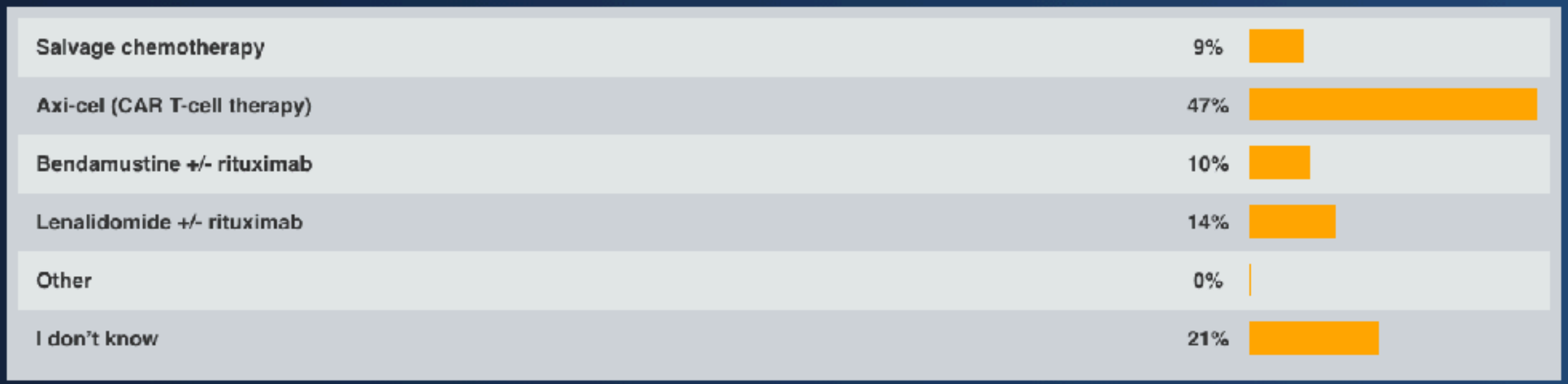
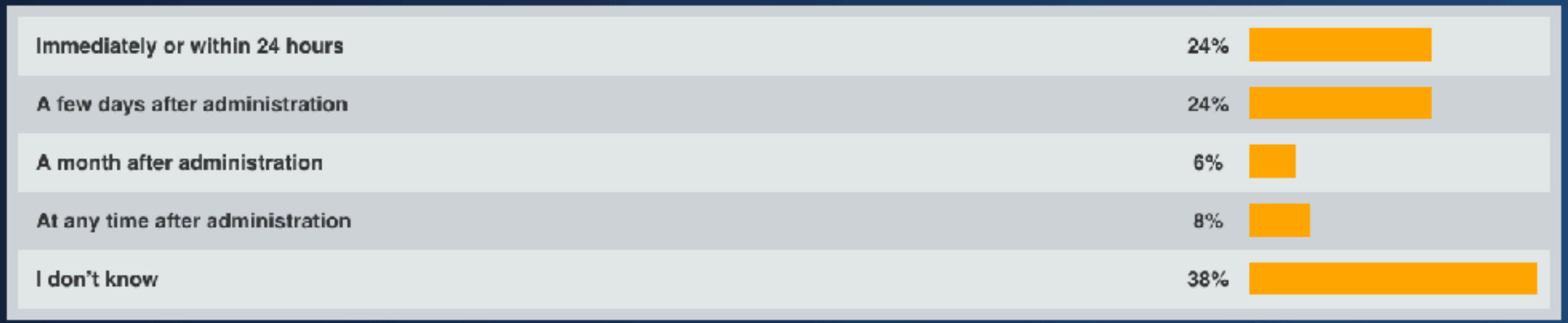
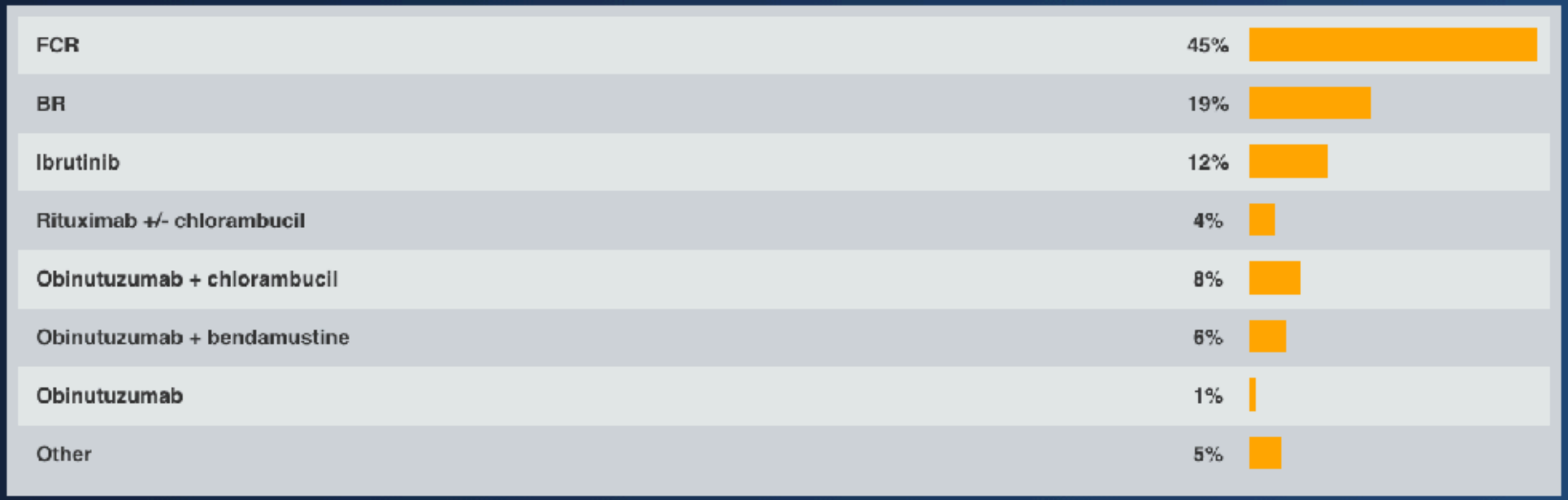
Cost and reimbursement issues aside, what is the optimal treatment for a 65-year-old patient with progressive diffuse large B-cell lymphoma after autologous stem cell transplant?



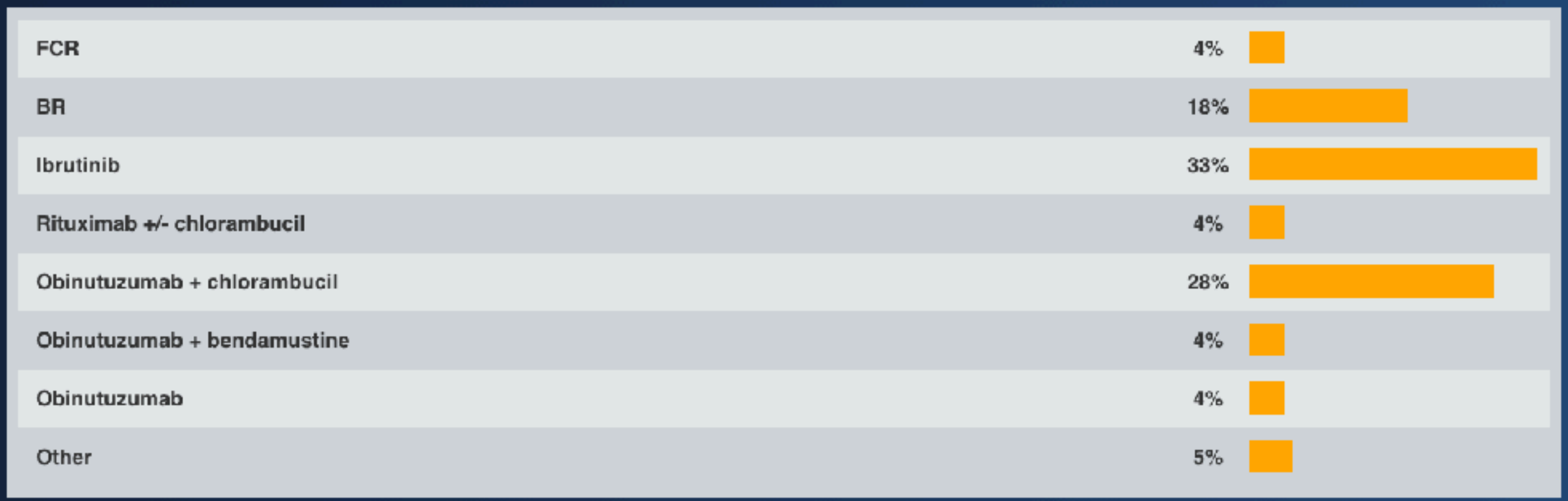
The cytokine release syndrome seen with CAR T-cell therapy usually occurs:



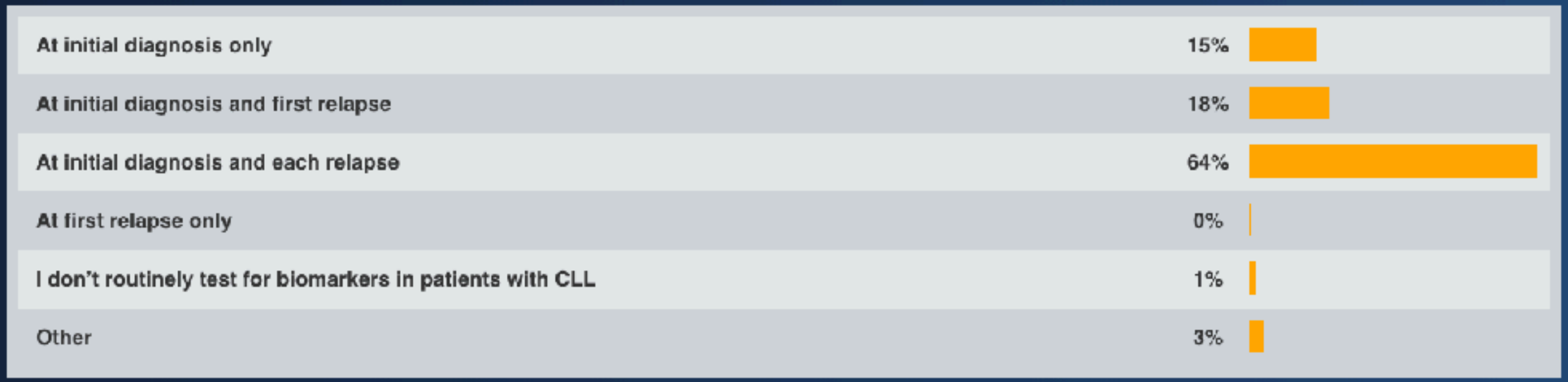
What is your usual preferred initial regimen for an otherwise healthy 60-year-old patient with IGVH-mutated chronic lymphocytic leukemia (CLL) and normal-risk cytogenetics who requires treatment?



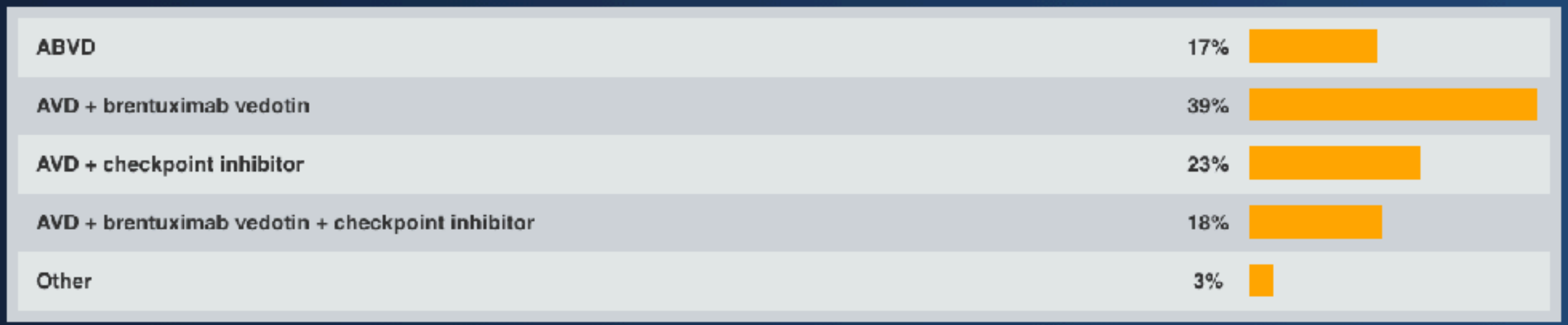
What is your usual preferred initial regimen for an otherwise healthy 80-year-old patient with IGVH-mutated CLL and normal-risk cytogenetics who requires treatment?



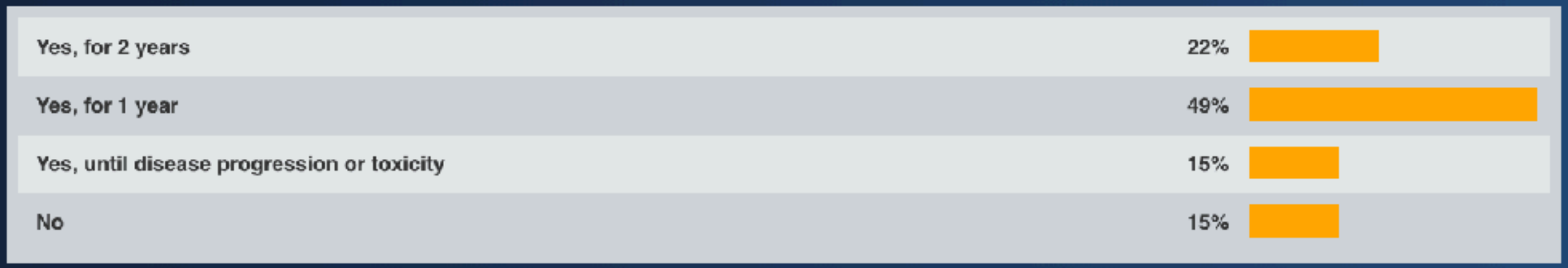
Biomarker analysis, including TP53 and del(17p), should be performed in patients with CLL:



What is your best guess of what will be the state-of-the-art first-line therapy for Hodgkin lymphoma (HL) this time next year?



