Which of the following tumor types has the greatest annual incidence?

Acute myeloid leukemia	0%
Chronic lymphocytic leukemia	11%
Multiple myeloma	3%
HER2-positive breast cancer	71%
I don't know	14%

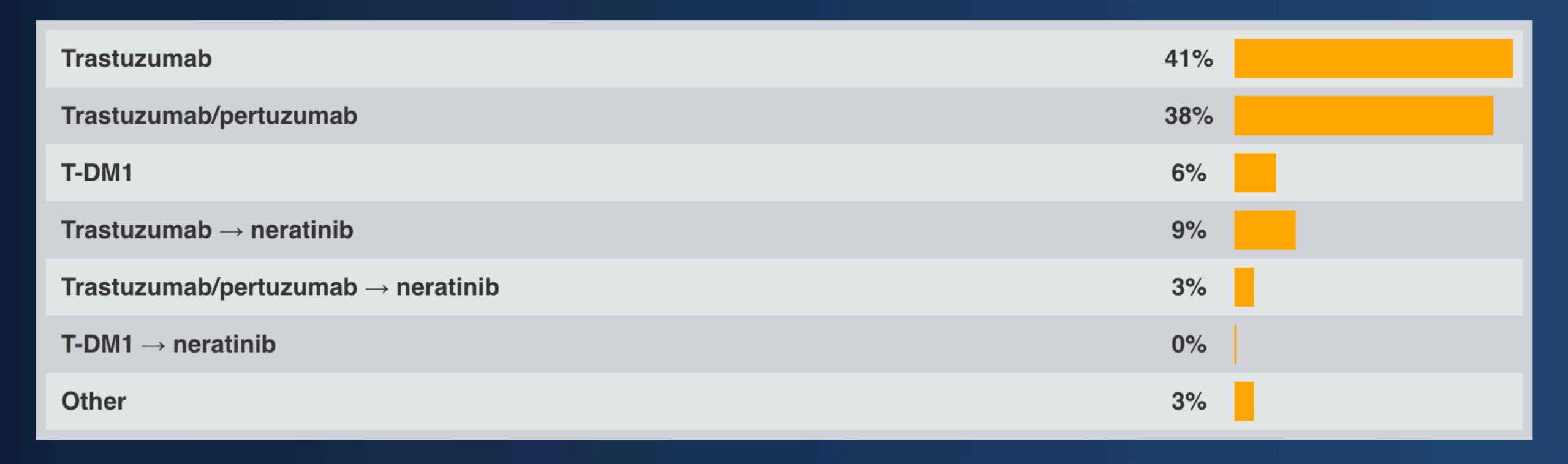
Is your clinical practice restricted to breast cancer?

Yes	20%
Yes, mostly	26%
No, I see patients with many types of cancer	54%

Which neoadjuvant systemic therapy, if any, do you generally recommend for a patient with a 1.5-cm, ER-negative, HER2-positive, node-negative infiltrating ductal carcinoma (IDC)?

None	18%
Paclitaxel/trastuzumab	28%
Paclitaxel/trastuzumab/pertuzumab	6%
ACTH (doxorubicin/cyclophosphamide/paclitaxel/trastuzumab)	9%
ACTHP (doxorubicin/cyclophosphamide/paclitaxel/trastuzumab/pertuzumab)	12%
TCH (docetaxel/carboplatin/trastuzumab)	9%
TCHP (docetaxel/carboplatin/trastuzumab/pertuzumab)	18%
Other	1%

A 36-year-old woman presents with a 4-cm, ER-positive, HER2-positive, nodenegative IDC, receives neoadjuvant TCHP and at surgery is found to have a <u>pathologic complete response</u>. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend?



