

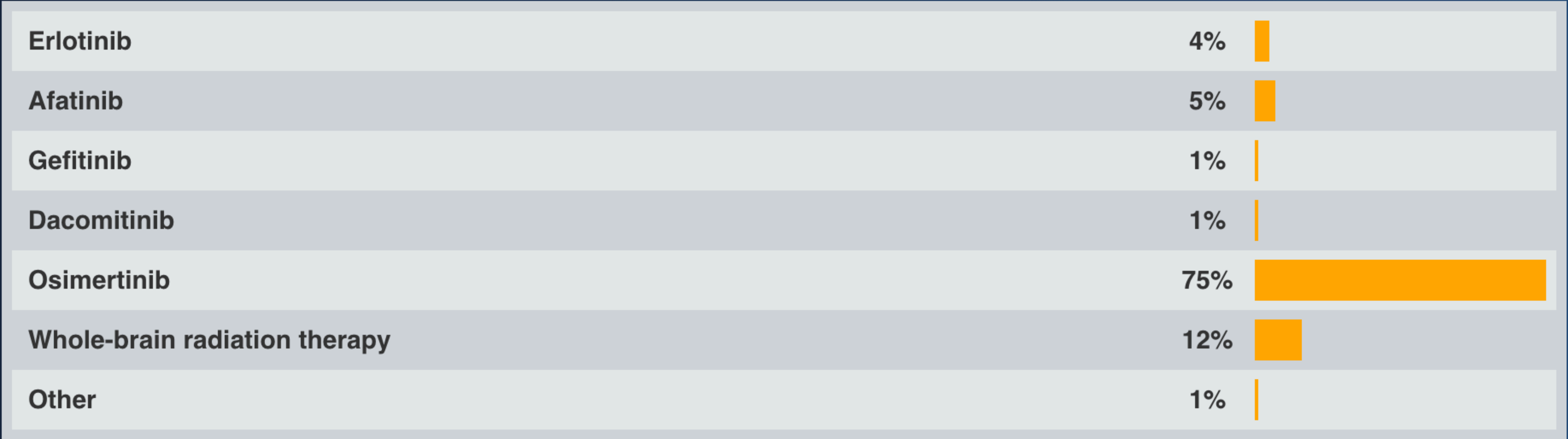
Regulatory and reimbursement issues aside, which first-line therapy would you generally recommend for an asymptomatic patient with metastatic nonsquamous non-small cell lung cancer (NSCLC) with an EGFR exon 19 deletion and a PD-L1 tumor proportion score (TPS) of 60%?



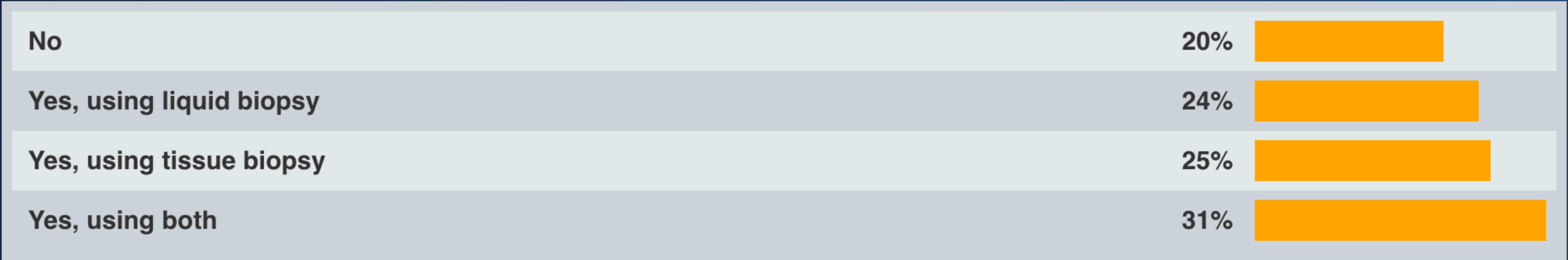
Regulatory and reimbursement issues aside, what would you generally recommend as first-line therapy for an asymptomatic patient with metastatic nonsquamous NSCLC with an EGFR L861Q mutation and a PD-L1 TPS of 60%?



