<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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<tbody>
<tr>
<td><strong>General</strong></td>
<td>Deferred to a future version of the Guidelines.</td>
<td>22 0 0 7</td>
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<tr>
<td>External request: Submission from the Society of Interventional Oncology (SIO), requesting inclusion of a section “Principles of Image-Guided Thermal Ablation Therapy” to follow the existing “Principles of Radiation Therapy” section.</td>
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| **NSCL-2**                | Based upon review of the data in the noted references, the panel consensus did not support the specific requested changes. The Panel did modify the footnote, as noted below. **Interventional radiology ablation**/**image-guided thermal ablation** is an option for selected patients.  
- See Submission for references. | 0 22 0 7 |
| External request: Submission from the SIO, requesting for Stage IA Medically inoperable, the deletion of footnote “m” and inclusion of “Image-guided thermal ablation” in the algorithm proper below “Definitive RT including stereotactic ablative radiotherapy.” | | |
| **NSCL-3**                | The Panel consensus gained stronger support for the continued recommendation to consider adjuvant chemotherapy for patients with high-risk stage IB-IIB NSCLC. The recommendation changed from a category 2B to a category 2A. | 20 2 1 6 |
| Medically inoperable; N0; Internal request: Panel request to revote for adjuvant chemotherapy for patients with high-risk stages IB-IIB NSCLC. | | |
| **NSCL-3, NSCL-6, NSCL-7, NSCL-9, NSCL-12, NSCL-13** | Based upon review of the data in the noted references, the panel consensus supported the continued listing for durvalumab as a category 1 recommendation.  
- See Submission for references. | 22 0 0 7 |
| External request: Submission from AstraZeneca, requesting durvalumab as initial treatment for Stage III inoperable NSCLC following definitive concurrent chemoradiation therapy continue to be supported as category 1 based on the follow-up exploratory 36-month survival analysis of the PACIFIC study. | | |
| NSCL-9 | T1-2, T3 (other than invasive), N2 nodes positive, M0; Induction chemotherapy ± RT; No apparent progression. Internal request: Panel request to revote chemotherapy as an option with surgery ± RT. | The Panel consensus did not support the continued recommendation of chemotherapy as an option with surgery ± RT. | 6 | 15 | 1 | 7 |
| NSCL-11 | External request: SIO requesting for Multiple lung cancers (N0-1), Definitive local therapy possible, swap the positions of “Radiation” and “Ablation” and change “Ablation” to “Image-guided thermal ablation” or “IGTA”. | Based upon review of the data in the noted references, the panel consensus supported the wording change of Ablation to Image-guided thermal ablation.  
• See Submission for references. | 22 | 0 | 0 | 7 |
| NSCL-15 | External request: Submission from the SIO, requesting for Definitive therapy for local disease feasible; T1-3, N0, change “Surgical resection or SABR” to “Surgical resection, SABR or IGTA”. ALSO Change footnote “ff” to read “Typically, RT (including SABR), IGTA, or surgical resection”. | Based upon review of the data in the noted references, the panel consensus did not support the specific requested changes. The Panel added a footnote: Image-guided thermal ablation is an option for selected patients.  
• See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-17 | External request: Submission from the SIO, requesting for Resectable recurrence, delete footnote “m” and add “IGTA” to the algorithm proper under “External-beam RT or SABR”. | Based upon review of the data in the noted references, the panel consensus did not support the specific requested changes. The Panel did modify the footnote, as noted below. Interventional radiology ablation / Image-guided thermal ablation is an option for selected patients.  
• See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-18 | External request: Submission from Guardant Health, requesting changing footnote ii “If repeat biopsy is not feasible, then plasma biopsy should be considered” to “A well-validated plasma test should be considered for broad molecular profiling. Tissue should be preserved to prioritize accurate histopathological diagnosis and PD-L1 testing.” | Based upon review of the data in the noted references, the panel consensus did not support the specific requested changes. The Panel did modify the footnote, as noted below. Previous version: If repeat biopsy is not feasible, plasma testing should be considered. Updated version: If there is insufficient tissue to allow testing for all of EGFR, ALK, ROS1, and BRAF, repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.  
• See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-20/NSCL-21, NSCL-23/NSCL-24 | External request: Submission from the SIO, requesting change "Consider definitive local therapy (eg, SABR or surgery) for limited lesions to "Consider definitive local therapy (eg, IGTA, SABR or surgery) for limited lesions.” | Based upon review of the data in the noted references, the panel consensus did not support the specific requested changes. The Panel did modify the footnote, as noted below. Image-guided thermal ablation is an option for selected patients.  
- See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-21 | External request: Submission from Guardant Health, requesting changing footnote vv "If tissue biopsy is not feasible, plasma biopsy should be considered" to “Plasma- or tissue-based broad molecular profiling should be considered at progression on TKIs for EGFR, ALK, ROS1, RET or MET.” | Based upon review of the data in the noted references, the panel consensus did not support this requested change.  
- See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-21 | External request: Submission from AstraZeneca, requesting the inclusion of data as evidence for the use of osimertinib at clinical standard-dosage of 80 mg in metastatic NSCLC patients who have progressive LM disease. | Based upon review of the data in the noted references, the panel consensus did not support this requested change. The panel expanded footnote ww to include this sentence: In the Bloom study, osimertinib was used at 160 mg.  
- See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-23 | External request: Submission from Takeda, requesting the addition of brigatinib as a treatment option for select patients with disease progression on alectinib or ceritinib. | Based upon review of the data in the noted references, the panel consensus did not support this requested change. Additional data is needed.  
- See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-24 | External request: Submission from Takeda, requesting the addition of brigatinib as a treatment option for patients with disease progression on crizotinib and alectinib or ceritinib. | Based upon review of the data in the noted references, the panel consensus did not support this requested change. Additional data is needed.  
- See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-24 | External request: Submission from Takeda, requesting brigatinib as a preferred treatment option for patients with disease progression on crizotinib. | Based upon review of the data in the noted references, the panel consensus did not support this requested change. Additional data is needed.  
- See Submission for references. | 0 | 22 | 0 | 7 |
### NSCL-28
External request: Submission from Guardant Health, “PD-L1 expression (≥50%) and EGFR, ALK, ROS1, BRAF, negative or unknown." Suggest replacing "or unknown" with "or if untested, then plasma-based broad molecular profiling is recommended."

