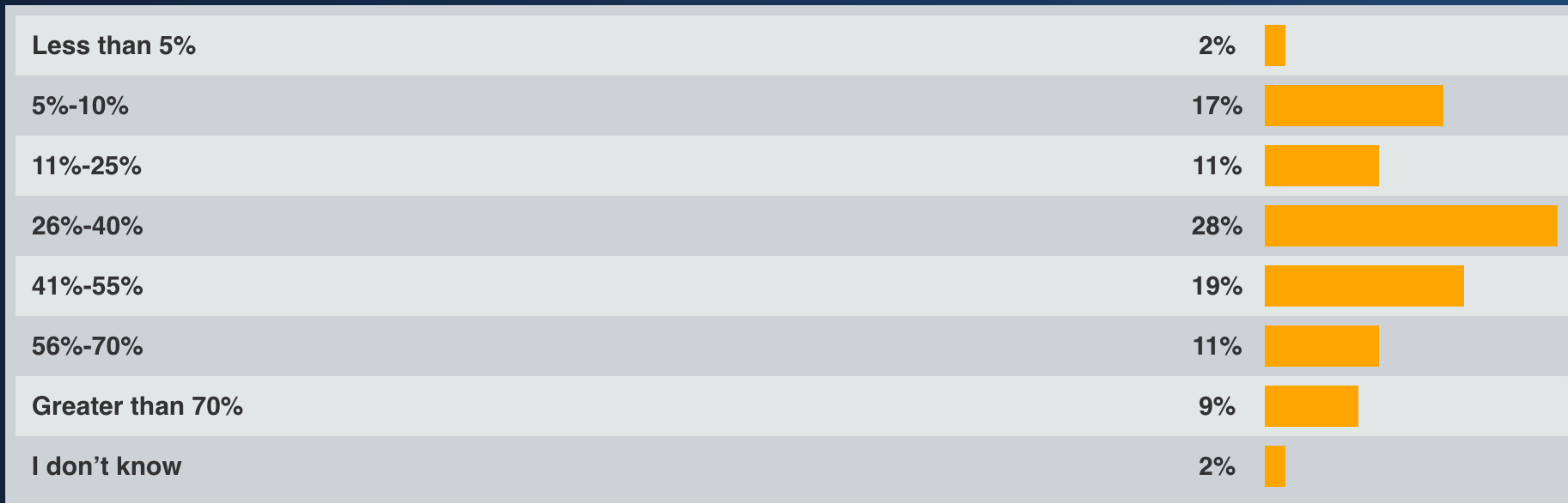
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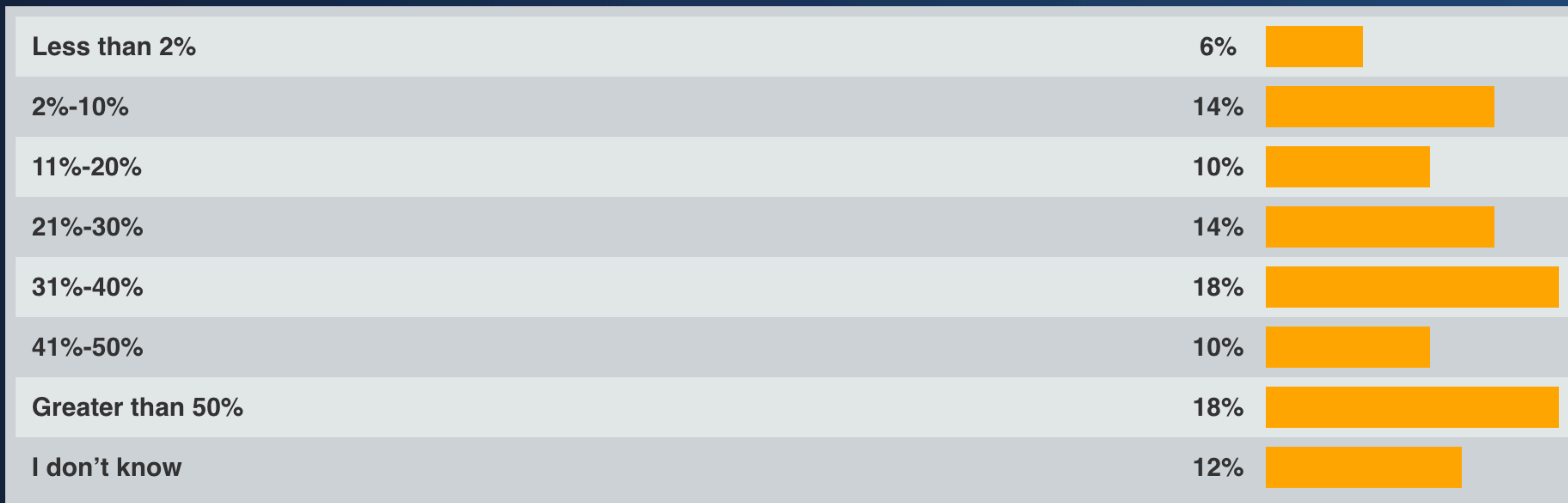
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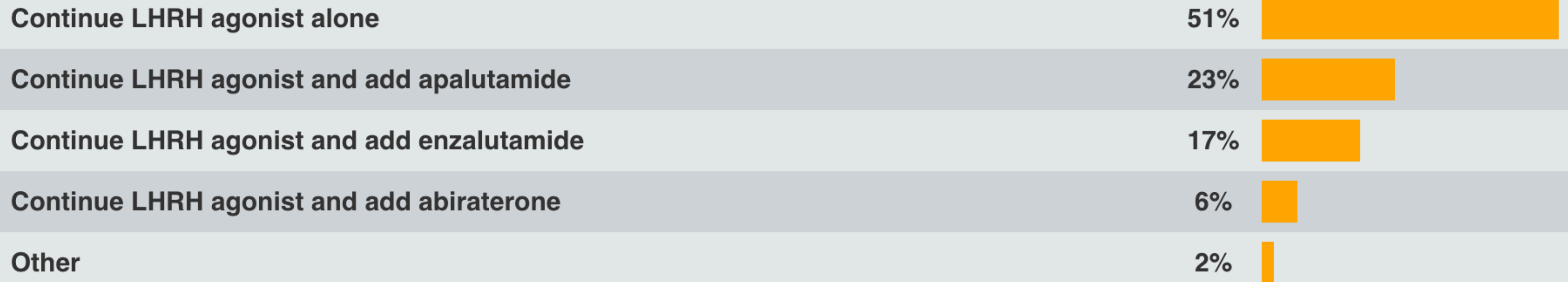
A 65-year-old man s/p radical prostatectomy followed by radiation therapy for PSA-only recurrence (M0) receives an LHRH agonist for further PSA progression to a PSA level of 3.4 ng/dL with a doubling time of 10 months. MRI and PSMA-PET imaging are negative. The patient has asked you to estimate the chance he will be diagnosed with metastatic disease in 3 years if he continues an LHRH agonist alone. How do you respond?