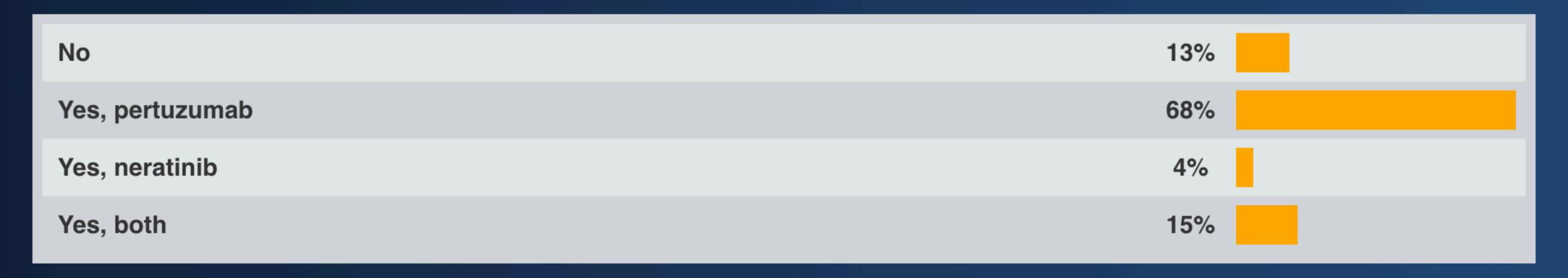
A 36-year-old woman presents with a 4-cm, ER-positive, HER2-positive, node-negative IDC, receives neoadjuvant TCHP and at surgery is found to have <u>0.5 cm</u> of residual disease in the breast and 0 of 2 positive sentinel nodes. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend?

Trastuzumab	0%
Trastuzumab/pertuzumab	13%
T-DM1	66%
Trastuzumab → neratinib	5%
Trastuzumab/pertuzumab → neratinib	4%
T-DM1 → neratinib	10%
Other	2%

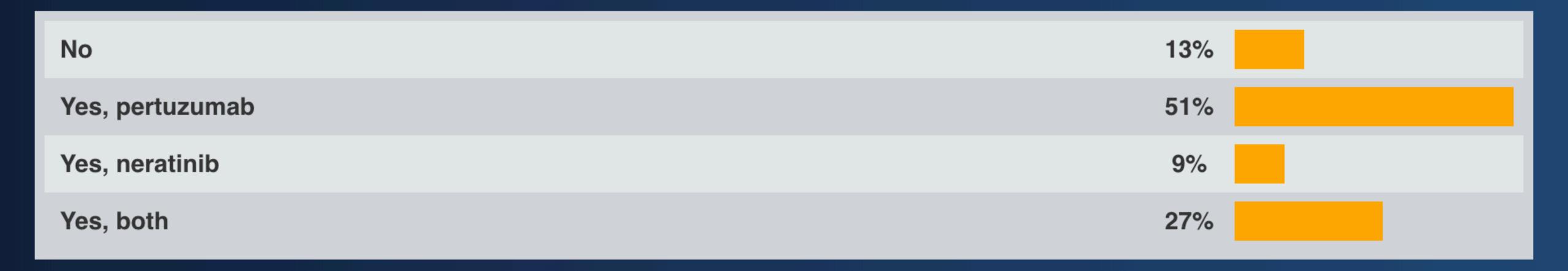
An 85-year-old woman presents with T3N1, ER-positive, HER2-positive IDC, receives neoadjuvant reduced-dose docetaxel and trastuzumab/pertuzumab and at surgery is found to have ypT1aN0 disease. Regulatory and reimbursement issues aside, what adjuvant anti-HER2 therapy would you recommend?

Trastuzumab	17%
Trastuzumab/pertuzumab	15%
T-DM1	55%
Trastuzumab → neratinib	0%
Trastuzumab/pertuzumab → neratinib	4%
T-DM1 → neratinib	6%
Other	3%