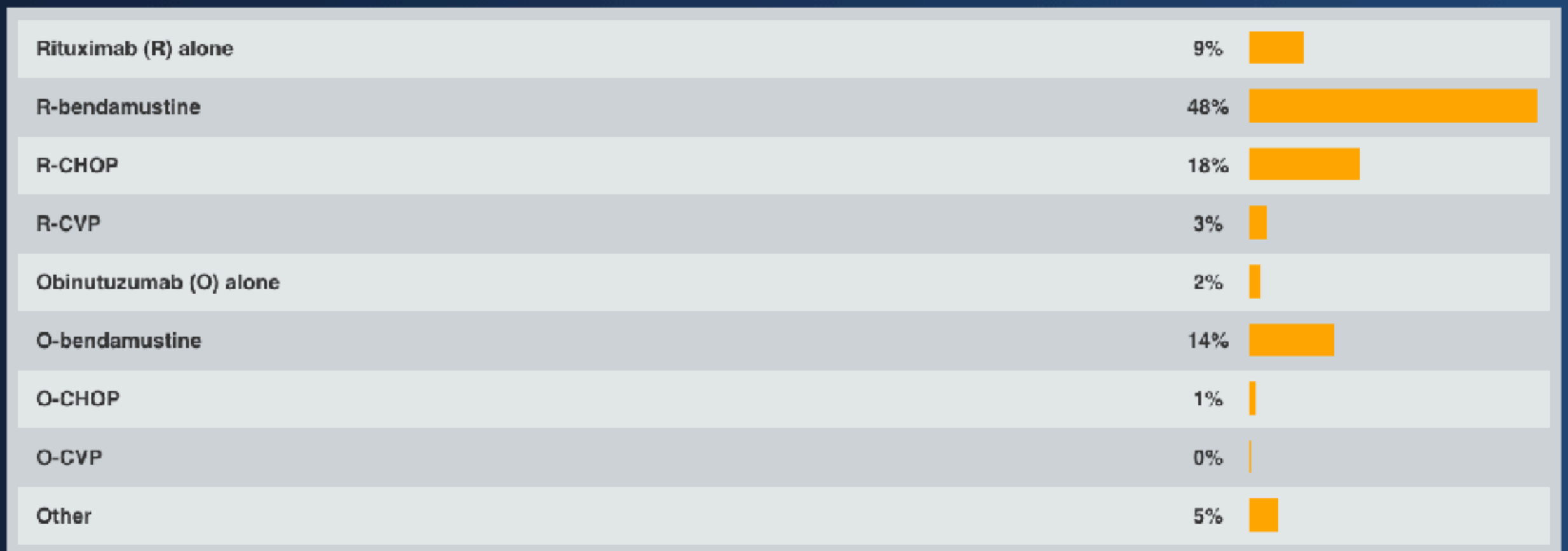
A 65-year-old man with advanced-stage HL receives ABVD chemotherapy but experiences recurrent disease in multiple nodes and the liver 8 months later. The patient achieves a complete response to ICE chemotherapy and undergoes autologous stem cell transplant. Would you recommend consolidation brentuximab vedotin?



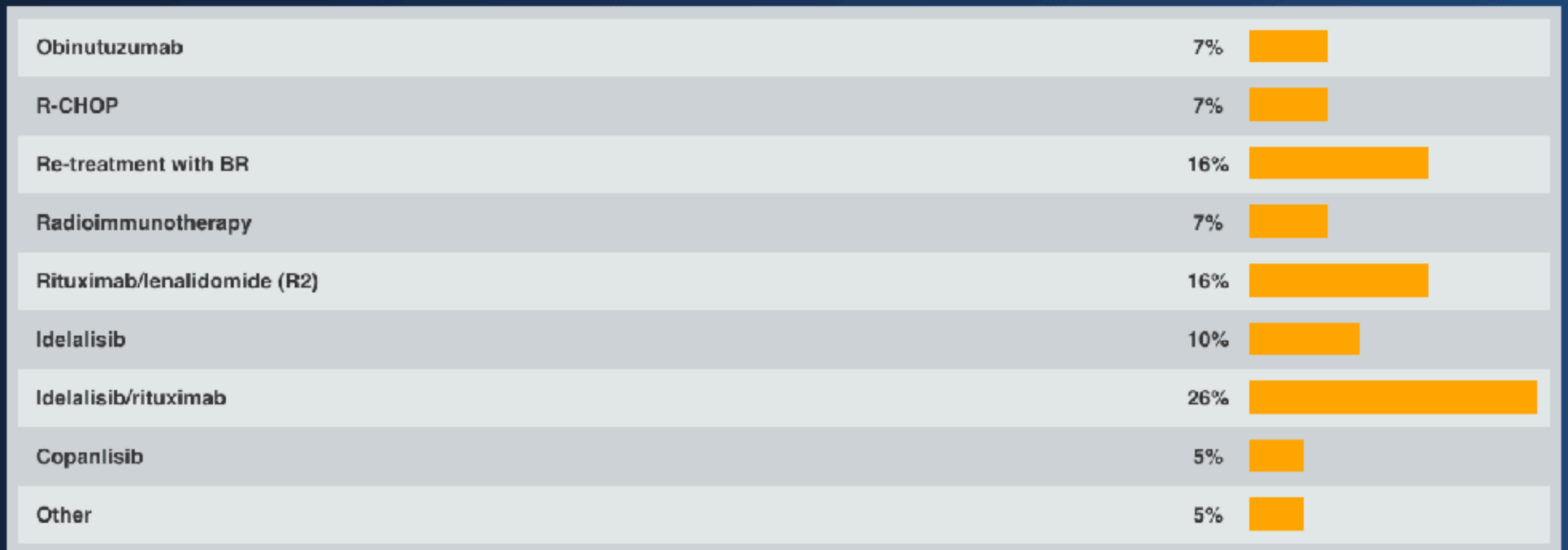
An 85-year-old frail patient with advanced-stage symptomatic HL is not a candidate for aggressive chemotherapy but is seeking active treatment. Cost and reimbursement issues aside, what would you recommend?

Brentuximab vedotin	50%
Brentuximab vedotin/DTIC	3%
Brentuximab vedotin + anti-PD-1/PD-L1 antibody	8%
Anti-PD-1/PD-L1 antibody	31%
Other	9%

Cost and reimbursement issues aside, what would be your most likely initial treatment choice for a 65-year-old patient with moderately symptomatic Grade 2, Stage IV follicular lymphoma (FL)?



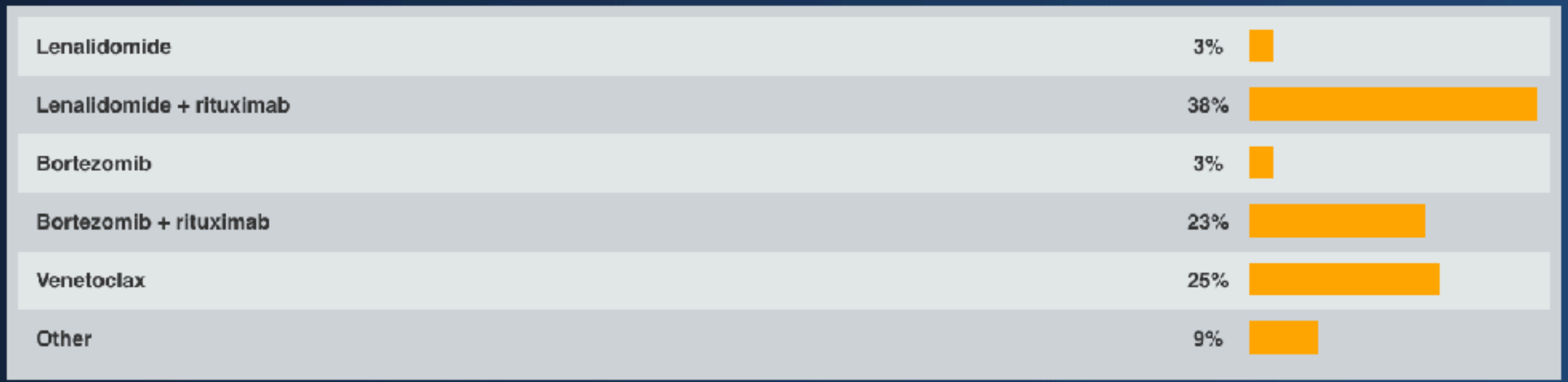
Cost and reimbursement issues aside, what is your usual second-line therapy for 65-year-old otherwise healthy patient with FL who receives BR followed by 2 years of rituximab maintenance and experiences relapse 3 years later?



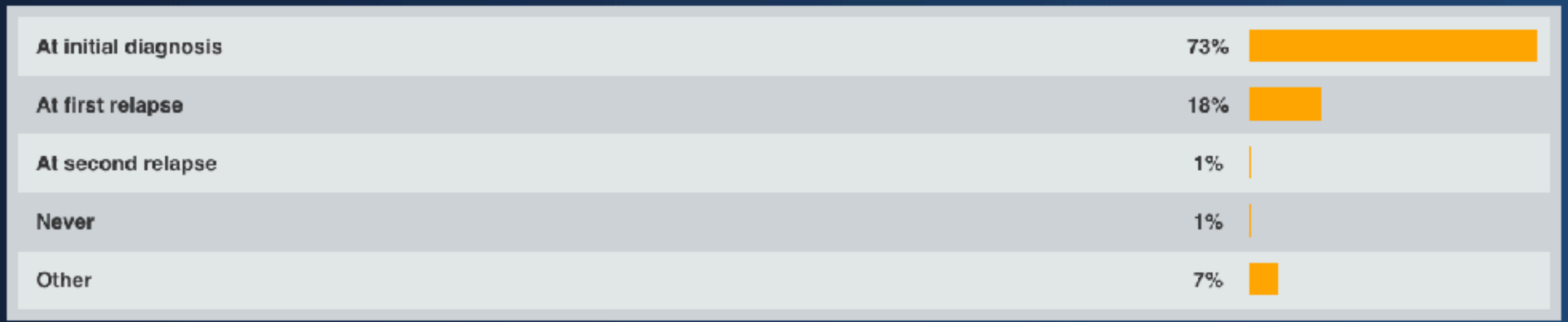
A 75-year-old patient with mantle cell lymphoma (MCL) and a history of atrial fibrillation who is receiving anticoagulation responds to BR but after 1 year develops disease progression. The patient is not a candidate for transplant. In general, what would be your most likely next treatment recommendation?

Ibrutinib	34%
Lenalidomide	2%
Lenalidomide + rituximab	36%
Bortezomib	2%
Bortezomib + rituximab	18%
Other	7%

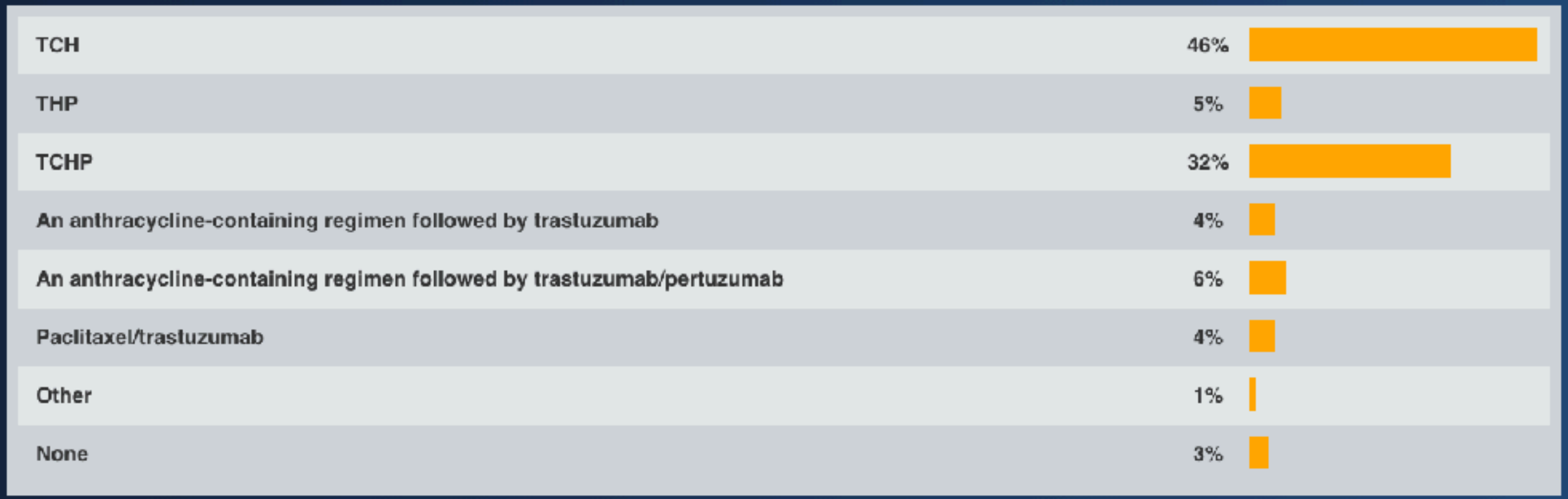
In general, what would be your most likely treatment recommendation for a 65-year-old otherwise healthy patient with MCL who responds to BR and then ibrutinib but then develops rapid tumor progression?



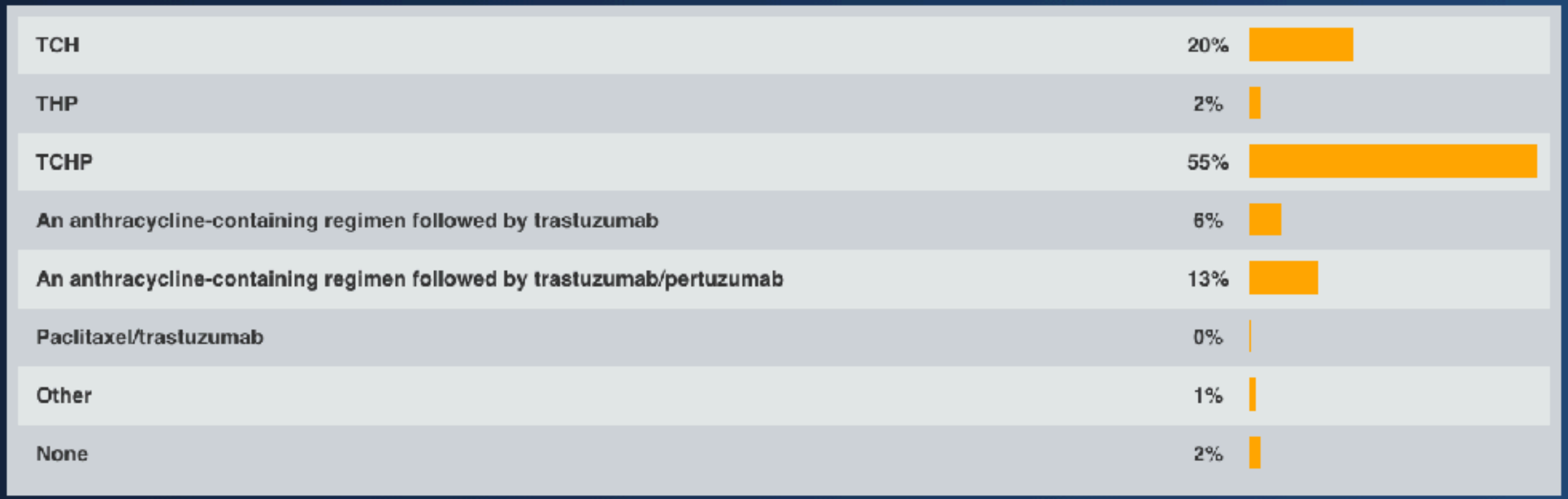
At what point, if any, would you generally test the tumor of a patient with peripheral T-cell lymphoma NOS for CD30 expression?