ALSO
Consider adding two other genes to the list: MET exon 14 skipping and STK11 (aka LKB1) inactivating mutations.

Based upon review of the data in the noted references, the panel consensus did not support the specific requested changes. The Panel did modify the wording for the testing results to remove "or unknown". See also revised footnote ii on NSCL-18.

- See Submission for references.

### NSCL-28/NSCL-29, NSCL-J 3 of 4
Internal request: Panel request to revote on pembrolizumab/cisplatin/ (paclitaxel or albumin-bound paclitaxel) as a treatment option.

The Panel consensus did not support the continued recommendation of pembrolizumab/cisplatin/(paclitaxel or albumin-bound paclitaxel).

### NSCL-31
External request: Submission from Boehringer-Ingelheim to consider the inclusion afatinib for subsequent therapy for the treatment of patients with advanced squamous cell carcinoma following progression on or after platinum-based chemotherapy.

Based upon review of the data in the noted references, the panel consensus did not support this requested change. Additional data is needed.

- See Submission for references.

### NSCL-D
External request: Submission from Bristol-Myers Squibb requesting consideration of the clinical data which evaluated the use of nivolumab as neoadjuvant and adjuvant therapy in patients with NSCLC.

Based upon review of the data in the noted references, the panel consensus did not support this requested change. Additional data is needed.

- See Submission for references.

### NSCL-D
External request: Submission from Bristol-Myers Squibb, requesting review of the supporting data for the use of nivolumab monotherapy or nivolumab in combination with ipilimumab as neoadjuvant treatment options for patients with stage I-IIIA resectable NSCLC.

Based upon review of the data in the noted references, the panel consensus did not support this requested change. Additional data is needed.

- See Submission for references.
| NSCL-E | External request: Submission from Merck, requesting that consolidation pembrolizumab monotherapy be included as treatment recommendation for patients with unresectable Stage III NSCLC whose disease has not progressed following concurrent chemoradiation therapy. Based upon review of the data in the noted references, the panel consensus did not support this requested change. Additional data is needed. • See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-E | Internal request: Panel request to revote on cisplatin/vinblastine/RT as a treatment option. The Panel consensus did not support keeping cisplatin/vinblastine/RT. | 0 | 22 | 0 | 7 |
| NSCL-G 3 of 5 | External request: Submission from Bayer, requesting the following additional text. • NTRK (Neurotrophin Receptor Kinase) Gene Fusions results in the dysregulation and inappropriate signaling through the MAP, PI3K and PLC-gamma pathways promoting oncogenesis • NTRK fusions can have various fusion partners (with at least 15 identified to date and more still being identified) • To date, no clinicopathological features have been identified in patients with NTRK fusion lung cancer • Various methodologies can be utilized to detect NTRK fusions – FISH, IHC, NGS and PCR assays. In the original clinical trial (NEJM n=55 patients), 50 NTRK fusions were identified with NGS and 5 with FISH Based upon review of the data in the noted references, the panel consensus did not support the specific requested changes. The Panel provided modified text. NTRK (neurotrophin tyrosine receptor kinase) gene fusions • NTRK 1/2/3 are tyrosine receptor kinases that are rarely rearranged in NSCLC as well as in other tumor types, resulting in dysregulation and inappropriate signaling. • Numerous fusion partners have been identified. • To date, no specific clinicopathologic features, other than absence of other driver alterations, have been identified in association with these fusions. • Testing Methodologies: Various methodologies can be used to detect NTRK gene fusions, including: FISH, IHC, PCR, and NGS; false negatives may occur. IHC methods are complicated by baseline expression in some tissues. FISH testing may require at least 3 probe sets for full analysis. NGS testing can detect a broad range of alterations. DNA-based NGS may under-detect NTRK1 and NTRK3 fusions. See Submission for references. | 0 | 22 | 0 | 7 |
| NSCL-J 2 of 4 | External request: Submission from Genentech, requesting consideration of the results of the Phase 3 IMpower132 trial designed to evaluate atezolizumab plus (carboplatin or cisplatin) plus pemetrexed for the first-line treatment of patients with mNSCLC. Based upon review of the data in the noted references, the panel consensus did not support this requested change. Additional data is needed. • See Submission for references. | 0 | 22 | 0 | 7 |
External request: Submission from Genentech, requesting consideration of the results of the Phase 3 IMpower130 trial designed to evaluate atezolizumab plus carboplatin and nab-paclitaxel for the first-line treatment of patients with mNSCLC.

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