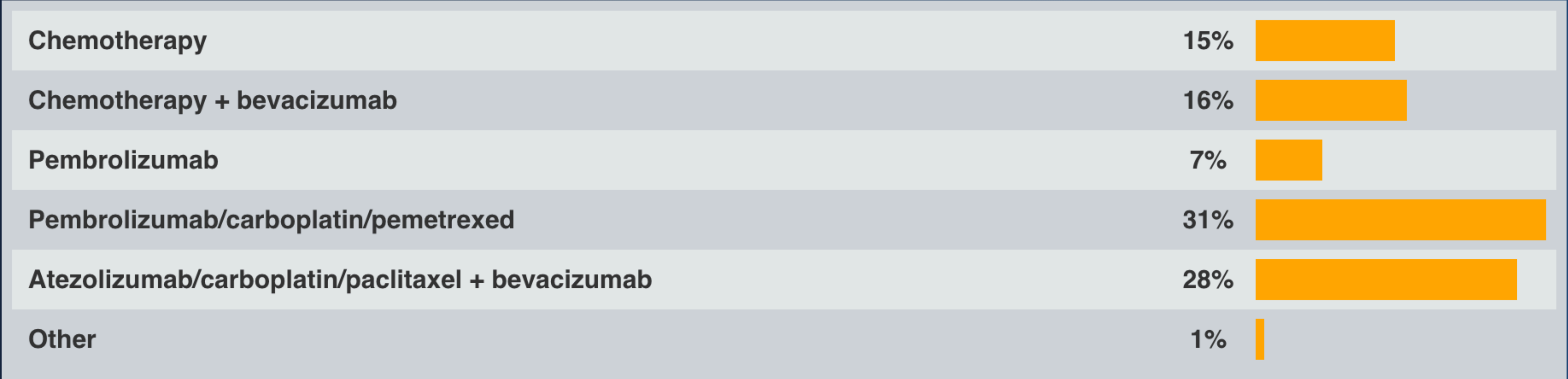
Which initial treatment approach would you generally recommend for a patient with asymptomatic nonsquamous NSCLC with an EGFR exon 19 mutation, systemic metastases and multiple, bilateral small brain metastases that would require whole-brain radiation therapy?



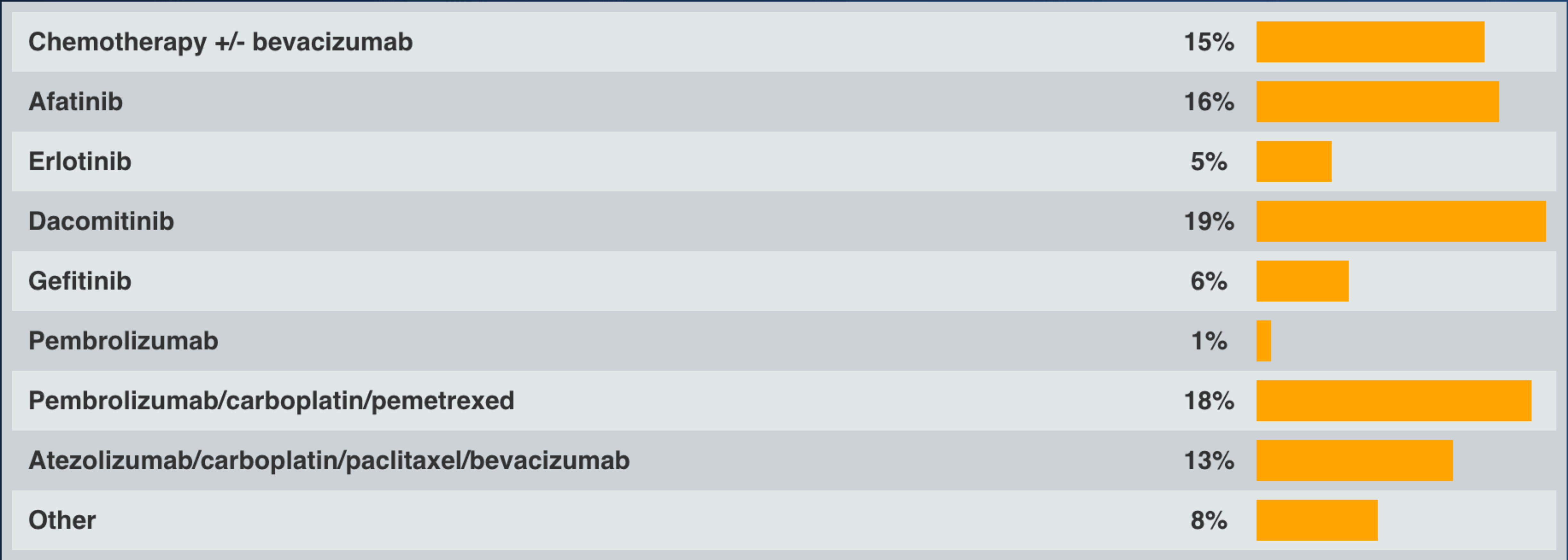
Do you typically order mutation testing for patients whose disease progresses on osimertinib?



In general, what would be your most likely treatment approach for a patient with disease progression on osimertinib who is found to have no further actionable mutations?