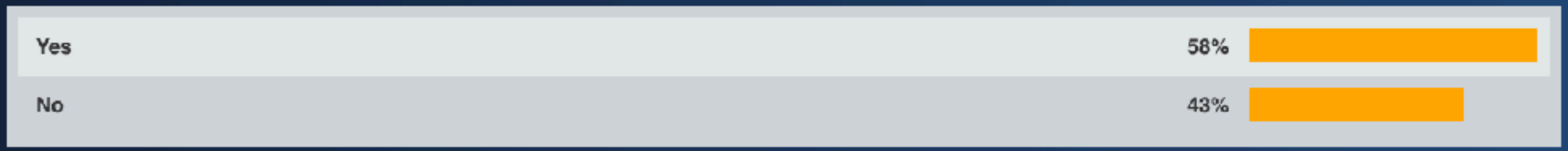
Cost and reimbursement issues aside, what adjuvant systemic therapy would you generally recommend for a 65-year-old woman who at surgery is found to have a 2.5-cm, ER-negative, HER2-positive, node-negative IDC?



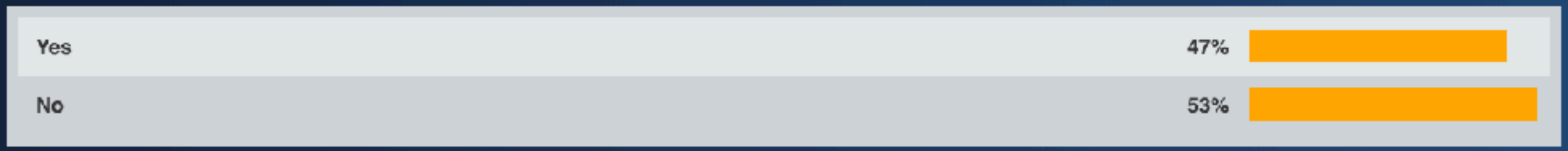
Cost and reimbursement issues aside, what adjuvant systemic therapy would you generally recommend for a 65-year-old woman who at surgery is found to have a 2.5-cm, ER-negative, HER2-positive IDC with 2 of 4 positive sentinel nodes?



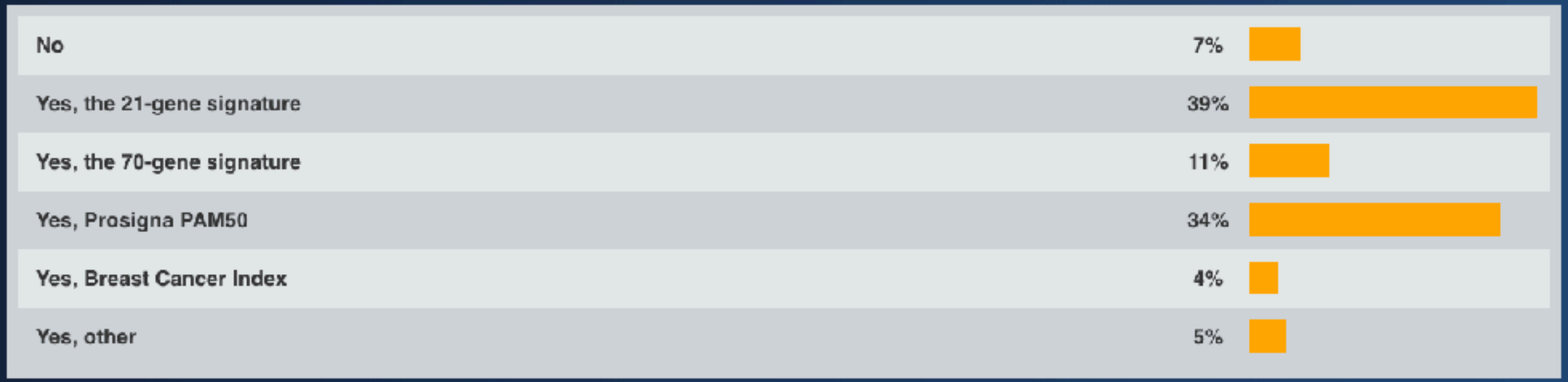
Assuming the patient in the previous question completed your adjuvant treatment of choice, would you recommend postadjuvant neratinib?



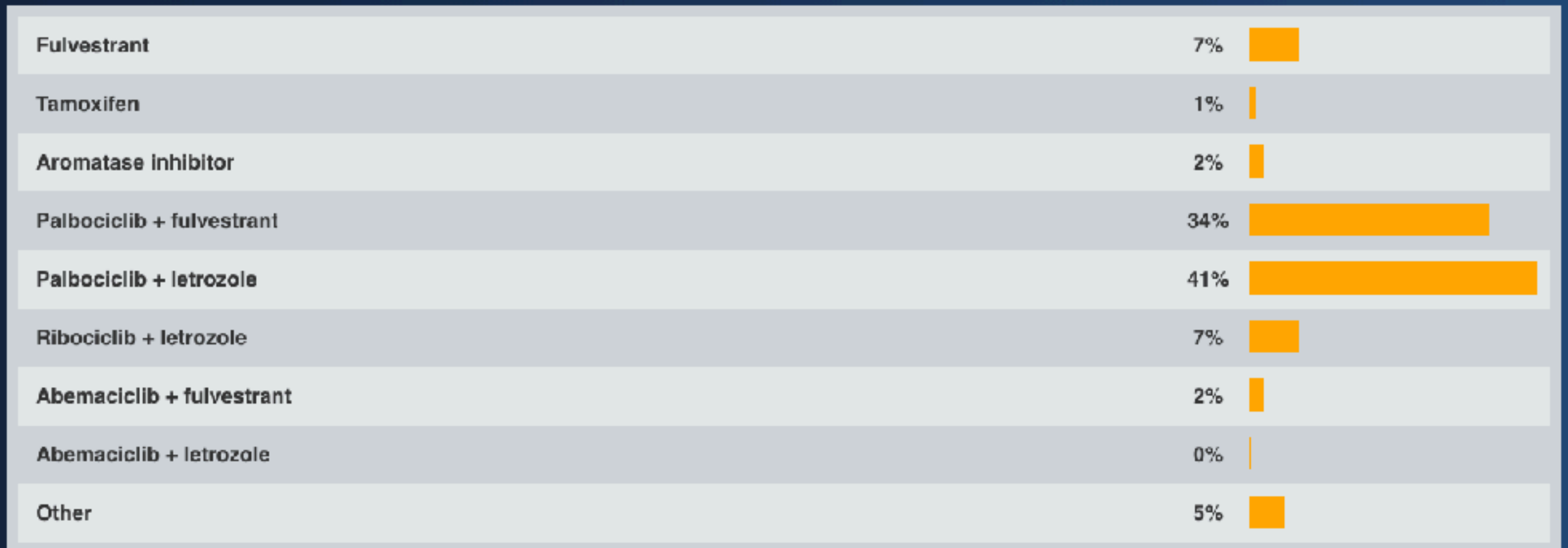
If the woman in the previous case scenario had ER-positive, HER2-positive disease and completed your adjuvant treatment of choice in addition to endocrine therapy, would you recommend postadjuvant neratinib?



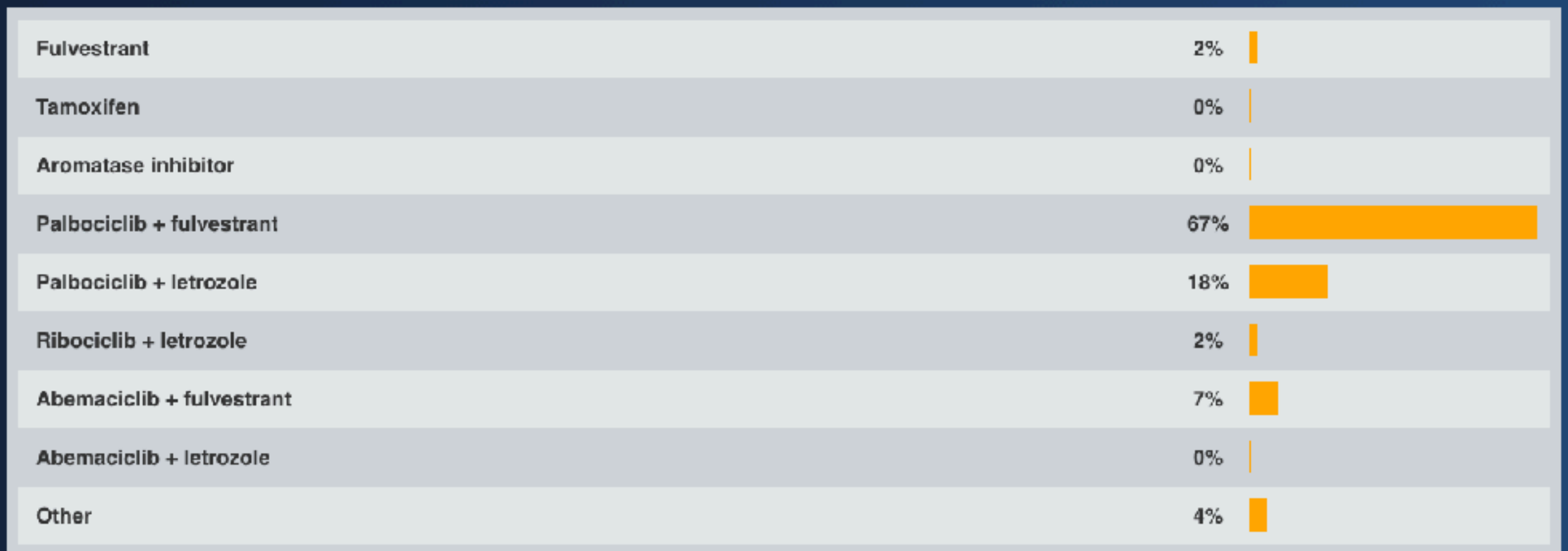
A 61-year-old woman is diagnosed with a 1.4-cm, ER/PR-positive, HER2-negative IDC. She has 1 positive axillary node. Would you order a genomic assay for this patient?



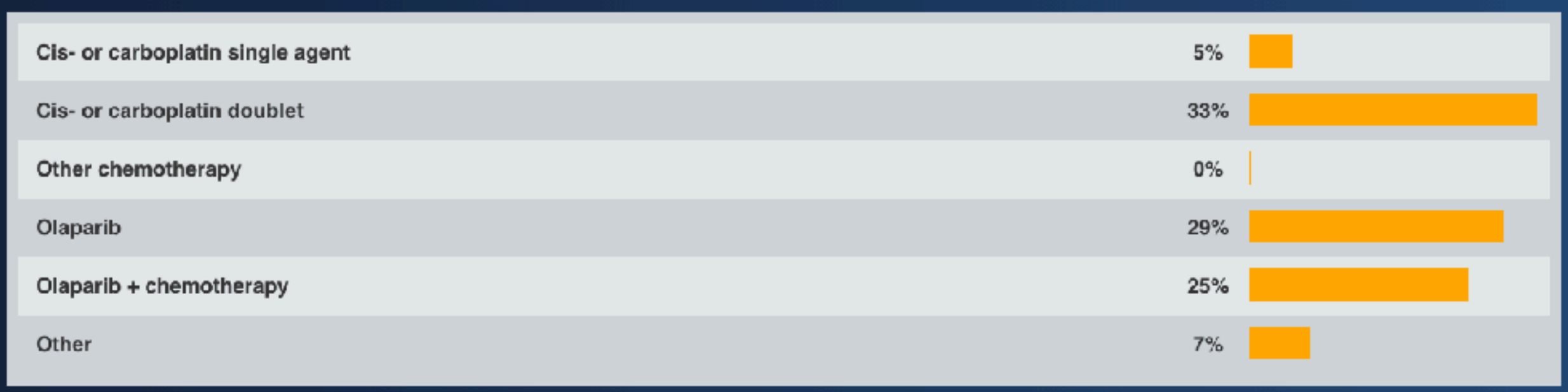
A 65-year-old woman completes 5 years of adjuvant anastrozole for an ER-positive, HER2-negative IDC but develops asymptomatic biopsy-proven bone metastases 2 years later. Cost and reimbursement issues aside, which systemic therapy would you recommend?



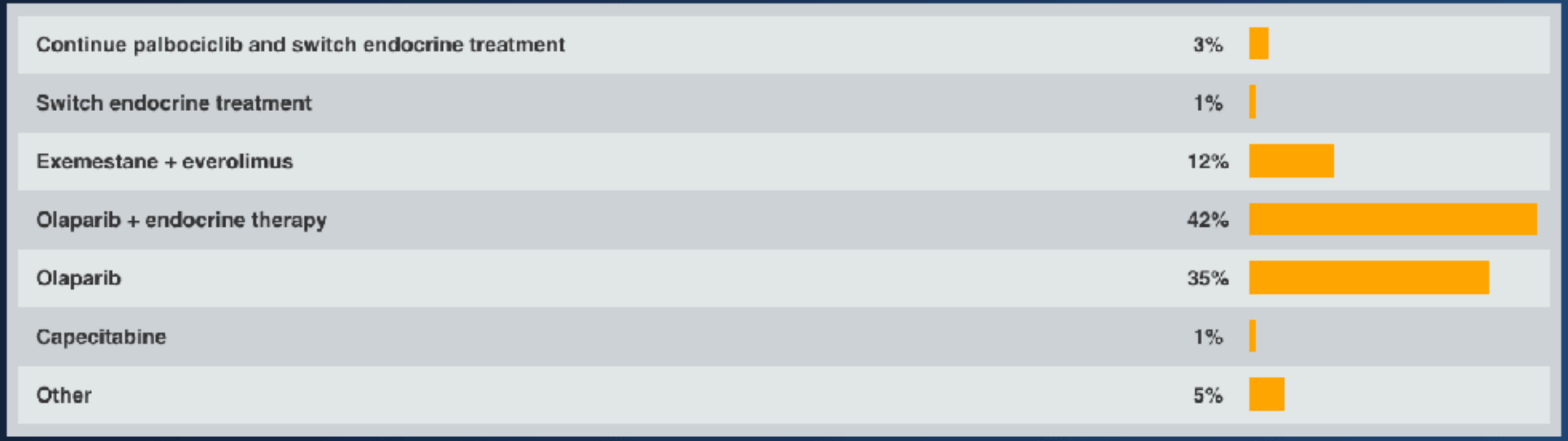
A 65-year-old woman with ER-positive, HER2-negative, node-negative breast cancer develops asymptomatic bone and lung metastases 2 years after starting anastrozole. Which systemic treatment would you most likely recommend?