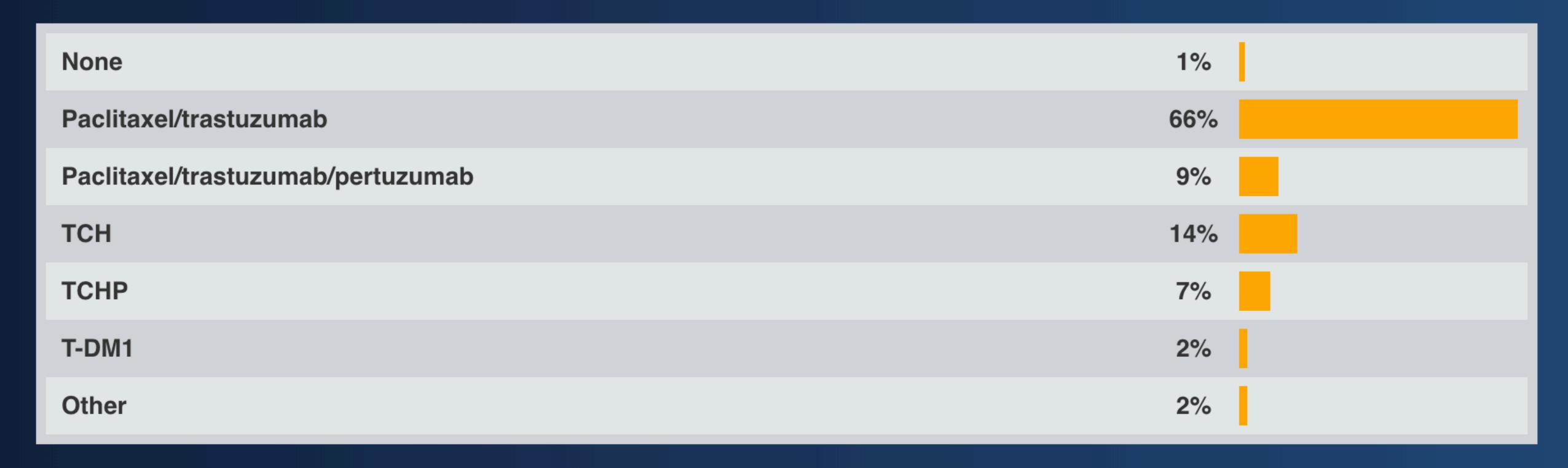
A 60-year-old woman presents with a 1.3-cm, <u>ER-negative</u>, HER2-positive IDC with 1 positive sentinel node. Would you incorporate adjuvant pertuzumab and/or postadjuvant neratinib into this patient's treatment?



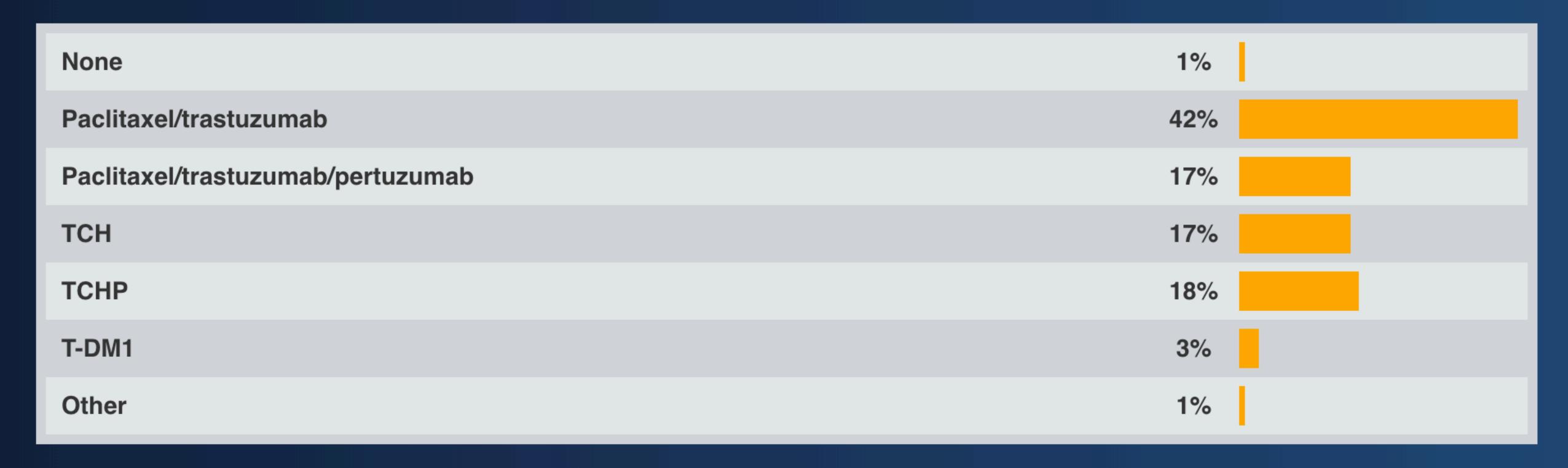
A 60-year-old woman presents with a 1.3-cm, <u>ER-positive</u>, HER2-positive IDC with 1 positive sentinel node. Would you incorporate adjuvant pertuzumab and/or postadjuvant neratinib into this patient's treatment?