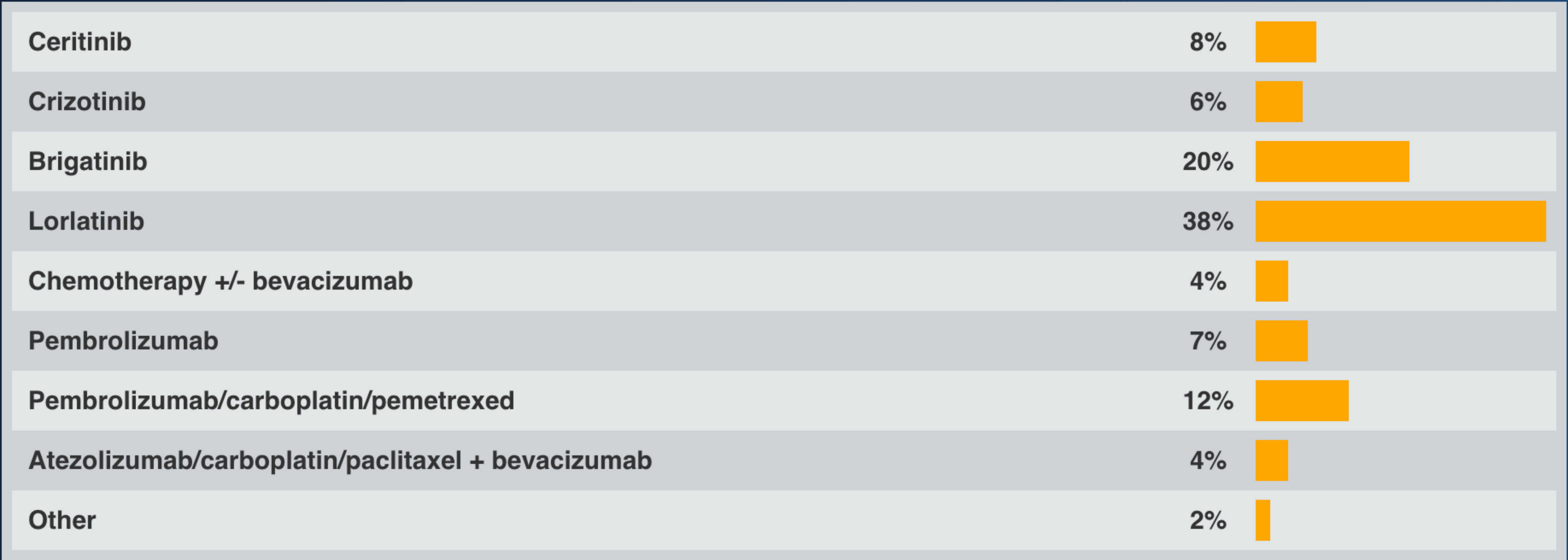
In general, what would be your most likely treatment approach for a patient with disease progression on osimertinib who is found to have an EGFR C797S mutation?



Regulatory and reimbursement issues aside, 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%?



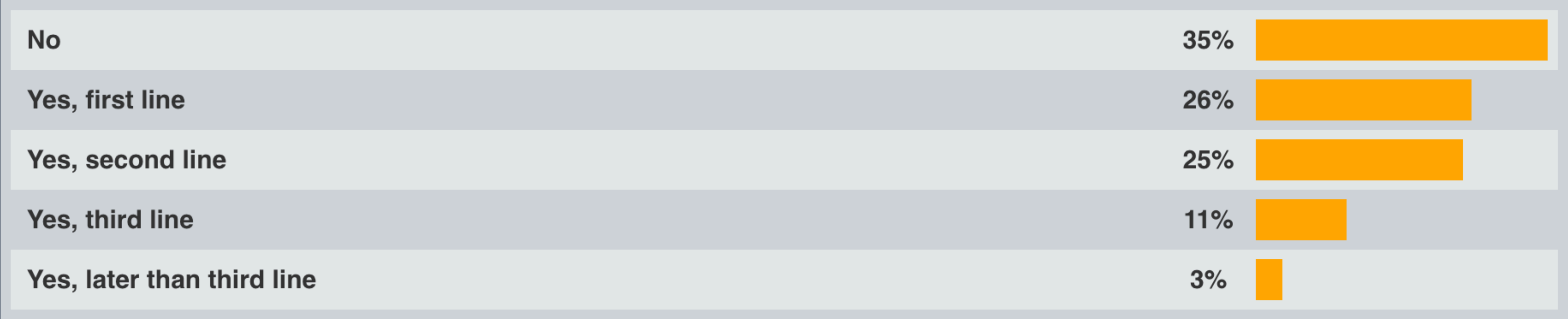
In general, what would be your preferred choice of second-line therapy for a patient with metastatic nonsquamous NSCLC with an ALK rearrangement and a TPS of 60% who experiences disease progression on alectinib?



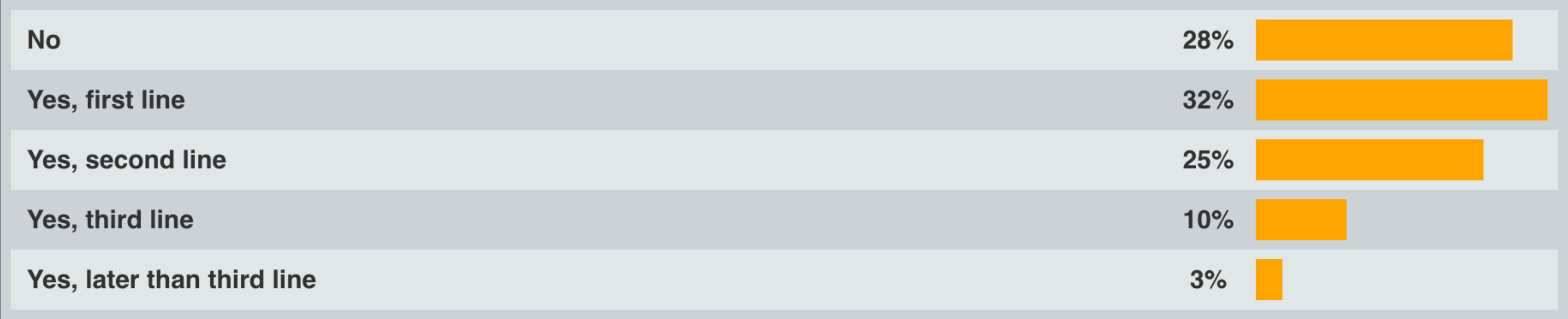
A 65-year-old patient with metastatic adenocarcinoma of the lung with a ROS1 rearrangement and a PD-L1 TPS of 60% experiences a 1-year response to crizotinib but then develops progressive disease. Regulatory and reimbursement issues aside, what in general would be your most likely next systemic treatment?