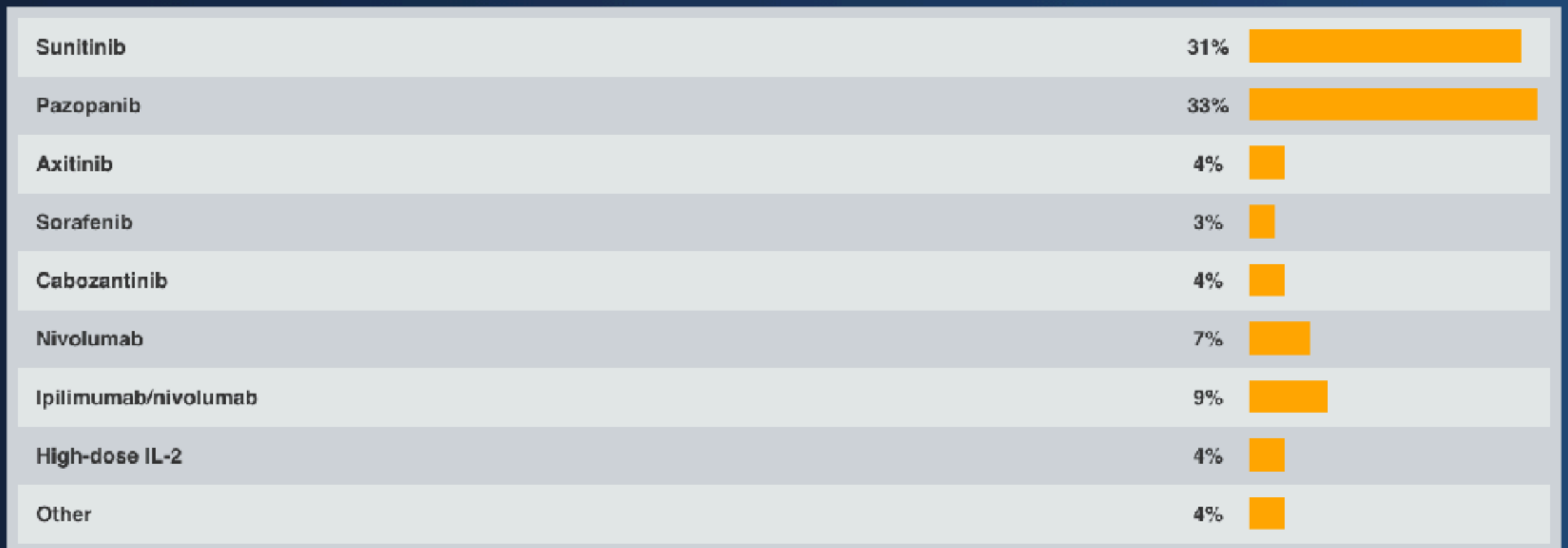
A 50-year-old woman with triple-negative breast cancer (TNBC) presents with asymptomatic, low-volume metastatic disease 9 months after completing adjuvant treatment with an anthracycline/taxane regimen and is found to have a BRCA1 germline mutation. Cost and reimbursement issues aside, what would be your next treatment?



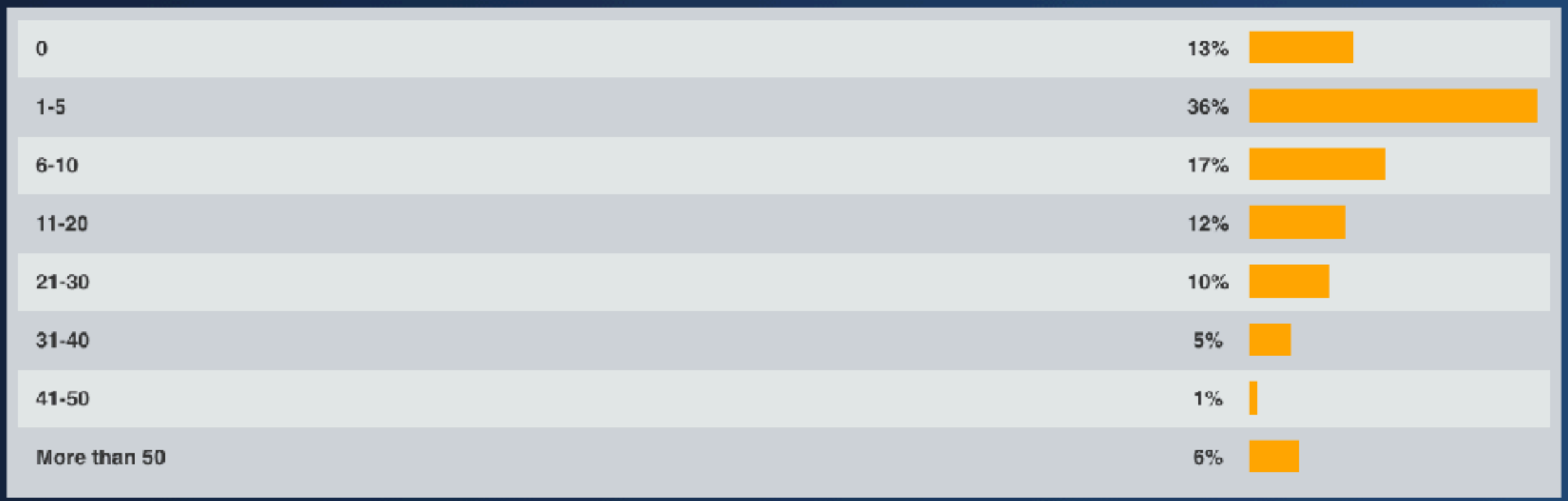
A 65-year-old woman with ER-positive, HER2-negative breast cancer experiences disease progression 2 years after starting adjuvant anastrozole. She receives palbociclib/fulvestrant with disease progression after 1 year and is found to have a BRCA1 germline mutation. Cost and reimbursement issues aside, what would be your next treatment?



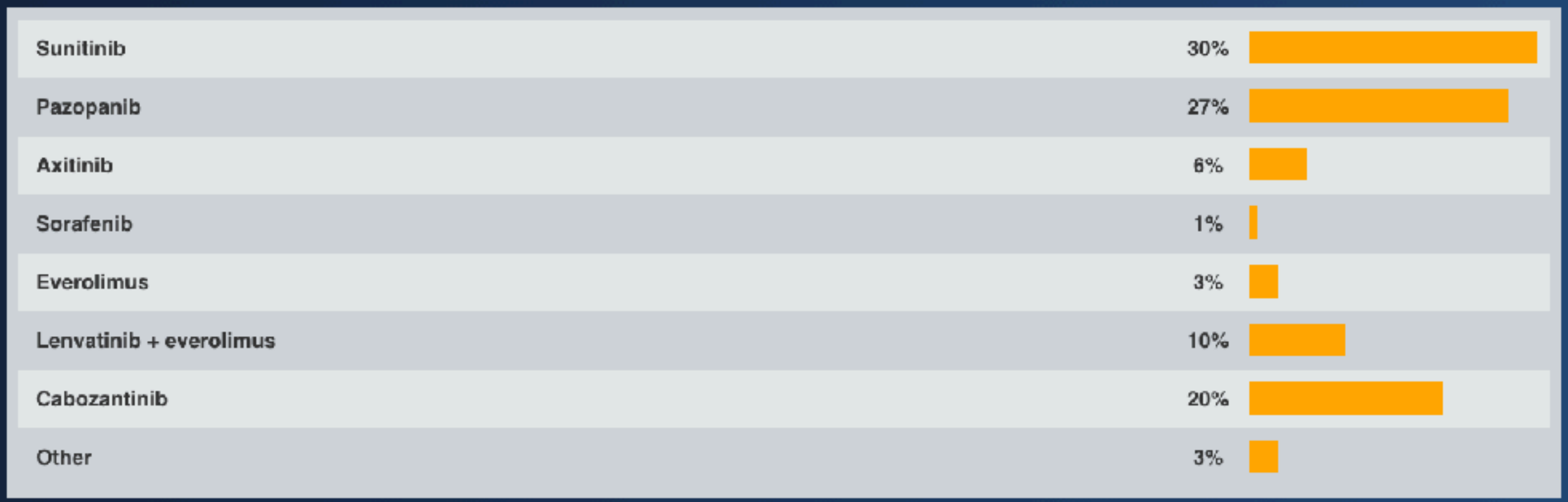
A 65-year-old patient undergoes nephrectomy for clear cell cancer of the kidney and presents 10 months later with 3 minimally symptomatic rib metastases. The rest of the workup is negative, but the patient is slightly anemic (hemoglobin 11.5 g/dL). Cost and reimbursement issues aside, what is the optimal first-line treatment?



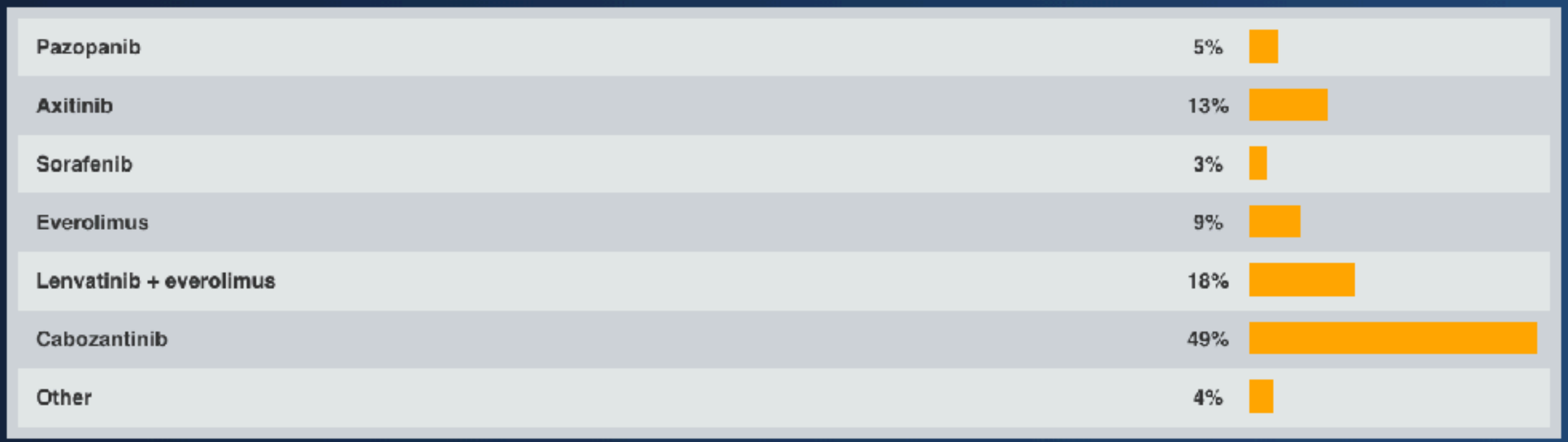
To approximately how many patients with any tumor type have you administered ipilimumab/nivolumab in any setting, on or off protocol?



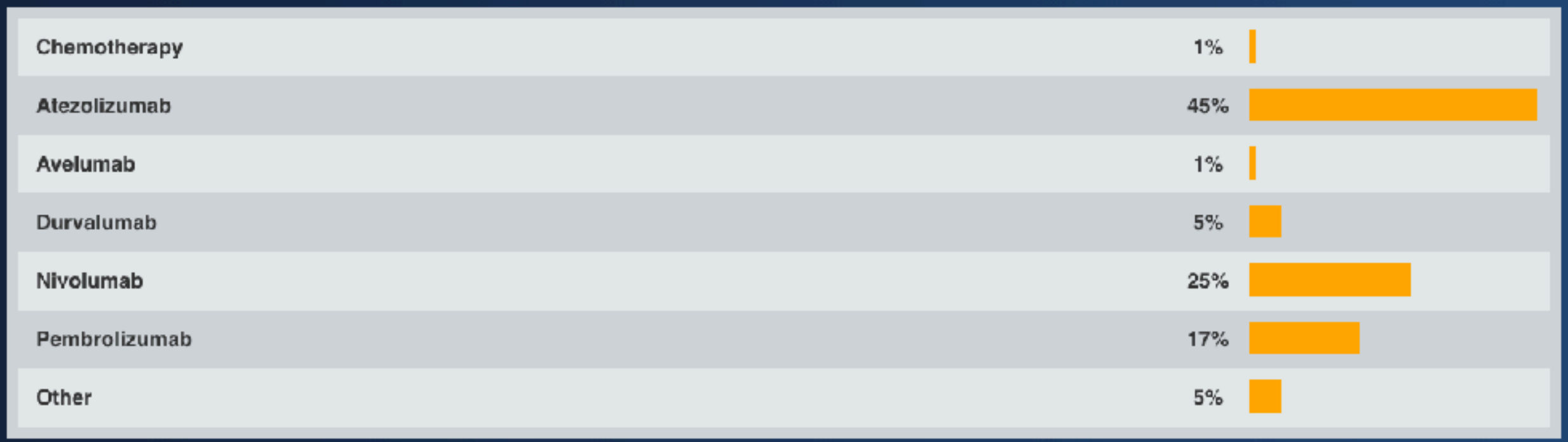
What would you recommend for a patient with metastatic RCC who receives first-line ipilimumab/nivolumab and experiences disease progression after 4 months?