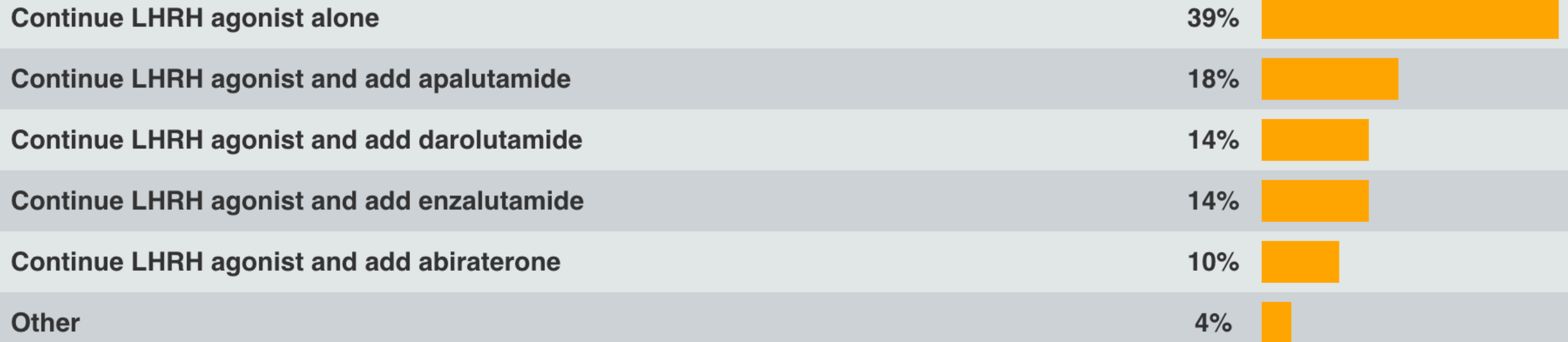
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Regulatory and reimbursement issues aside, what systemic therapy, if any, would you typically add to androgen deprivation for a 60-year-old patient presenting with Gleason 8 prostate cancer and widespread, moderately symptomatic bone metastases?