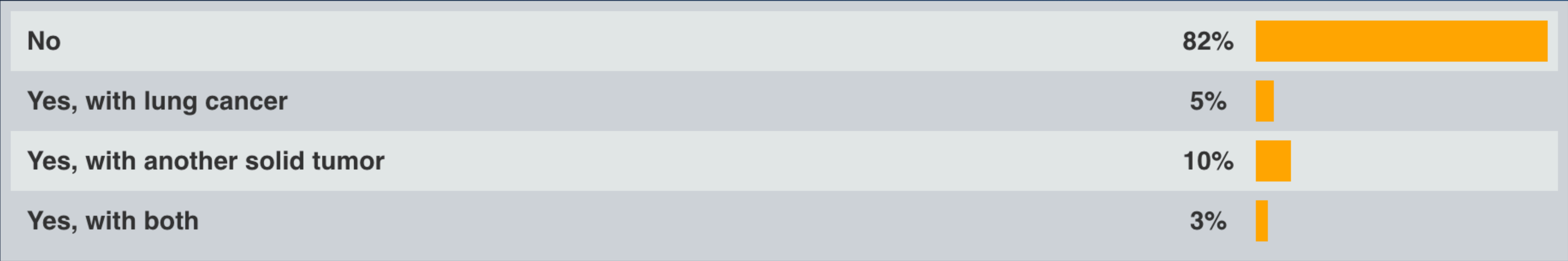
Do you typically administer targeted therapy for your patients with metastatic NSCLC and a RET rearrangement?



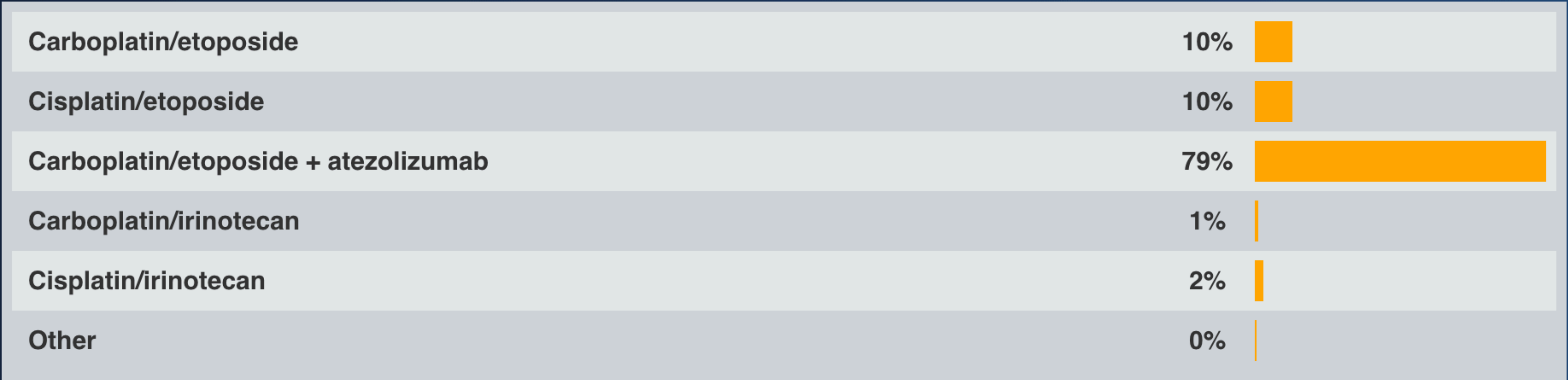
Do you typically administer targeted therapy for your patients with metastatic NSCLC and a MET exon 14 mutation?



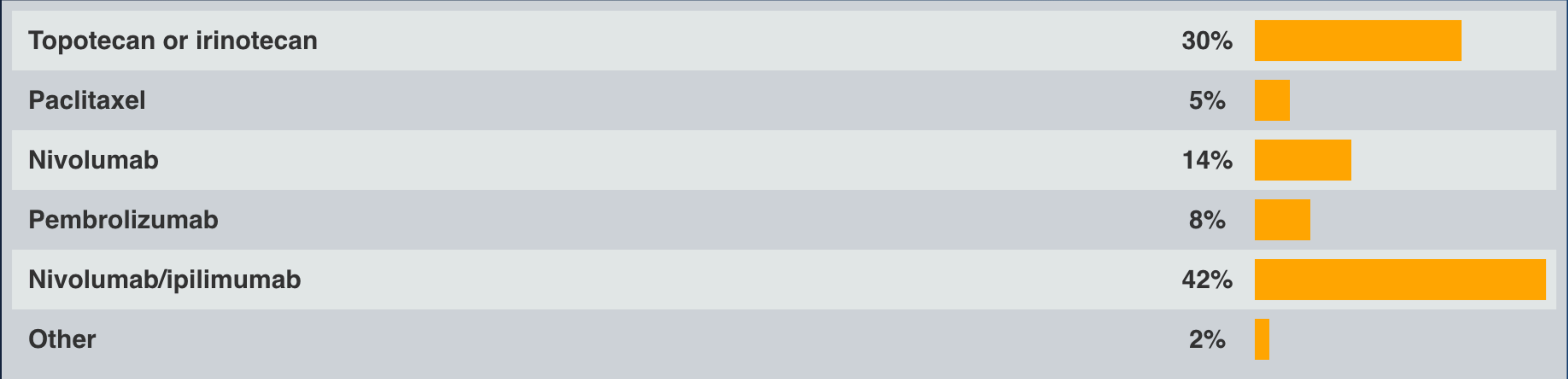
Do you have any patients in your practice with an NTRK gene fusion?