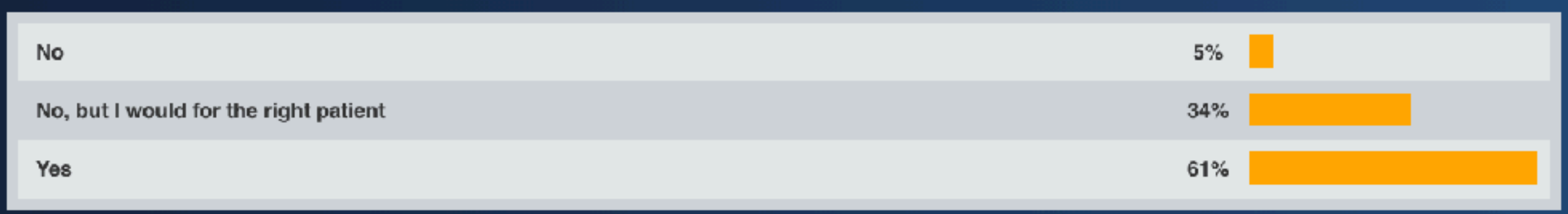
In general, what third-line treatment do you recommend for a patient with metastatic RCC after initial response followed by disease progression on sunitinib and then nivolumab?



What would you generally recommend as second-line therapy for a patient with metastatic urothelial bladder cancer (UBC) whose disease progresses on cisplatin/gemcitabine?



Have you or would you use an anti-PD-1/anti-PD-L1 antibody as first-line therapy for a patient with metastatic UBC who is ineligible for cisplatin-based chemotherapy?

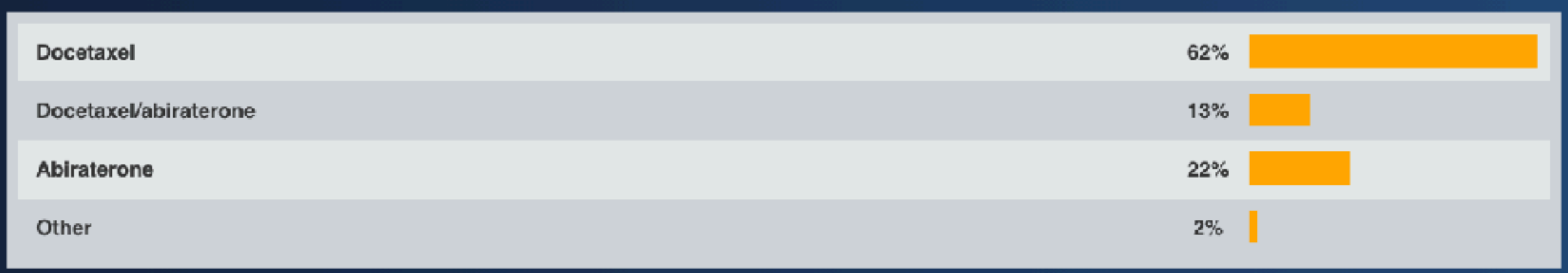


A 60-year-old otherwise healthy patient with metastatic UBC receives cisplatin/gemcitabine but has disease progression after 10 months. The patient is started on a checkpoint inhibitor for 4 months but again experiences disease progression. Cost and reimbursement issues aside, what would you recommend?

Paclitaxel	22%
Docetaxel	21%
Docetaxel/ramucirumab	28%
Gemcitabine	4%
Pemetrexed	13%
Other	13%

Have you or would you use enzalutamide or abiraterone for a patient with PSA-only disease?

Cost and reimbursement issues aside, what therapy would you typically add to androgen deprivation therapy for a 65-year-old patient presenting with symptomatic, high-volume metastatic prostate cancer?



Should patients with castration-resistant metastatic prostate cancer and no family history of cancer undergo testing for BRCA germline mutations?

In general, what schedule of carboplatin/paclitaxel do you use in an older, frail patient after primary debulking of epithelial ovarian cancer (EOC)?

Every 3 week	25%
Weekly	68%
Other	7%

A 65-year-old woman with Stage IIIA EOC undergoes optimal debulking surgery then receives 6 cycles of carboplatin/paclitaxel. One year later, the patient develops recurrent disease and does not have a BRCA germline or somatic mutation. Cost and reimbursement issues aside, what induction and maintenance therapy would you likely recommend?

Chemotherapy/bevacizumab followed by bevacizumab maintenance	57%
Chemotherapy followed by olaparib maintenance	16%
Chemotherapy followed by niraparib maintenance	11%
Chemotherapy followed by rucaparib maintenance	1%
Chemotherapy/bevacizumab followed by bevacizumab and PARP inhibitor maintenance	6%
Other	9%

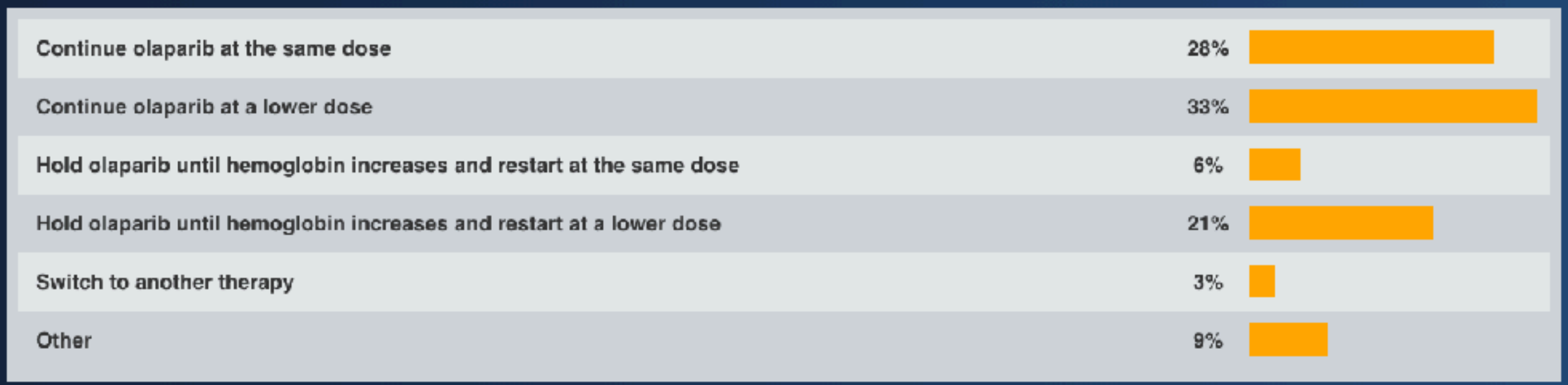
A 65-year-old woman with Stage IIIA EOC undergoes optimal debulking surgery then receives 6 cycles of carboplatin/paclitaxel. One year later, the patient develops recurrent disease and is found to have a BRCA1 germline mutation. Cost and reimbursement issues aside, what induction and maintenance therapy would you likely recommend?

A 60-year-old woman with no family history of breast or ovarian cancer is s/p optimal debulking surgery for Stage IIIB EOC. Would you order some type of BRCA testing?

A 65-year-old woman with advanced ovarian cancer is started on standard-dose niraparib. Her pretreatment platelet count is 220,000 but drops to 90,000 after 10 days of treatment. What would be your most likely approach?

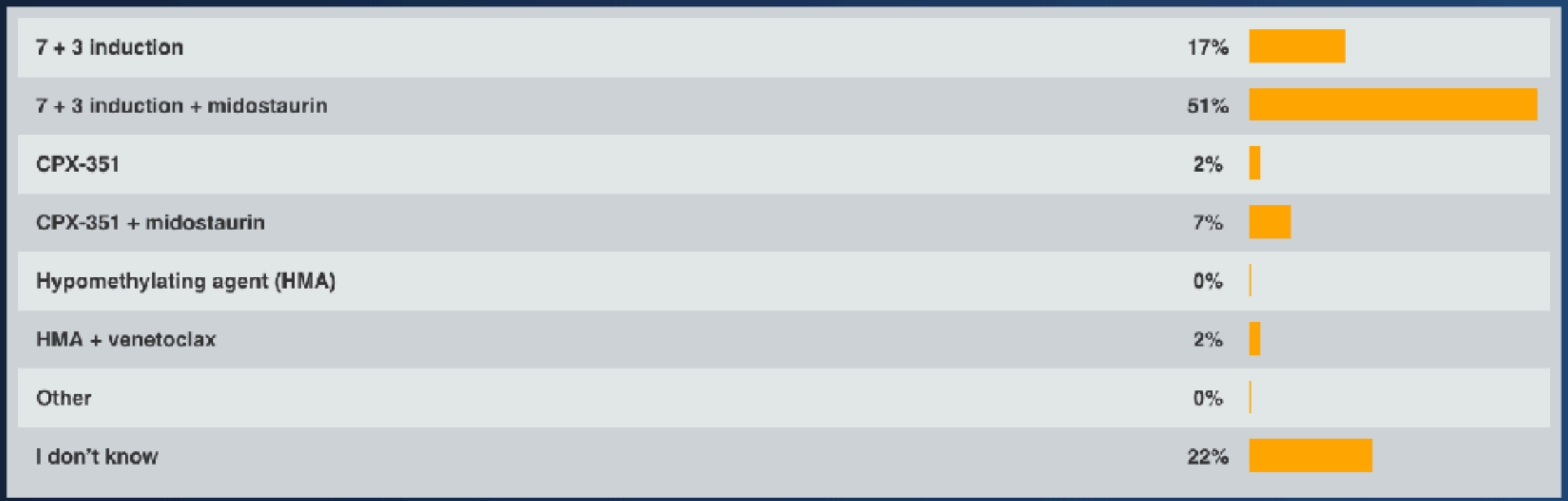
Discontinue niraparib	0%
Continue niraparib at a reduced dose	17%
Hold niraparib until platelet count returns to normal and restart at the same dose	23%
Hold niraparib until platelet count returns to normal and restart at a reduced dose	50%
Other	9%

A 65-year-old woman with a BRCA1 germline mutation is started on olaparib, and after 6 weeks her hemoglobin has dropped from 11.0 to 8.8 g/dL with no evidence of hemolysis or bleeding. CA125 has decreased from 350 to 150. In addition to supportive measures such as erythropoiesis stimulating agents and transfusion, what would be your most likely management approach?

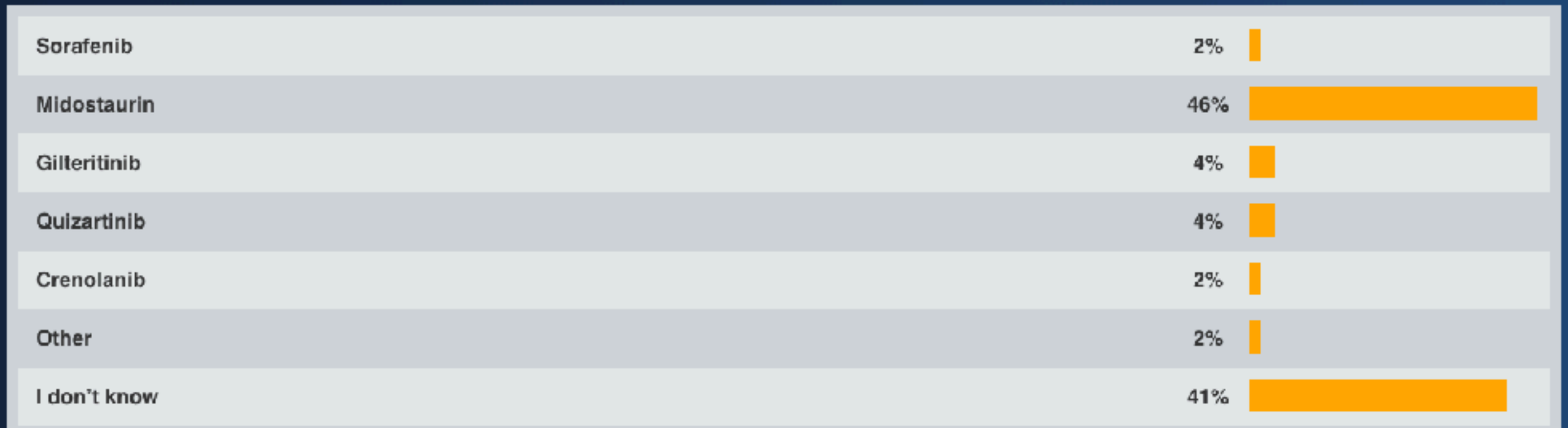


A 60-year-old woman with recurrent high-grade serous ovarian cancer is started on rucaparib (600 mg BID). During the second cycle, serum creatinine increases from 0.8 mg/dL to 1.83 mg/dL. What is the most likely cause of the increase in creatinine?

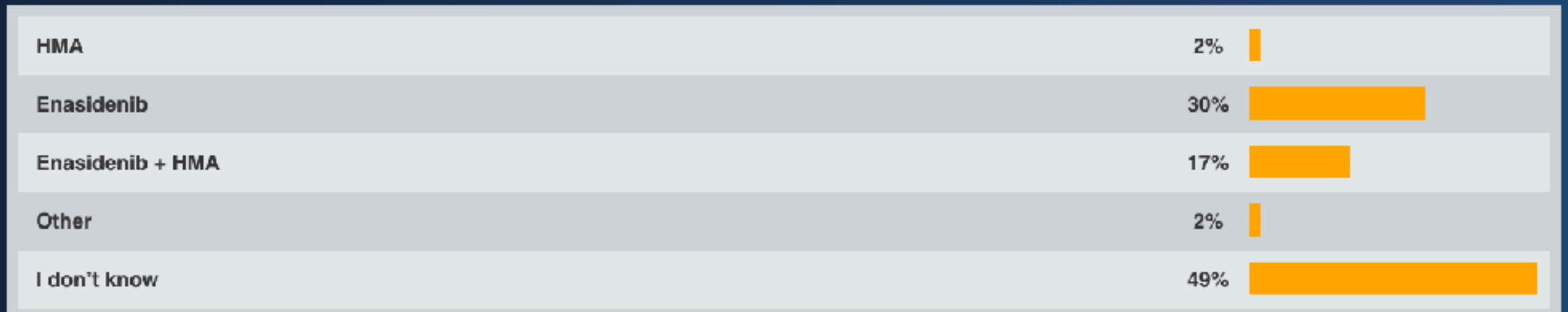
Cost and reimbursement issues aside, what treatment would you recommend for a 60-year-old woman with a history of breast cancer, for which she received adjuvant chemotherapy, who now presents with FLT3-mutated acute myeloid leukemia (AML)?



A 40-year-old woman receives standard 7 + 3 induction, resulting in a 6-month remission followed by relapse, at which point a FLT3-ITD mutation is detected. If you had access to all of these agents and cost and reimbursement issues aside, what would be your next systemic treatment recommendation?



What would you offer a 65-year-old patient with AML and an IDH2 mutation who experiences disease progression after a short remission with standard 7 + 3 induction therapy?