Regulatory and reimbursement issues aside, what systemic therapy, if any, would you typically add to androgen deprivation for an 80-year-old patient presenting with Gleason 8 prostate cancer and widespread, moderately symptomatic bone metastases?



Regulatory and reimbursement issues aside, what systemic therapy, if any, would you typically add to androgen deprivation for a 60-year-old patient presenting with Gleason 8 prostate cancer and 3 asymptomatic rib metastases?



Regulatory and reimbursement issues aside, what systemic therapy, if any, would you typically add to androgen deprivation for a 60-year-old patient presenting with Gleason 8 prostate cancer and asymptomatic liver metastases?



How would you compare the effect on quality of life when an 80-year-old patient with metastatic prostate cancer is started on ADT alone versus ADT in combination with abiraterone?

ADT with abiraterone has a significantly greater adverse effect on quality of life compared to ADT alone

31%



ADT alone and ADT with abiraterone have a similar adverse effect on quality of life

53%

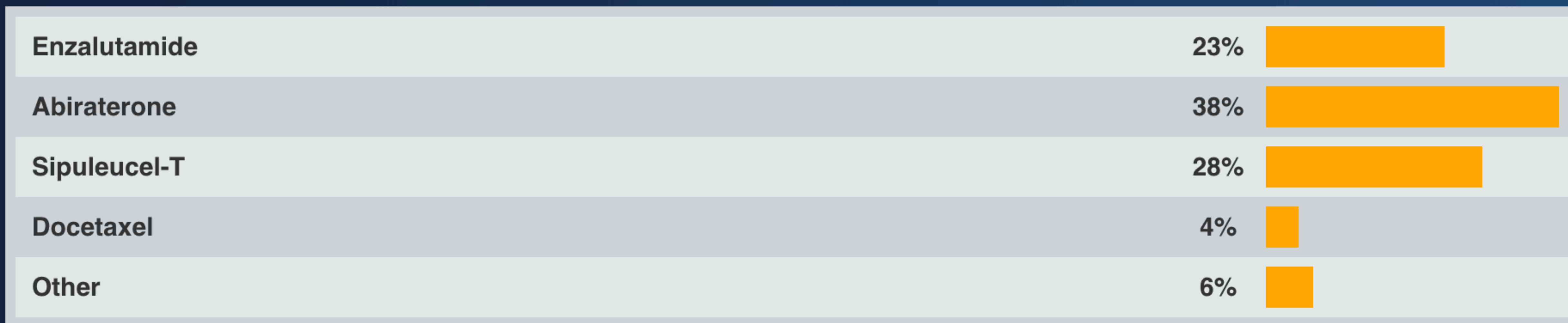


I don't know

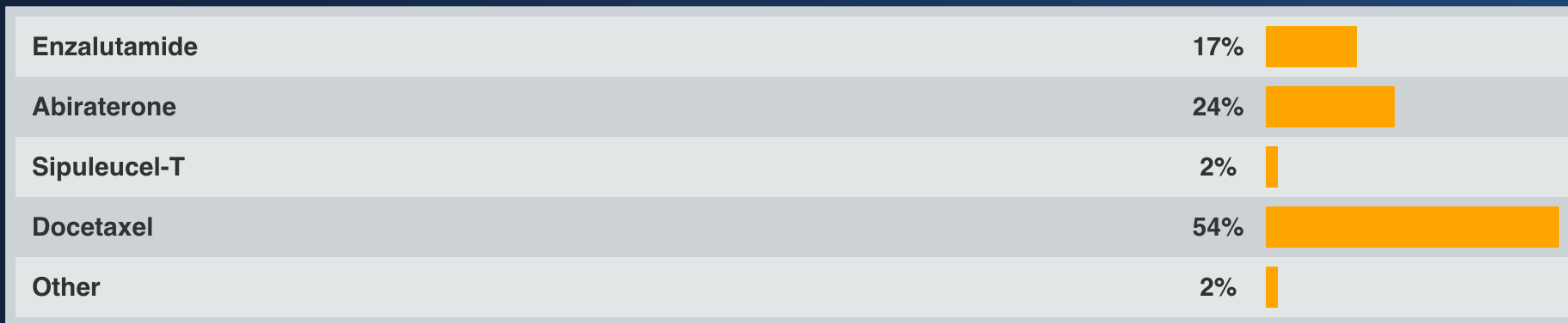
16%



A 60-year-old man receiving ADT for M0 disease after radical prostatectomy is found to have asymptomatic bone metastases. What systemic treatment would you most likely recommend?



A 60-year-old man receiving ADT for M0 disease after radical prostatectomy is found to have widespread, moderately symptomatic bone metastases. What systemic treatment would you most likely recommend?



A 60-year-old man receiving ADT for M0 disease after radical prostatectomy is found to have asymptomatic liver metastases. What systemic treatment would you most likely recommend?

Enzalutamide

19%



Abiraterone

15%



Sipuleucel-T

4%



Docetaxel

60%



Other

2%