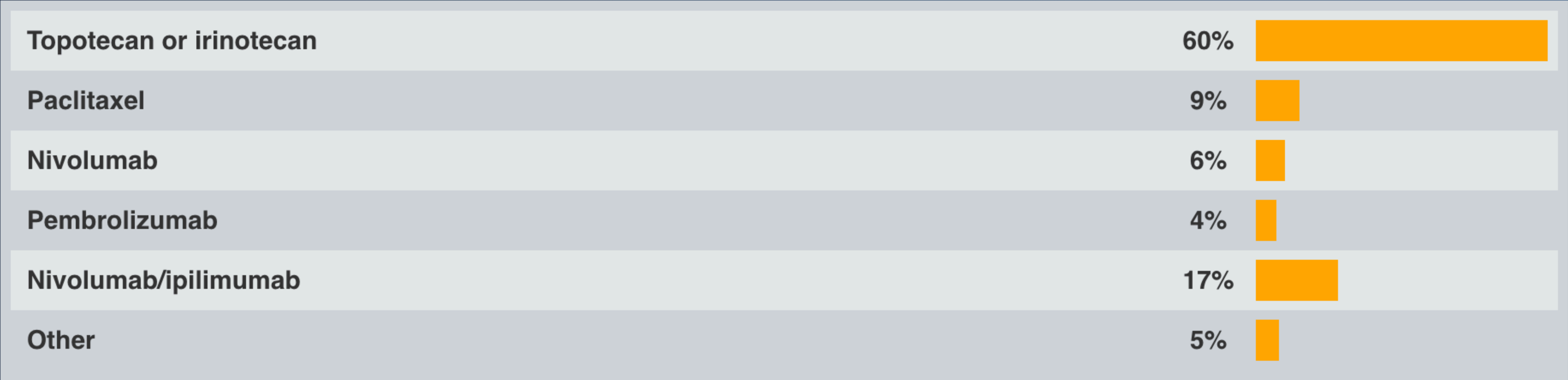
In general, what would be your preferred first-line treatment regimen for a patient in their mid-60s with extensive-stage small cell lung cancer (SCLC)?



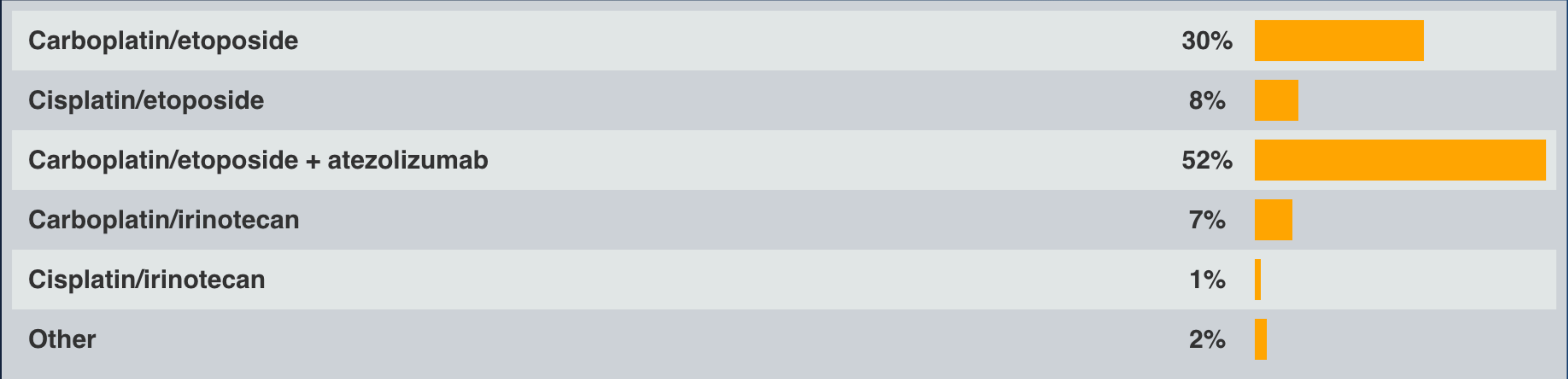
A patient in their mid-60s with metastatic SCLC experiences a response to first-line carboplatin/etoposide but then experiences disease progression after 3 months. What would you generally recommend?