A <u>45-year-old</u> woman presents with a <u>0.6-cm</u>, ER-negative, HER2-positive, nodenegative IDC. Regulatory and reimbursement issues aside, what adjuvant systemic therapy would you recommend?



A <u>45-year-old</u> woman presents with a <u>1.5-cm</u>, ER-negative, HER2-positive, nodenegative IDC. Regulatory and reimbursement issues aside, what adjuvant systemic therapy would you recommend?



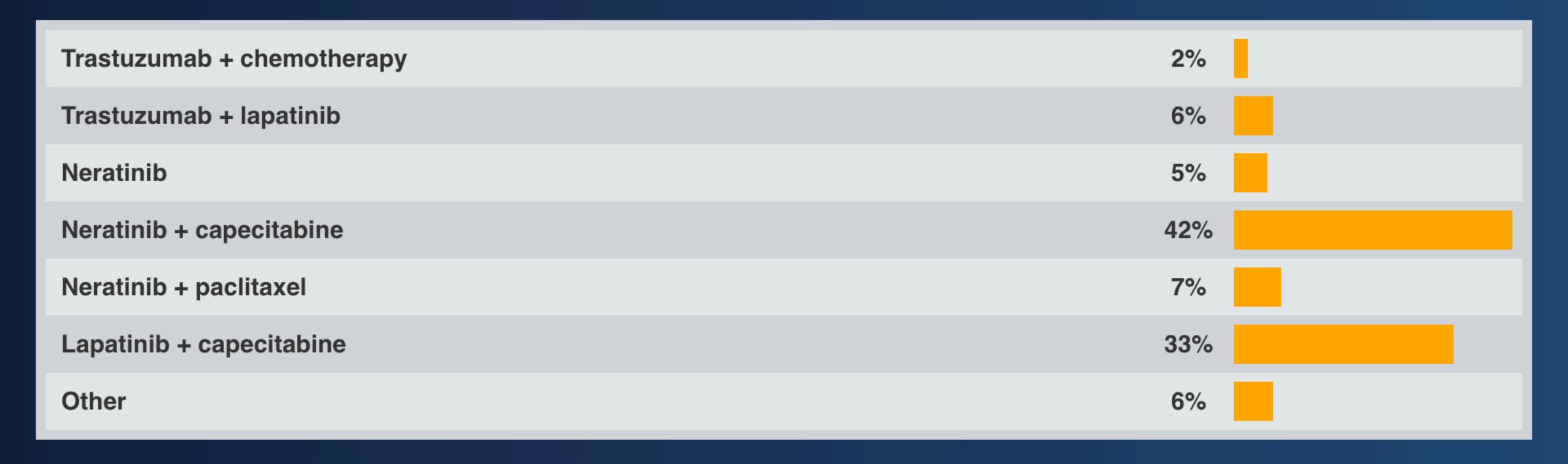
Have you or would you administer neratinib in combination with capecitabine for a patient with HER2-positive breast cancer and brain metastases off protocol?