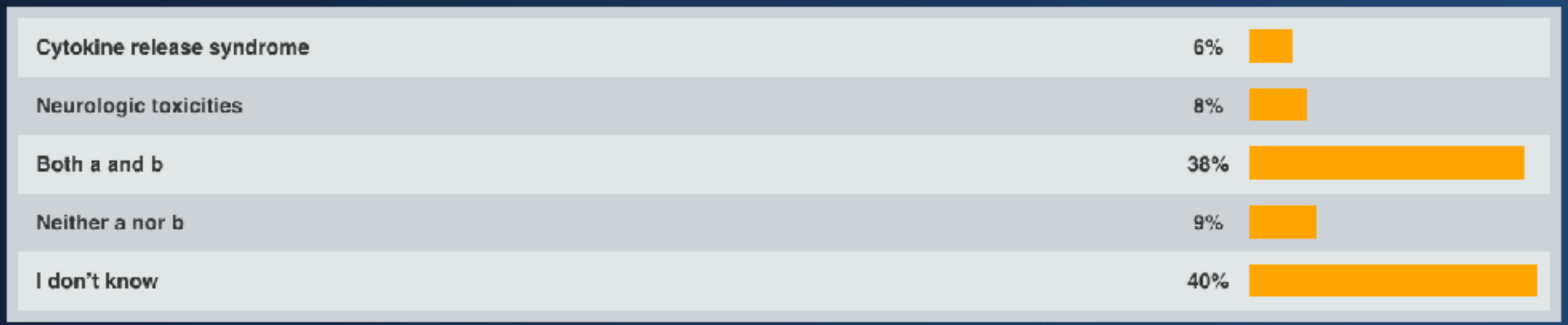


What is the optimal first-line treatment regimen for a 38-year-old man with newly diagnosed Philadelphia chromosome-negative acute lymphoblastic leukemia (ALL)?

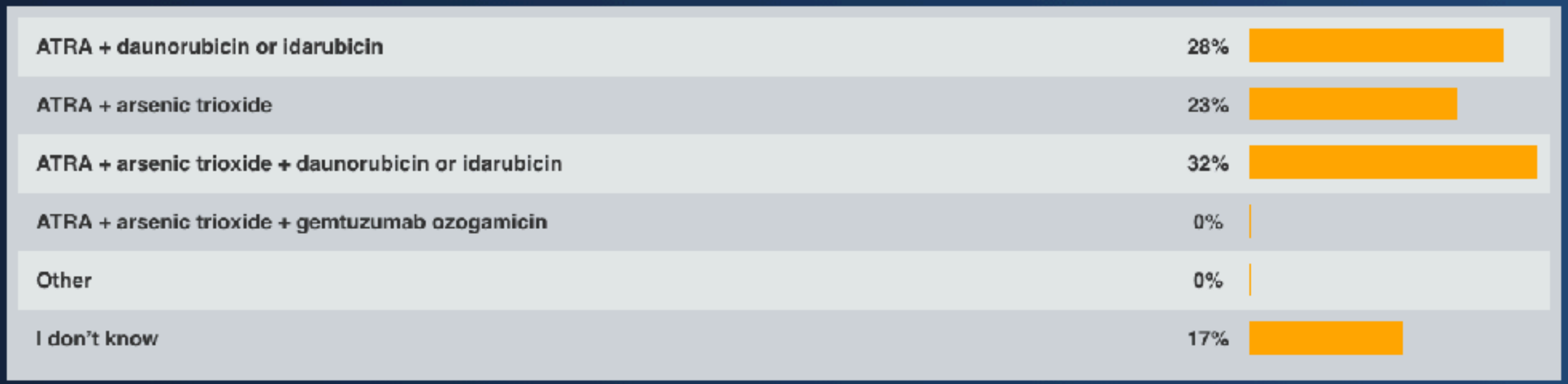
If the patient in the previous scenario received an adaptive pediatric-like regimen with lower-dose aspariginase and experienced a complete response lasting 8 months followed by disease progression, what would be your choice of second-line therapy?

CAR T-cell therapy	48%
Inotuzumab ozogamicin	4%
Blinatumomab	22%
Other	2%
I don't know	24%

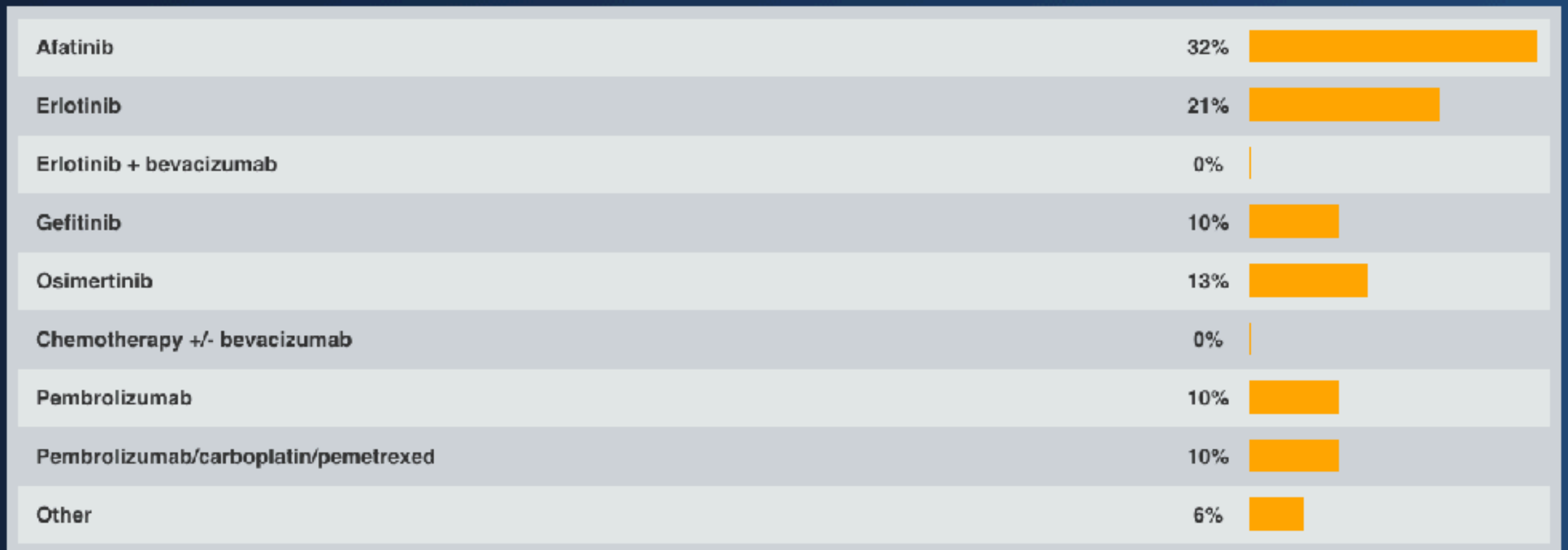
Blinatumomab has been associated with which of the following?



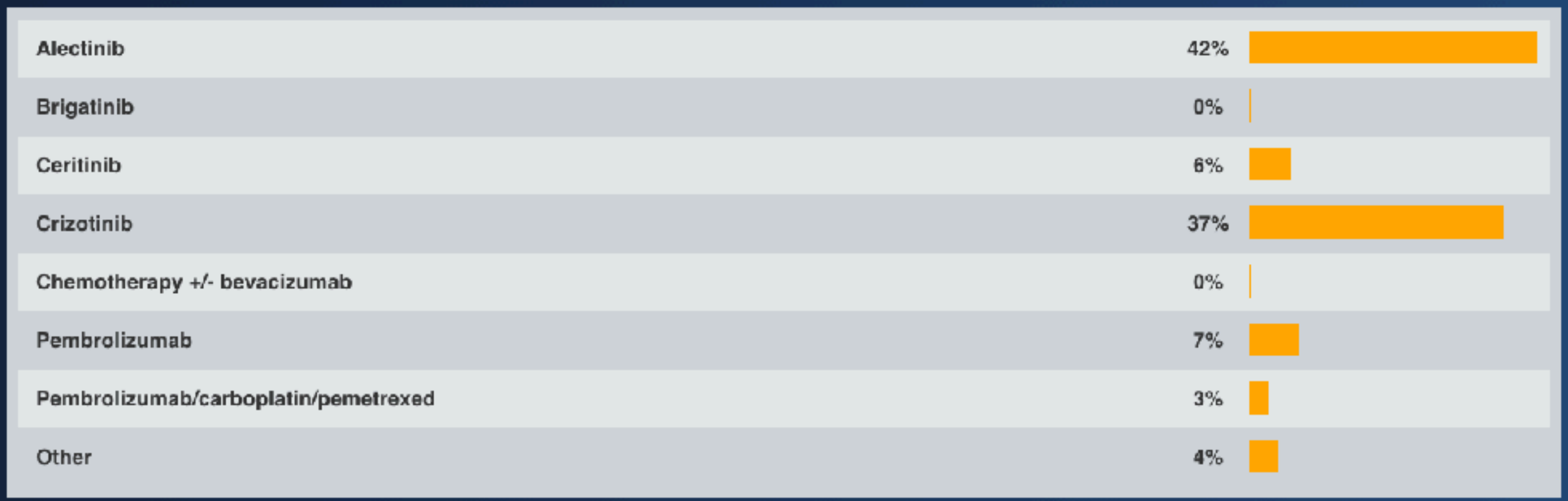
What induction regimen would you recommend for a 30-year-old woman with newly diagnosed high-risk acute promyelocytic leukemia and a white blood cell count of 11,000?



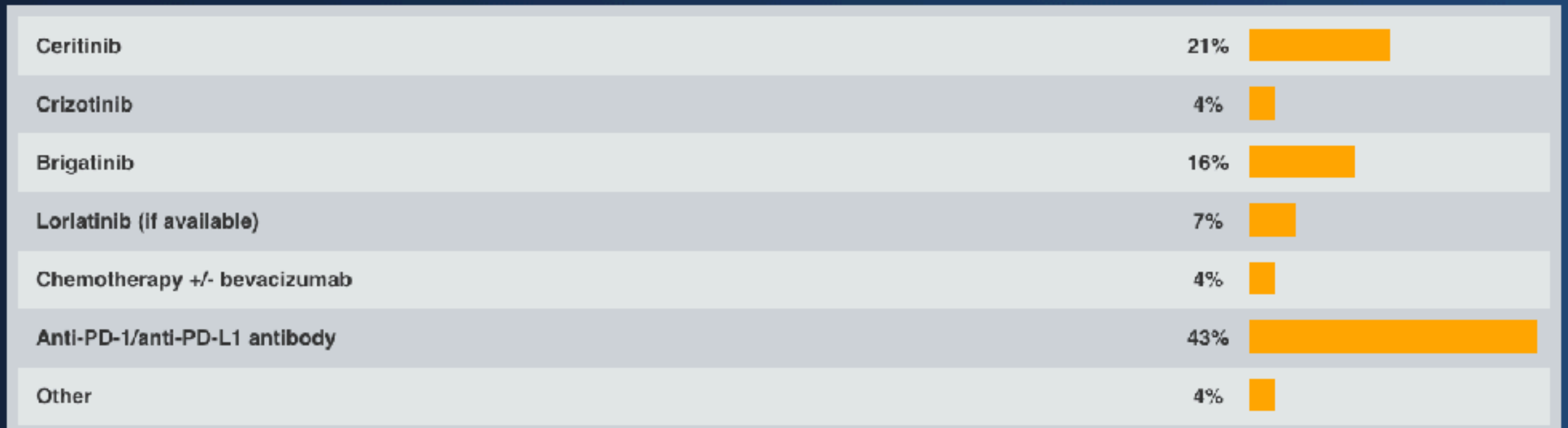
Cost and reimbursement issues aside, what is the optimal first-line therapy for an asymptomatic patient with EGFR exon 19-mutant, metastatic nonsquamous non-small cell lung cancer (NSCLC) with a PD-L1 tumor proportion score (TPS) of 60%?



Cost and reimbursement issues aside, what is the optimal first-line therapy for an asymptomatic patient with ALK-rearranged, metastatic nonsquamous NSCLC with a PD-L1 TPS of 60%?



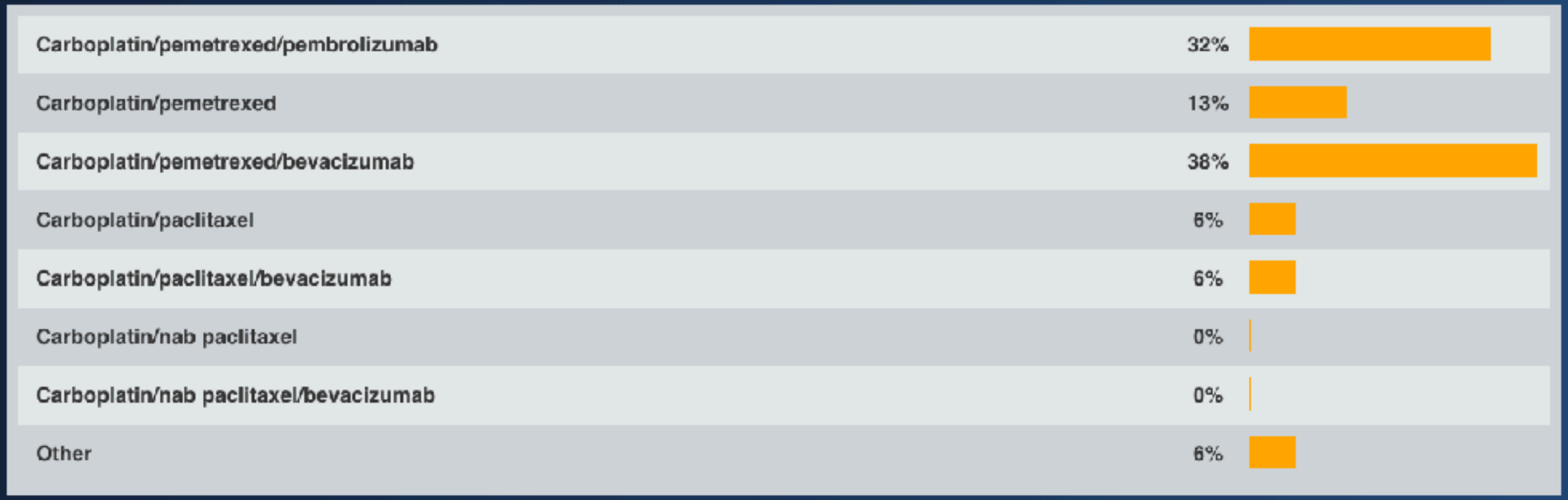
Cost and reimbursement issues aside, what would be your preferred choice of second-line therapy for a patient with ALK-rearranged metastatic nonsquamous cell cancer of the lung and a TPS of 60% who experiences disease progression on alectinib?