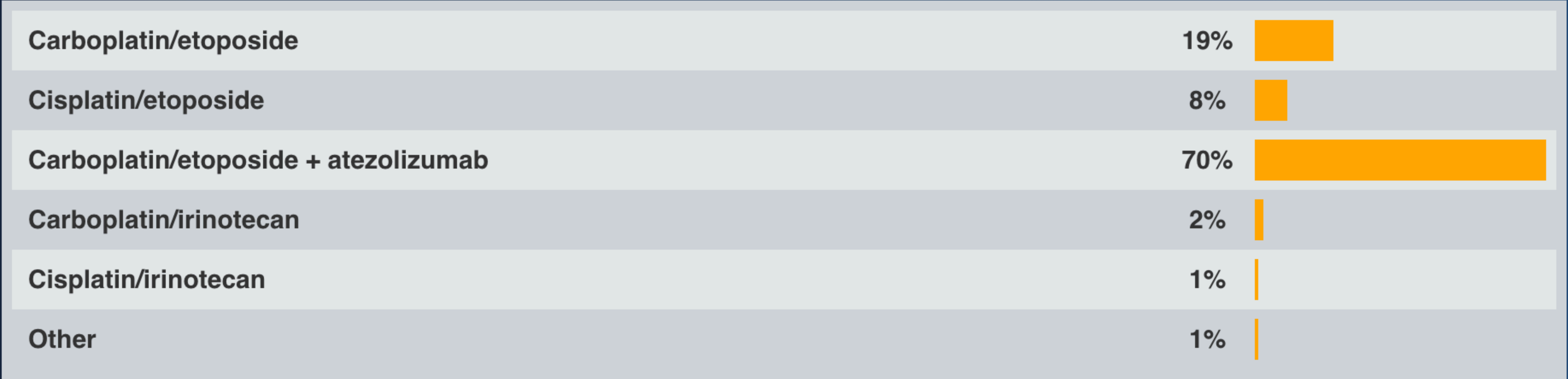
A patient in their mid-60s with metastatic SCLC experiences a response to first-line carboplatin/etoposide/atezolizumab but then experiences disease progression after 3 months. What would you generally recommend?



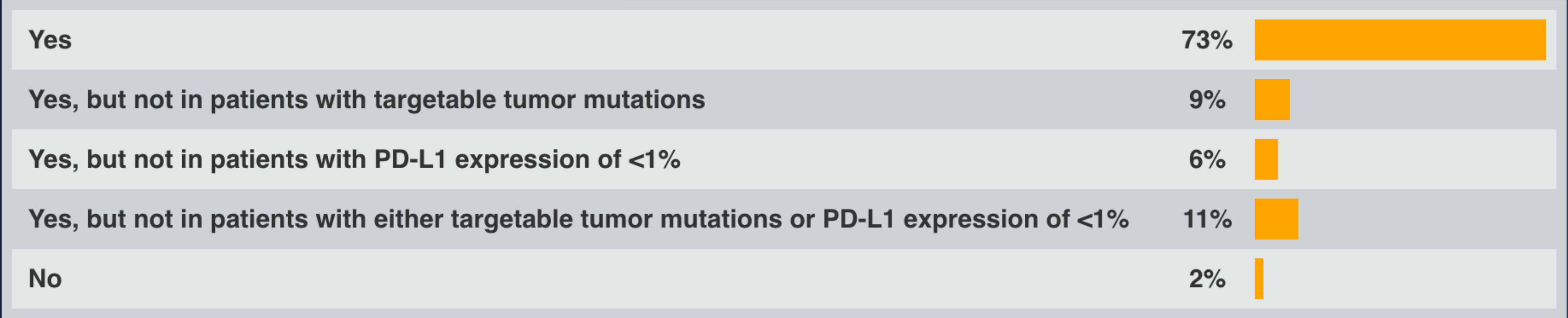
In general, what would be your preferred first-line treatment regimen for a patient in their mid-60s with extensive-stage SCLC and neurologic paraneoplastic syndrome causing moderate to severe proximal myopathy?



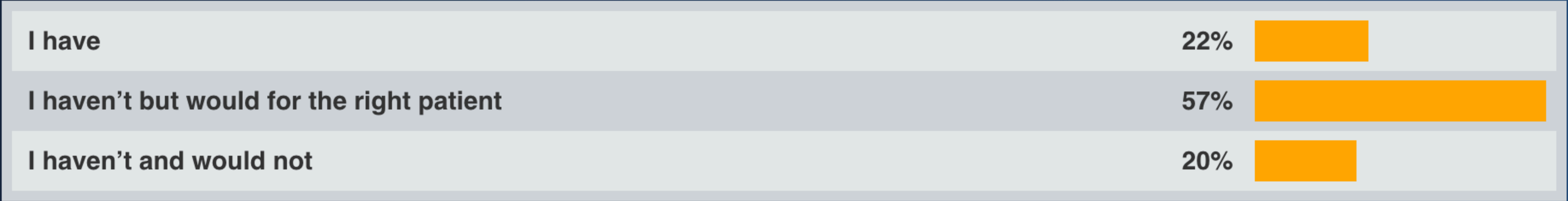
In general, what would be your preferred first-line treatment regimen for a patient in their mid-60s with extensive-stage SCLC and symptomatic SIADH (in addition to standard treatment for SIADH)?