I have	12%
I have not but would for the right patient	66%
I have not and would not	22%

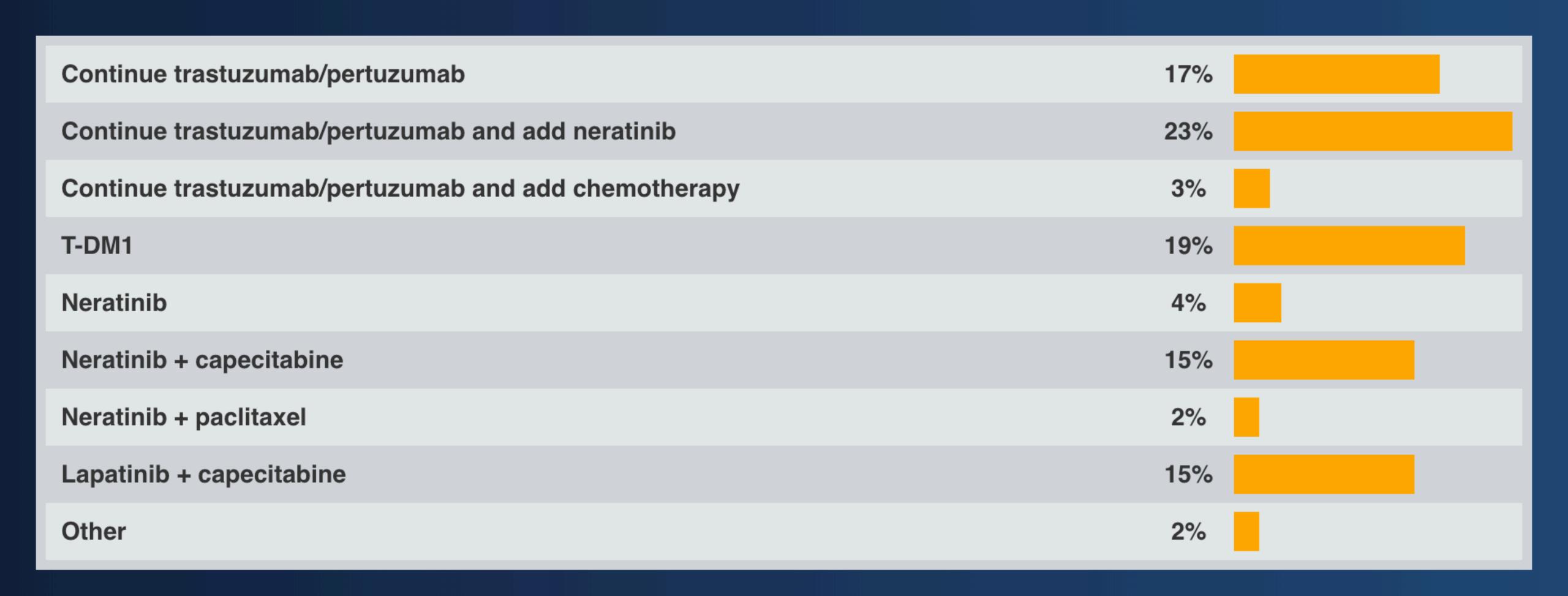
A 65-year-old woman with ER-negative, HER2-positive metastatic breast cancer receives THP followed by T-DM1 on progression. She now presents with further disease progression. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?

Trastuzumab + chemotherapy	17%
Trastuzumab + lapatinib	9%
Neratinib	5%
Neratinib + capecitabine	27%
Neratinib + paclitaxel	5%
Lapatinib + capecitabine	30%
Other	6%