A 60-year-old man receiving ADT for PSA-only recurrence after radical prostatectomy is found to have asymptomatic bone metastases. He receives abiraterone with an initial response. Seven months later his PSA begins to rise, but he remains asymptomatic. What would you most likely recommend?



Do you believe that there are currently enough data to support the use of AR-V7 testing in making decisions regarding the use of hormone therapy in prostate cancer?

Yes

34%

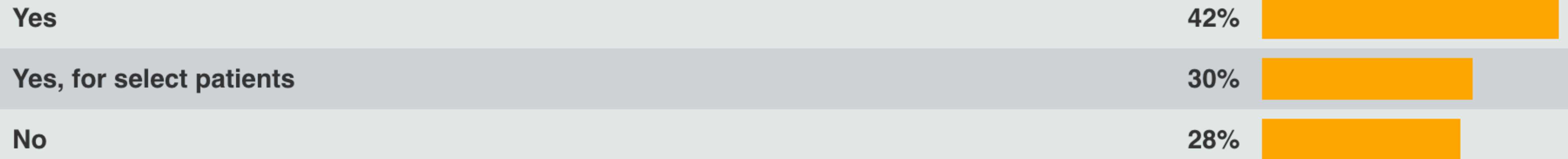


No

66%



Do you generally perform BRCA germline testing for your patients with metastatic prostate cancer at some point?



Have you or would you prescribe a PARP inhibitor to a patient with metastatic prostate cancer and a BRCA germline mutation?

I haven't and would not

10%



I haven't but would for the right patient

60%



I have

30%



Have you or would you prescribe a PARP inhibitor to a patient with metastatic prostate cancer and a somatic BRCA mutation?

I haven't and would not

12%



I haven't but would for the right patient

57%



I have

30%



Based on available data and your own clinical experience, do you believe that radium-223 relieves pain?

Yes

87%



No

13%



How frequently does treatment with radium-223 lead to clinically relevant cytopenias?

Very frequently

2%



Somewhat frequently

31%



Occasionally

46%



Rarely if ever

21%



In general, what would be your most likely treatment recommendation for a 65-year-old man with moderately symptomatic metastatic prostate cancer to the bone whose disease has progressed on enzalutamide, abiraterone and docetaxel?

Radium-223

52%



Cabazitaxel

44%



Best supportive care

2%



Other

2%



In general, what would be your most likely treatment recommendation for a 80-year-old man with moderately symptomatic metastatic prostate cancer to the bone whose disease has progressed on enzalutamide, abiraterone and docetaxel?

Radium-223

65%



Cabazitaxel

15%



Best supportive care

15%



Other

4%



Approximately how many times have you administered or referred a patient for treatment with lutetium 177 PSMA radionuclide therapy?