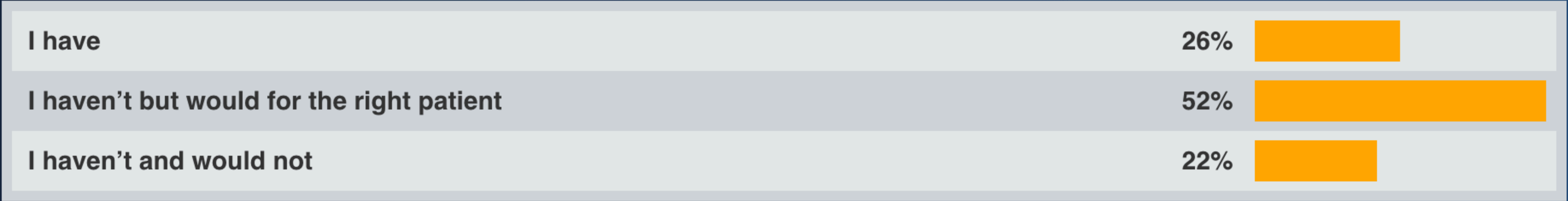
Should durvalumab generally be recommended as consolidation treatment after chemoradiation therapy for unresectable Stage IIIB NSCLC?



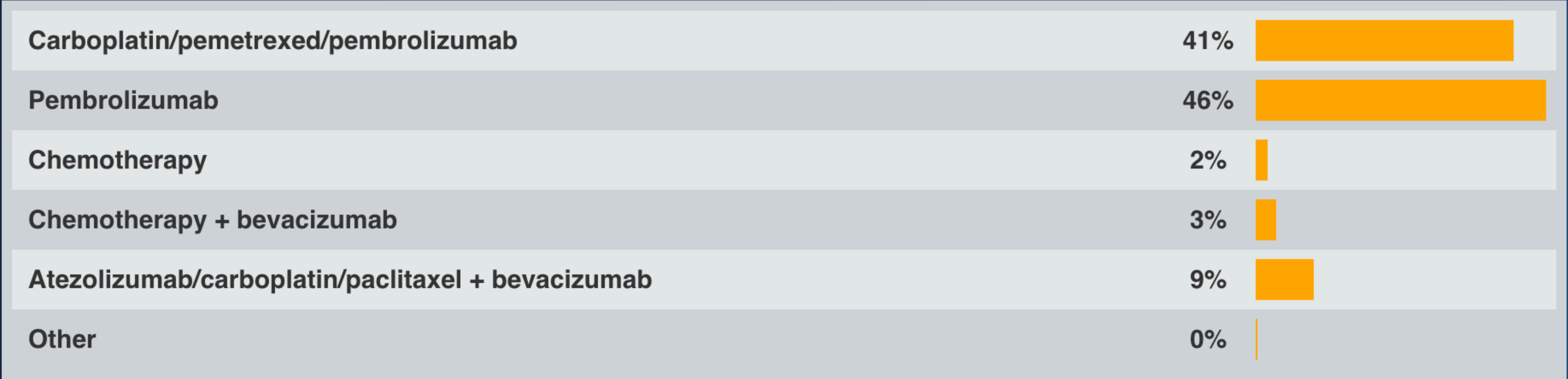
Have you recommended or would you recommend durvalumab as consolidation treatment for an older, frail patient who is unable to tolerate chemotherapy and receives only radiation therapy for unresectable Stage IIIB NSCLC?



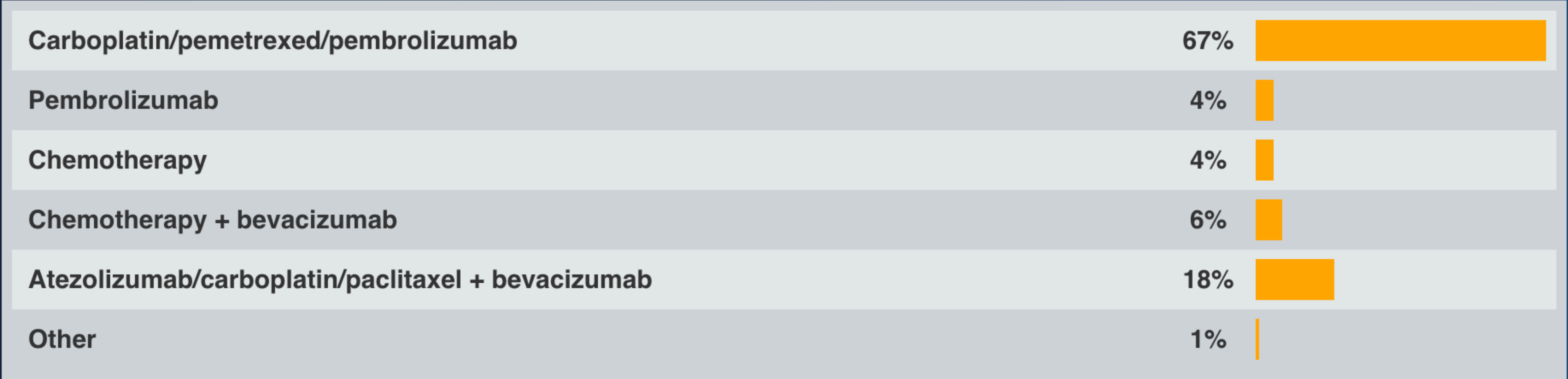
Have you recommended or would you recommend durvalumab as consolidation treatment for a patient with locally advanced NSCLC who underwent surgical excision and chemoradiation therapy as initial treatment?