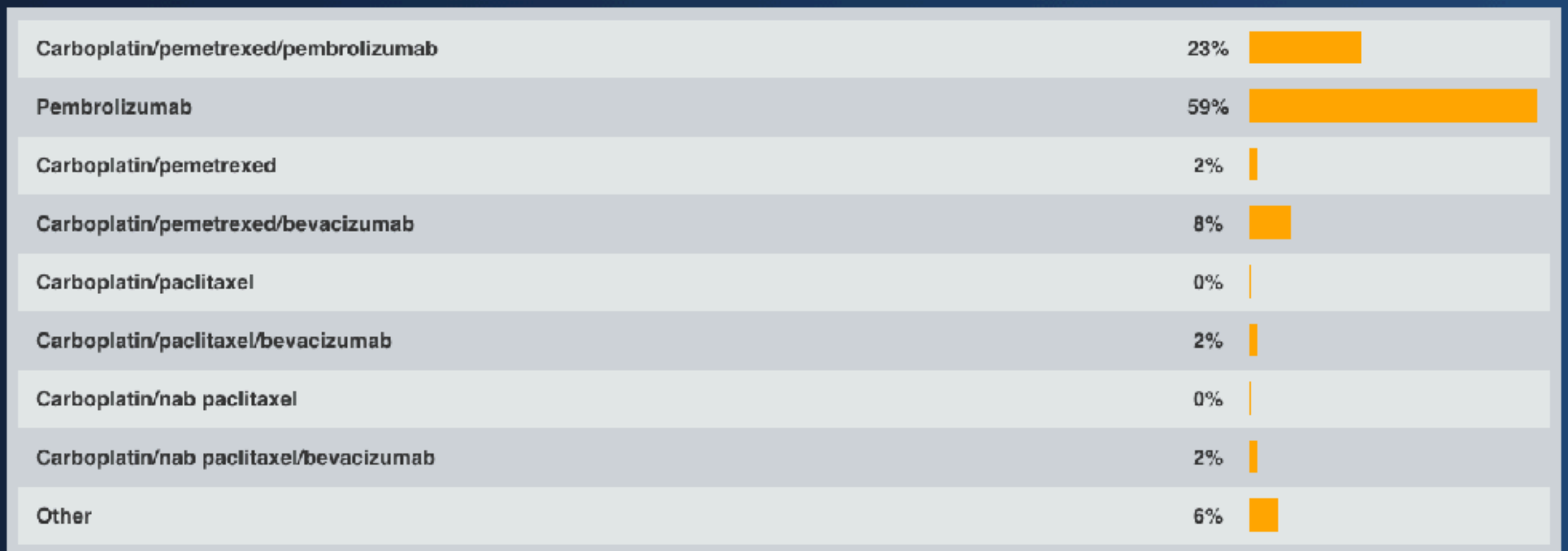
A 70-year-old patient with Stage IIIb adenocarcinoma of the lung receives chemoradiation therapy with cisplatin/etoposide and experiences no major complications. Would you recommend consolidation treatment for this patient?

Yes, additional chemotherapy	19%
Yes, an anti-PD-1/PD-L1 antibody	51%
Yes, chemotherapy and an anti-PD-1/PD-L1 antibody	6%
No	24%

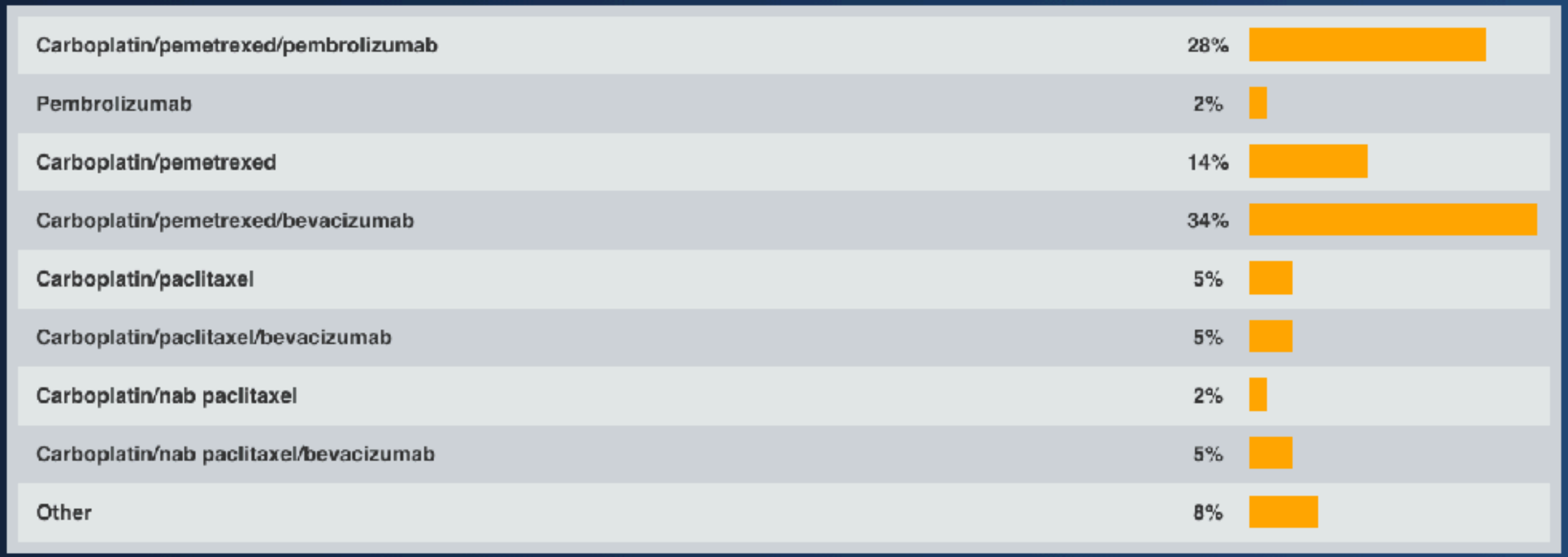
In general, which first-line treatment regimen would you most likely recommend for an otherwise healthy patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 TPS of 10%?



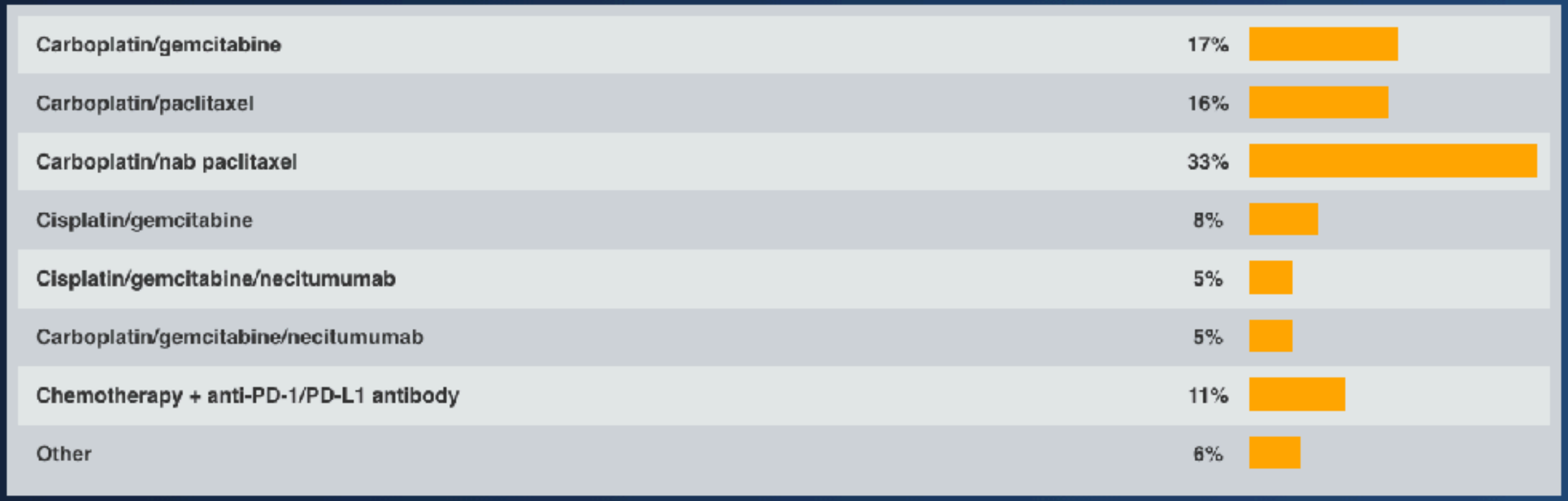
In general, which first-line treatment regimen would you most likely recommend for an otherwise healthy patient with metastatic nonsquamous lung cancer and no identified targetable mutations with a PD-L1 TPS of 60%?



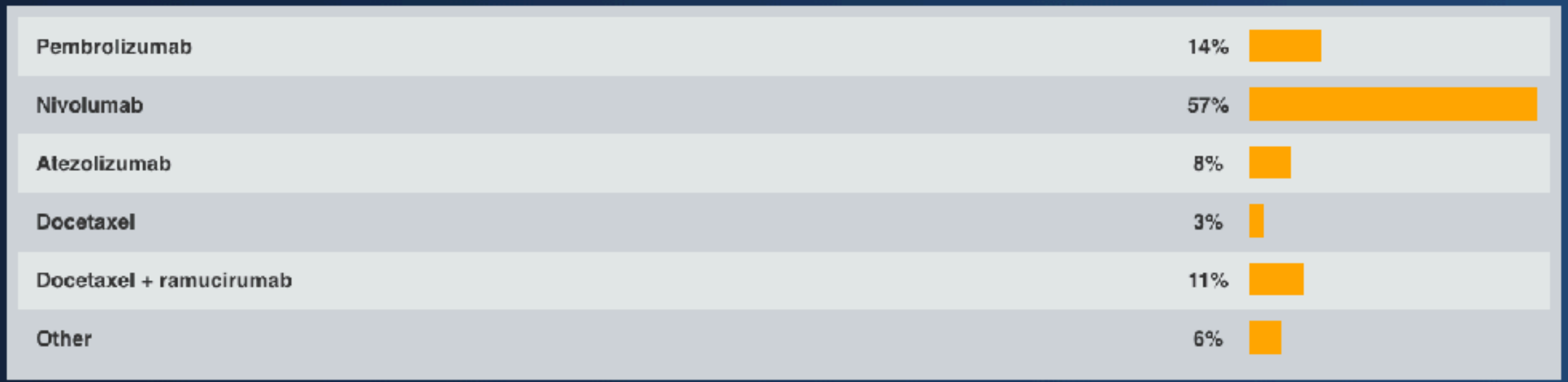
A 65-year-old patient presents with significant respiratory distress and highly symptomatic metastatic nonsquamous lung cancer with no identified targetable mutations and a PD-L1 TPS of 10%. What would be your most likely treatment recommendation?



In general, which first-line treatment regimen would you most likely recommend for an otherwise healthy patient with metastatic squamous cell lung cancer and a PD-L1 TPS of 10%?



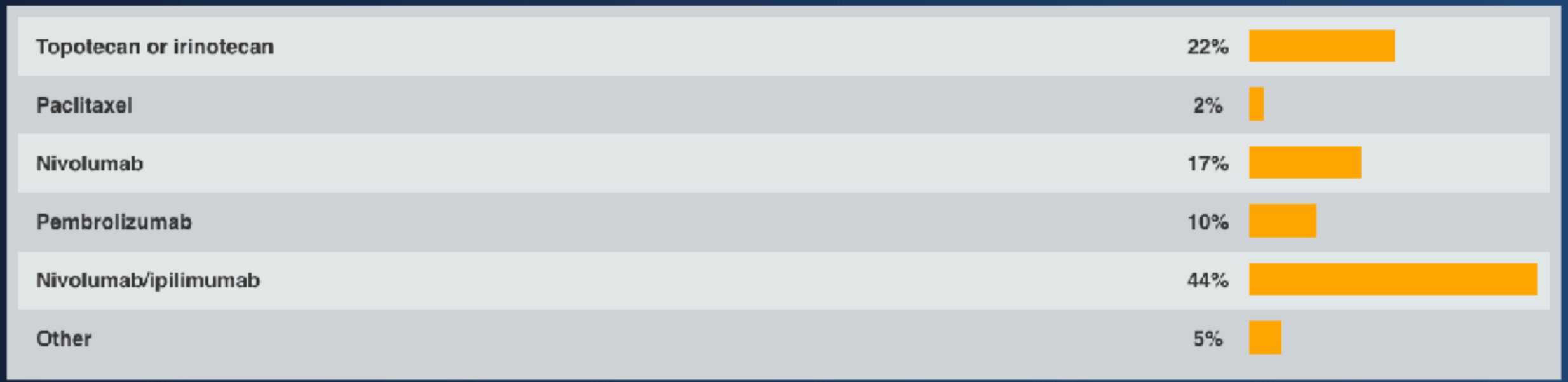
What would be your most likely second-line therapy for a patient with metastatic nonsquamous lung cancer and no targetable mutations with a PD-L1 TPS <1% who experiences disease progression while receiving carboplatin/pemetrexed?



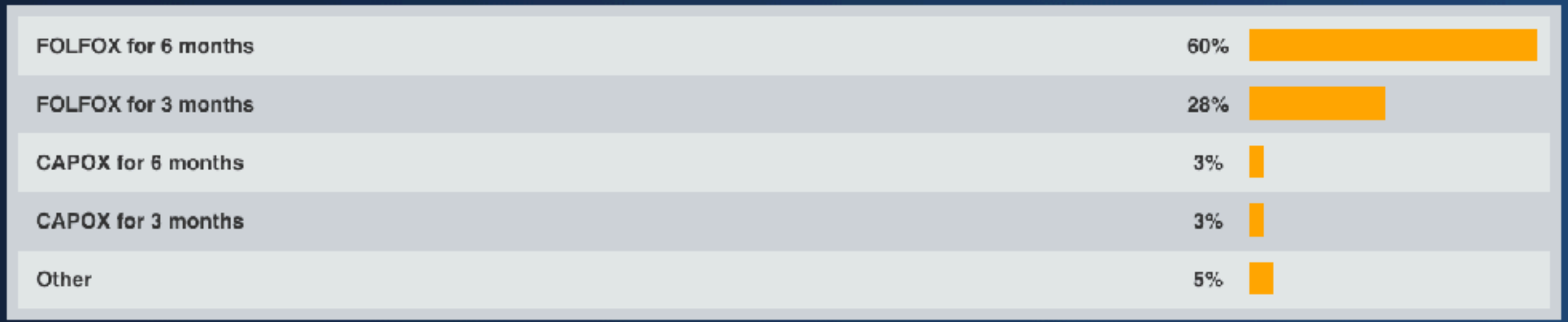
What is your usual third-line treatment recommendation for a patient with metastatic squamous cell cancer with a PD-L1 TPS of 10% and disease progression on first-line carboplatin/nab paclitaxel and second-line pembrolizumab?