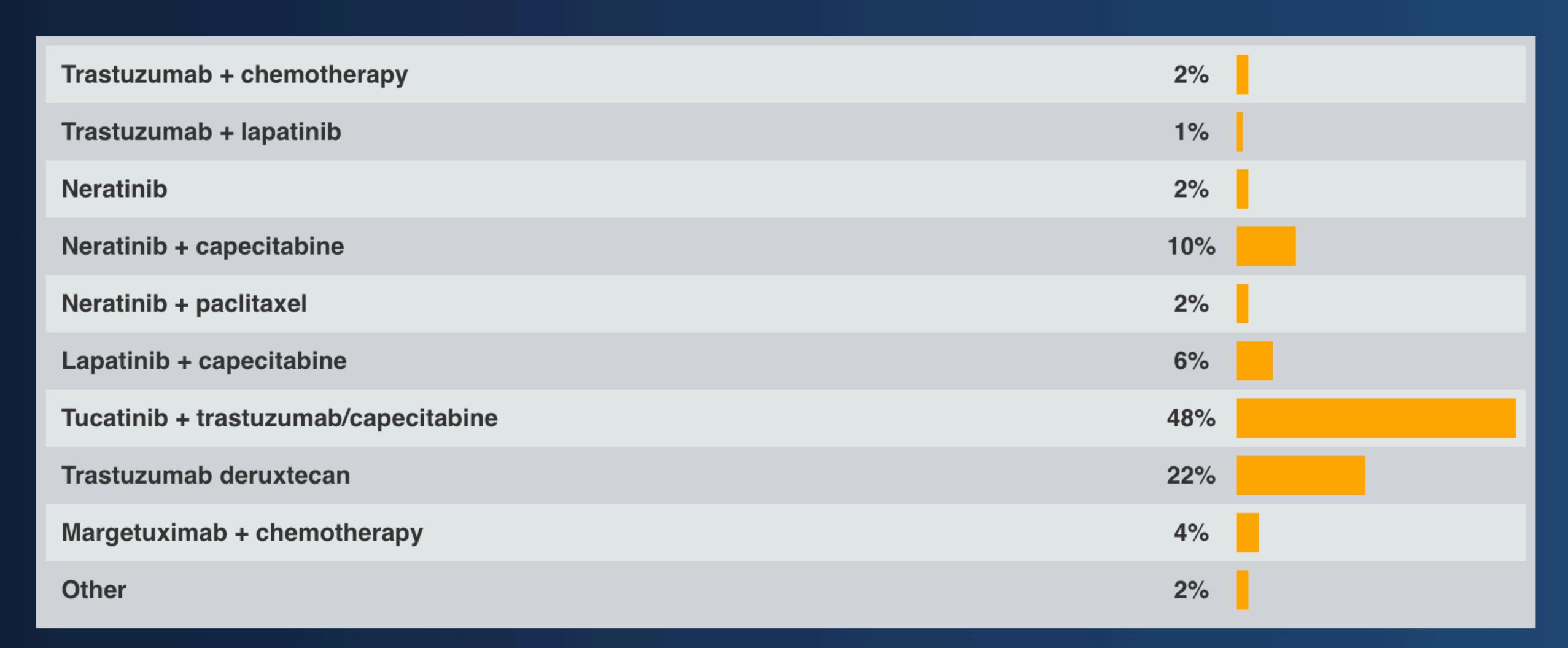
A 65-year-old woman with ER-negative, HER2-positive metastatic breast cancer receives THP followed by T-DM1 on progression. She now presents with further disease progression, <u>including new brain metastases</u>. Regulatory and reimbursement issues aside, what systemic treatment would you recommend?



A 62-year-old woman with ER-negative, HER2-positive metastatic breast cancer to the liver receives THP → HP and experiences a complete response. After approximately 2 years, she is found to have 7 new brain metastases with no evidence of disease progression elsewhere. Regulatory and reimbursement issues aside, in addition to local therapy, what systemic treatment would you recommend?



A 65-year-old woman with ER-negative, HER2-positive metastatic breast cancer receives THP followed by T-DM1 on progression. She now presents with further disease progression. Regulatory and reimbursement issues aside <u>and assuming you could access all of these agents</u>, what systemic treatment would you recommend?



A 65-year-old woman with ER-negative, HER2-positive metastatic breast cancer receives THP followed by T-DM1 on progression. She now presents with further disease progression, including new brain metastases. Regulatory and reimbursement issues aside and assuming you could access all of these agents, what systemic treatment would you recommend?

Trastuzumab + chemotherapy	0%
Trastuzumab + lapatinib	2%
Neratinib	1%
Neratinib + capecitabine	10%
Neratinib + paclitaxel	1%
Lapatinib + capecitabine	8%
Tucatinib + trastuzumab/capecitabine	69%
Trastuzumab deruxtecan	2%
Margetuximab + chemotherapy	4%
Other	2%

Have you or would you administer a CDK4/6 inhibitor to a patient with HER2-positive metastatic breast cancer off protocol?

I haven't and would not	17%
I haven't but would for the right patient	67%
I have	16%