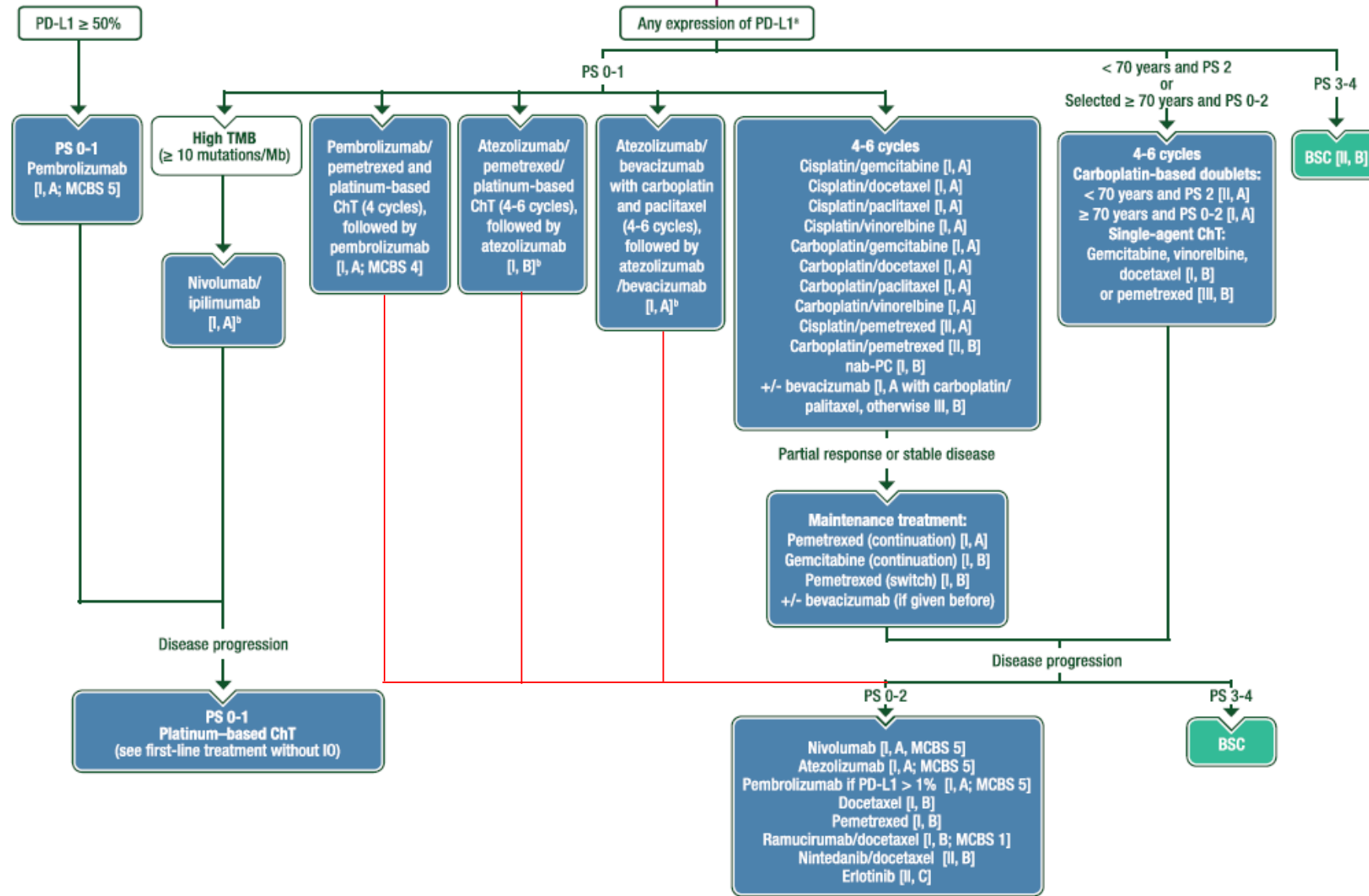


## LLCG/VZN annotations

- Nivolumab/Ipilimumab is not level [I,A] \*
- Carboplatin-doublet may not be appropriate for 70y+ and PS=2 patients.
- 1<sup>st</sup> line choice can be chemotherapy + IO as well for some patients with PDL1 ≥50% tumors.
- Chemotherapy + IO is an option for fit (PS 0-1) 70y+ patients.
- The role of erlotinib and afatanib in relapsed EGFRwt tumors is doubtful.

\* The role of TMB remains uncertain at present. Remaining problems with standardization, accessibility and cost. No prospective validation at present. No significant predictive value for OS in recently reported results of a RCT. (<https://news.bms.com/press-release/corporatefinancial-news/bristol-myers-squibb-provides-update-ongoing-regulatory-review>)

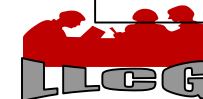
Stage IV NSCC: Molecular tests negative (ALK/BRAF/EGFR/ROS1)



LLCG/VZN annotations

- Nivolumab/ipilimumab is not level [I,A] \*
- Continuation maintenance can be recommended in case of chemotherapy + IO 1<sup>st</sup> line therapy as well.
- Carboplatin-doublet may not be appropriate for 70y+ and PS=2 patients.
- Chemotherapy + IO is an option for fit (PS 0-1) 70y+ patients.
- Missing lines in case of disease progression are suggested in red.
- The role of erlotinib and afatanib in relapsed EGFRwt tumors is doubtful.

\* The role of TMB remains uncertain at present. Remaining problems with standardization, accessibility and cost. No prospective validation at present. No significant predictive value for OS in recently reported results of a RCT. (<https://news.bms.com/press-release/corporatefinancial-news/bristol-myers-squibb-provides-update-ongoing-regulatory-review>)



## LLCG/VZN annotations in text

- Section staging and risk assessment
  - Add-on: PET-CT is more sensitive than bone scan in detecting bone metastasis, and should be preferred in case of equivocal or solitary bone abnormality.
- Section *EGFR* activating mutation
  - Rebiopsy or cfDNA plasma testing only after 1<sup>st</sup> or 2<sup>nd</sup> generation EGFR-TKI as 1<sup>st</sup> line therapy
- Section role of RT in stage IV
  - Add-on: EBRT is indicated in cases of hemoptysis and symptomatic airway obstruction, after considered or attempted endobronchial desobstruction.
- Section LM carcinomatosis
  - Change: the role of intra-CSF pharmacotherapy is doubtful, no references to consider this approach are given in the guideline.