Docetaxel	11%
Docetaxel + ramucirumab	57%
Gemcitabine	23%
Other	9%

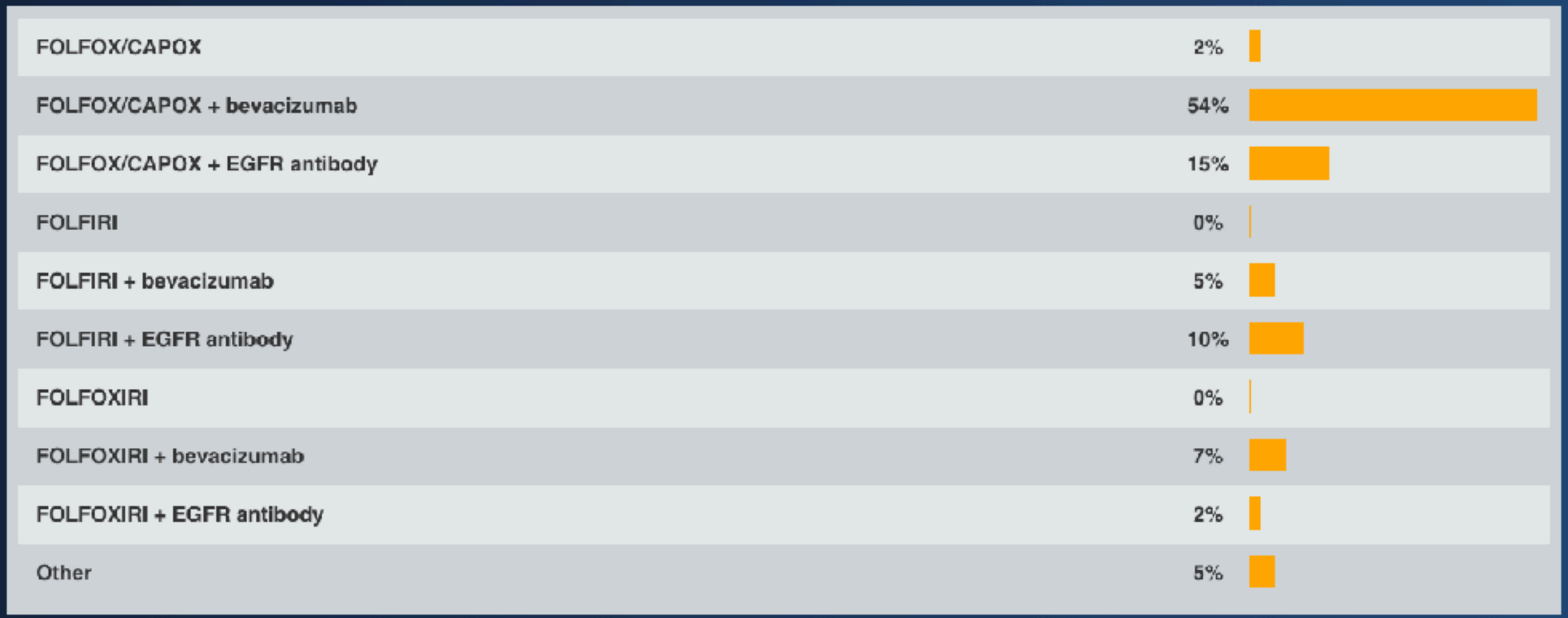
A 60-year-old patient with metastatic small cell lung cancer experiences a response to first-line carboplatin/etoposide but then experiences disease progression after 3 months. What would you recommend?



What is your usual adjuvant treatment recommendation for a 62-year-old otherwise healthy patient with T1N1 (3 positive nodes) colorectal cancer (CRC)?



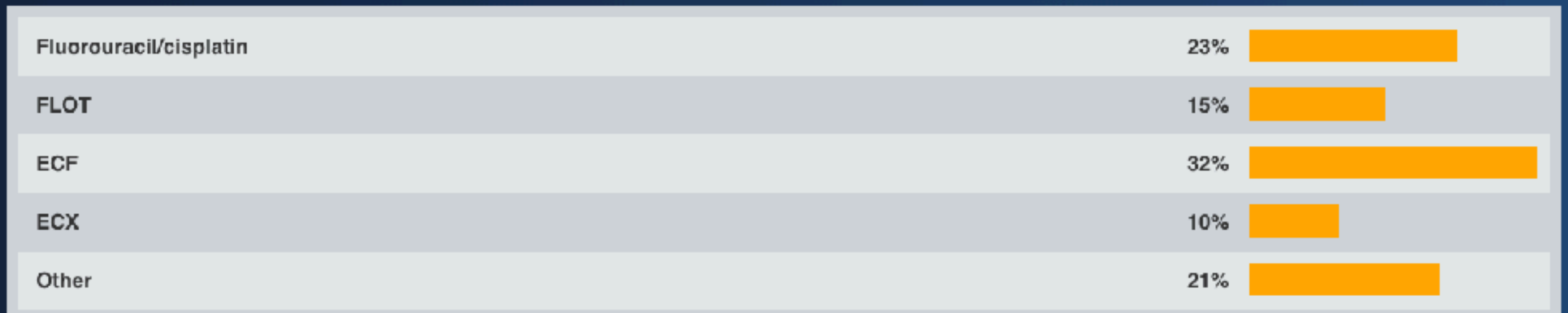
What is your usual treatment recommendation for a patient with right-sided, MSI-stable, RAS wild-type metastatic CRC?



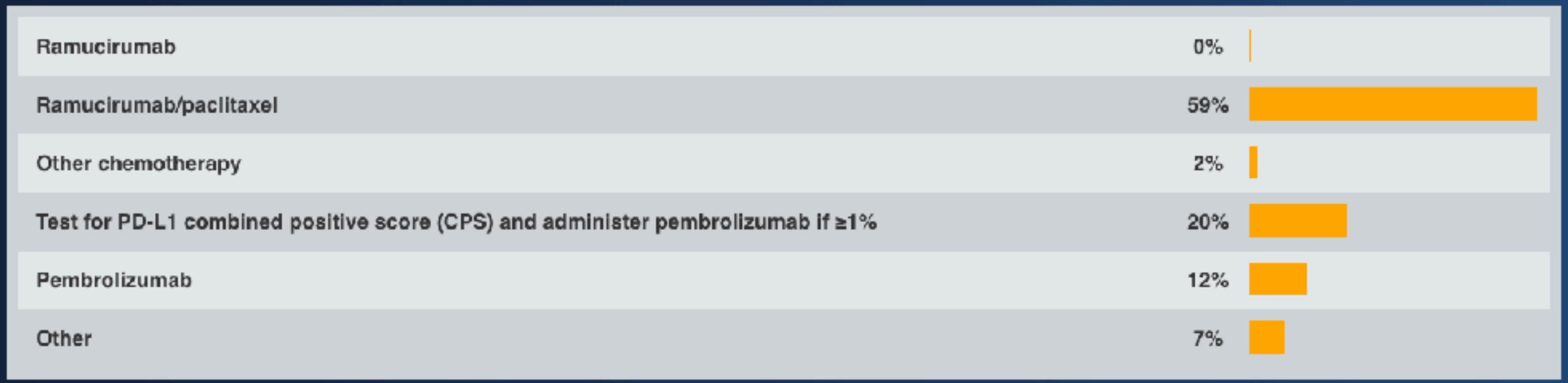
In general, how do you sequence regorafenib and TAS-102 in the treatment of mCRC?

Usually TAS-102 first	21%
Usually regorafenib first	27%
Could be either first, depending on the situation	52%

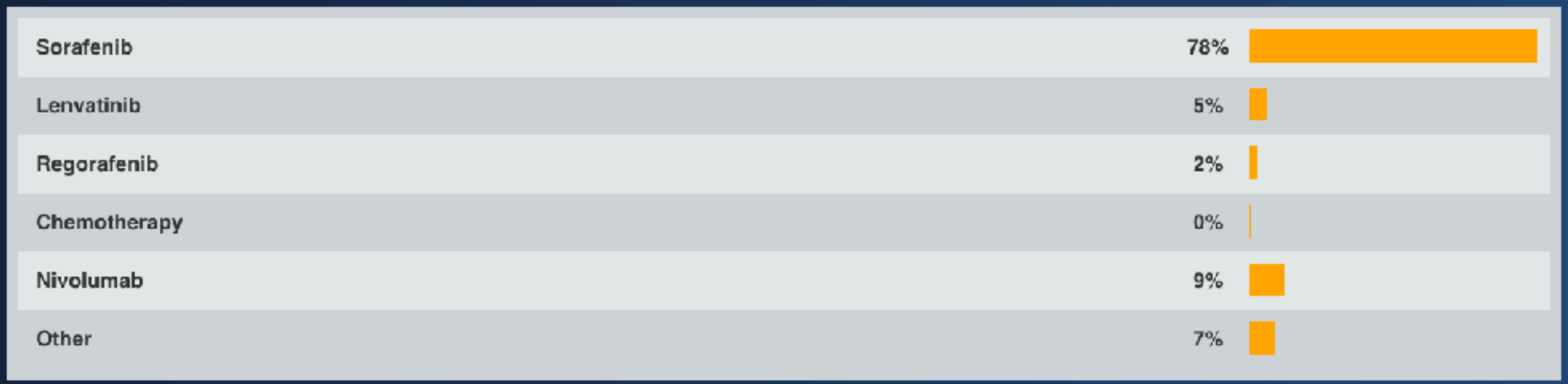
What is the optimal perioperative chemotherapy regimen for a 60-year-old otherwise healthy patient with locally advanced, HER2-negative gastric cancer?



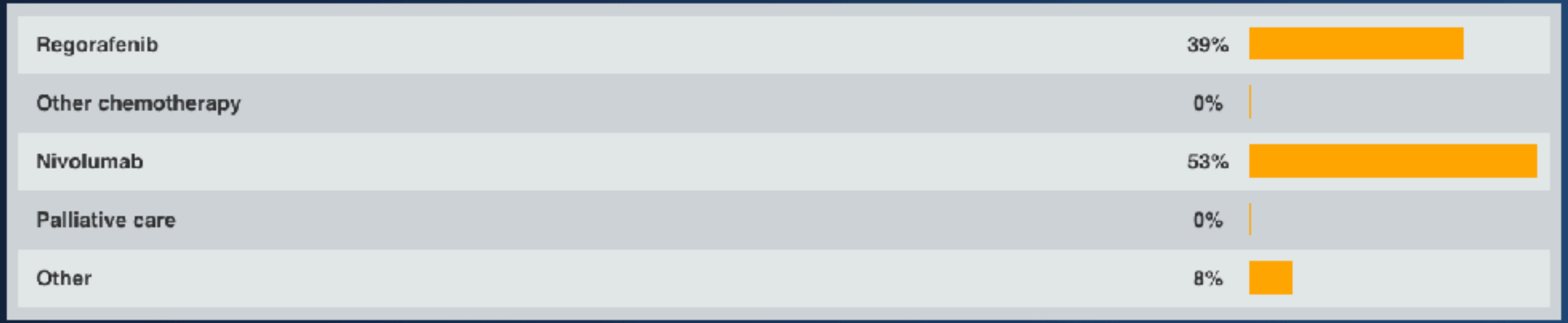
Cost and reimbursement issues aside, what would you currently recommend as second-line therapy for a patient with metastatic HER2-negative gastric cancer who has experienced disease progression on first-line FOLFOX?



Cost and reimbursement issues aside, what would be your most likely first-line treatment for an otherwise healthy patient with metastatic hepatocellular carcinoma (HCC)?



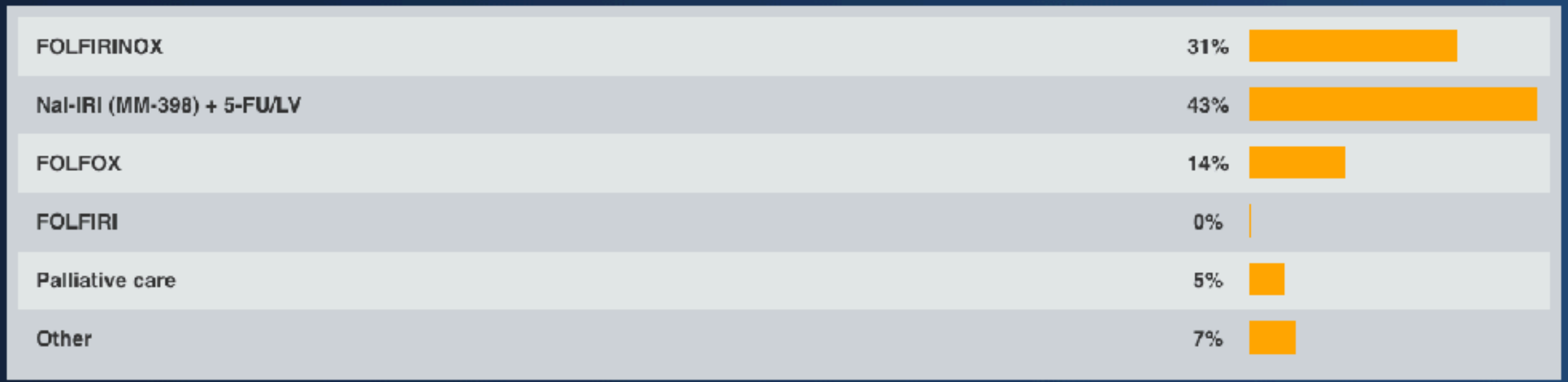
Cost and reimbursement issues aside, what would be your most likely second-line therapy for a 60-year-old patient with metastatic HCC who responded to sorafenib for 6 months with minimal toxicity and then experienced disease progression?



The dense stromal infiltrate usually seen in primary pancreatic cancer is also seen to a similar degree in pancreatic cancer metastases.

Agree	18%
Disagree	20%
I don't know	62%

An otherwise healthy 75-year-old patient receives gemcitabine/nab paclitaxel for metastatic pancreatic cancer and experiences disease progression after 3 cycles. What second-line therapy would you recommend?



Which somatostatin analog do you generally use as initial therapy for a patient with advanced, well-differentiated gastrointestinal NET that is deemed unresectable by a surgeon?