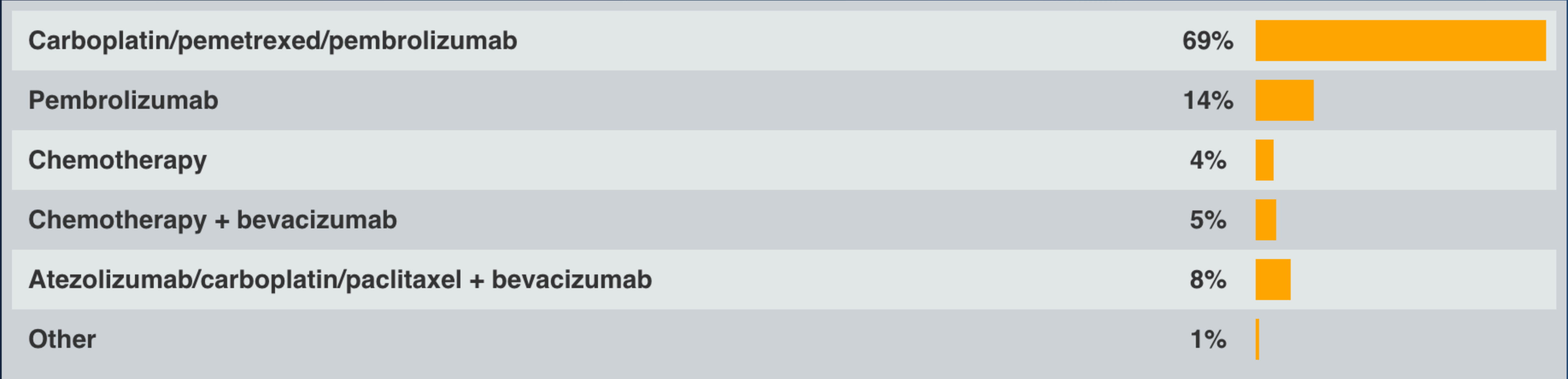
Which first-line treatment regimen would you generally recommend for a patient in their mid-60s (PS 0-1) with nonsquamous lung cancer, liver metastases, no targetable mutations and a PD-L1 TPS of 60%?



Which first-line treatment regimen would you generally recommend for a patient in their mid-60s (PS 0-1) with nonsquamous lung cancer, liver metastases, no targetable mutations and a PD-L1 TPS of 10%?



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. What treatment regimen would you generally recommend?



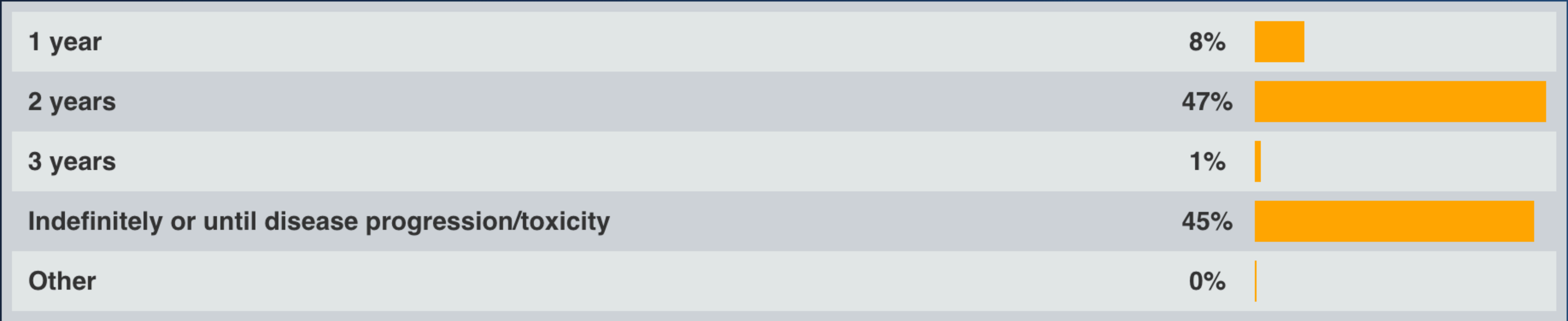
Which first-line treatment regimen would you generally recommend for a patient in their mid-60s with metastatic squamous cell lung cancer and a PD-L1 TPS of 60%?



Which first-line treatment regimen would you generally recommend for a patient in their mid-60s with metastatic squamous cell lung cancer and a PD-L1 TPS of 10%?



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 generally recommend for a patient in their mid-60s (PS 0-1) with nonsquamous lung cancer, liver metastases, no targetable mutations and a PD-L1 TPS of 60%?

	Pre		Post	
Carboplatin/pemetrexed/pembrolizumab	40%	<div></div>	39%	<div></div>
Pembrolizumab	47%	<div></div>	59%	<div></div>
Chemotherapy	2%	<div></div>	0%	<div></div>
Chemotherapy + bevacizumab	3%	<div></div>	0%	<div></div>
Atezolizumab/carboplatin/paclitaxel + bevacizumab	9%	<div></div>	2%	<div></div>
Other	0%	<div></div>	0%	<div></div>