<table>
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<th>Guideline Page and Request</th>
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| **NSCL-3, NSCL-6, NSCL-6, NSCL-H**  
External request:  
Submission from AstraZeneca, requesting to update the language from “Consider testing for **EGFR** mutation on surgical tissue or biopsy in stages IB-IIIA” to “Test for **EGFR** mutation on surgical tissue or biopsy in stages IB-IIIA”. | Based upon review of the data in the noted references, the panel consensus supported the removal of “consider” from the **EGFR** testing recommendations.  
The footnote wording on NSCL-3, NSCL-6, and NSCL-7 changed to:  
Test for **EGFR** mutation on surgical tissue or biopsy in stages IB–IIIA.  
The wording in the Principles of Molecular and Biomarker Analysis (NSCL-H 2) changed to:  
Molecular testing for **EGFR** mutation to be performed on diagnostic biopsy or surgical resection sample to ensure the **EGFR** mutation results are available for adjuvant treatment decisions for patients with stage IIB–IIIA or high-risk stage IB-IIA NSCLC. | YES 22  
NO 2  
ABSTAIN 2  
ABSENT 5 |
| **NSCL-4, NSCL-E**  
External request:  
Submission from AstraZeneca, requesting to delete the word “consider”. Change from “consider osimertinib” to “osimertinib (category 1)”. | Based upon review of the data in the noted references, the panel consensus supported the removal of the “consider” from the recommendation for osimertinib.  
The panel consensus did not support a category 1 recommendation. | YES 20  
NO 4  
ABSTAIN 2  
ABSENT 5 |
| **NSCL-29**  
Internal request:  
Review the data supporting tepotinib and consider the inclusion of tepotinib as first-line/subsequent therapy for **METex14** skipping mutation, advanced or metastatic NSCLC.  
External request:  
Submission from EMD Serono, Inc. requesting the addition of tepotinib as a preferred option in first-line therapy and subsequent therapy for the treatment of advanced or metastatic NSCLC with **MET** exon 14 skipping mutation. | Based upon review of the data in the noted references, the panel consensus supported the addition of tepotinib as a preferred first-line/subsequent therapy for **METex14** skipping mutation, advanced or metastatic NSCLC. This is a category 2A recommendation.  
- See Submission for references. | YES 23  
NO 0  
ABSTAIN 3  
ABSENT 5 |
External request:
Submission from Bristol Myers Squibb, requesting that nivolumab in combination with ipilimumab and 2 cycles of platinum-based chemotherapy be recommended as a preferred treatment option for the first-line treatment of patients with metastatic or recurrent NSCLC with no EGFR or ALK genomic tumor aberrations, regardless of histology or PD-L1 expression, with a preferred category 1 recommendation (changed from "category 2A recommendations").

| NSCL-31, NSCL-32, NSCL-K | Based upon review of the data in the noted references, the panel consensus supported changing from category 2A to category 1 for nivolumab + ipilimumab + pemetrexed + (carboplatin or cisplatin) for metastatic nonsquamous NSCLC, regardless of PD-L1 levels and negative for actionable molecular markers. Preference status remains as "other recommended."
| 20  | 2  | 4  | 5   |
| NSCL-32, NSCL-K | Based upon review of the data in the noted references, the panel consensus supported changing from category 2A to category 1 for nivolumab + ipilimumab + paclitaxel + carboplatin for metastatic squamous NSCLC, regardless of PD-L1 levels and negative for actionable molecular markers. Preference status remains as "other recommended."
| 18  | 3  | 5  | 5   |