



onkopedia guidelines



# Lung Cancer, non small lung cancer (NSCLC)

This is the short version of onkopedia guidelines for the German-speaking countries. It focuses on algorithms for treatment in different stages with links to the evidence and its appraisal.

Recommendations from the society for diagnosis and therapy of haematological and oncological diseases

## **Publisher**

DGHO Deutsche Gesellschaft für Hämatologie und  
Medizinische Onkologie e.V.  
Alexanderplatz 1  
D-10178 Berlin

Executive chairman: Prof. Dr. med. Lorenz Trümper

Phone: +49 (0)30 27 87 60 89 - 0  
Fax: +49 (0)30 27 87 60 89 - 18

[info@dgho.de](mailto:info@dgho.de)  
[www.dgho.de](http://www.dgho.de)

## **Contact person**

Prof. Dr. med. Bernhard Wörmann  
Medical superintendent

## **Source**

[www.onkopedia-guidelines.info](http://www.onkopedia-guidelines.info)

The information of the DGHO Onkopedia Web Site is not intended or implied to be a substitute for professional medical advice or medical care. The advice of a medical professional should always be sought prior to commencing any form of medical treatment. To this end, all component information contained within the web site is done so for solely educational purposes. DGHO Deutsche Gesellschaft für Hämatologie und Onkologie and all of its staff, agents and members disclaim any and all warranties and representations with regards to the information contained on the DGHO Web Site. This includes any implied warranties and conditions that may be derived from the aforementioned web site information.

# Table of contents

<b>1 Summary .....</b>	<b>2</b>
<b>6 Therapy .....</b>	<b>2</b>
6.1 Therapeutic algorithm .....	2
6.1.1 Primary therapy .....	2
6.1.2 Systemic therapy in advanced stages .....	3
6.1.2.1 Molecular genetic stratification of therapy .....	4
6.1.2.2 No molecular genetic stratification of therapy.....	4
6.2 Facts and Appraisal.....	5
6.2.1 Adjuvant therapy .....	5
6.2.1.1 Adjuvant chemotherapy .....	5
6.2.1.2 Adjuvant immunotherapy .....	6
6.2.1.2.1 Durvalumab, Stage III, after radiochemotherapy.....	6
6.2.2 Advanced stages .....	7
6.2.2.1 Molecular genetic stratification.....	7
6.2.2.1.1 ALK inhibitors.....	7
6.2.2.1.1.1 First line, molecular genetic stratification .....	7
6.2.2.1.1.2 Second line, molecular genetic stratification .....	9
6.2.2.1.2 BRAF inhibitors, first and second line.....	11
6.2.2.1.3 EGFR inhibitors .....	12
6.2.2.1.3.1 First line, EGFR inhibitors .....	12
6.2.2.1.3.2 Second line, EGFR T790M .....	15
6.2.2.1.4 ROS1 inhibitors .....	16
6.2.2.1.4.1 Crizotinib, ROS1 inhibitors .....	16
6.2.2.1.4.2 Others, ROS1 inhibitors .....	17
6.2.2.2 No molecular genetic stratification .....	17
6.2.2.2.1 Chemotherapy .....	17
6.2.2.2.1.1 First line, no molecular genetic stratification .....	17
6.2.2.2.1.2 Second line, no molecular genetic stratification .....	18
6.2.2.2.2 Immunotherapy .....	19
6.2.2.2.2.1 First line, monotherapy .....	19
6.2.2.2.2.2 First line, combination therapy .....	20
6.2.2.2.2.3 Second line, Immunotherapy .....	21
6.2.2.2.3 Others.....	23
6.2.2.2.3.1 First line, others .....	23
6.2.2.2.3.2 Second line, others .....	24
<b>14 Authors' Affiliations.....</b>	<b>26</b>
<b>15 Disclosure of Potential Conflicts of Interest .....</b>	<b>29</b>

# Lung Cancer, non small lung cancer (NSCLC)

**This is the short version of onkopedia guidelines for the German-speaking countries. It focuses on algorithms for treatment in different stages with links to the evidence and its appraisal.**

**ICD-10:** C34.-

**Date of document:** October 2019

## Compliance rules:

- Guideline
- Conflict of interests

**Authors:** Frank Griesinger, Wilfried Eberhardt, Martin Früh, Oliver Gautschi, Wolfgang Hilbe, Hans Hoffmann, Rudolf Maria Huber, Sonja Loges, Christoph Pöttgen, Ron Pritzkuleit, Martin Reck, Niels Reinmuth, Martin Sebastian, Dieter Ukena, Cornelius Waller, Jürgen Wolf, Martin Wolf, Bernhard Wörmann

**Previous authors:** Robert Pirker, Jan Stöhlmacher, Michael Thomas

## 1 Summary

Lung cancer is the third most frequent malignancy in women and the second most frequent malignancy in men. The median age at diagnosis is between 68 and 70 years. Major risk factor is smoking.

Screening of asymptomatic high-risk persons via low-dose computer tomography (LDCT) can identify lung cancer in early stages. It reduces cancer-specific and overall mortality, especially in women.

Treatment of patients with lung cancer is paradigmatic for modern oncology. NSCLC can now be subdivided in more than a dozen biological entities with individual treatment concepts. Prognosis of patients is determined by stage, histology, immunohistochemistry, sex, ECOG status and comorbidity.

Treatment options include surgery, radiation and systemic treatment, often combined in multimodal concepts. Treatment in early stages and in some patients with advanced stage is curative. For patients in stage IIIB/IV the integration of immune checkpoint and of kinase inhibitors has significantly improved their prognosis.

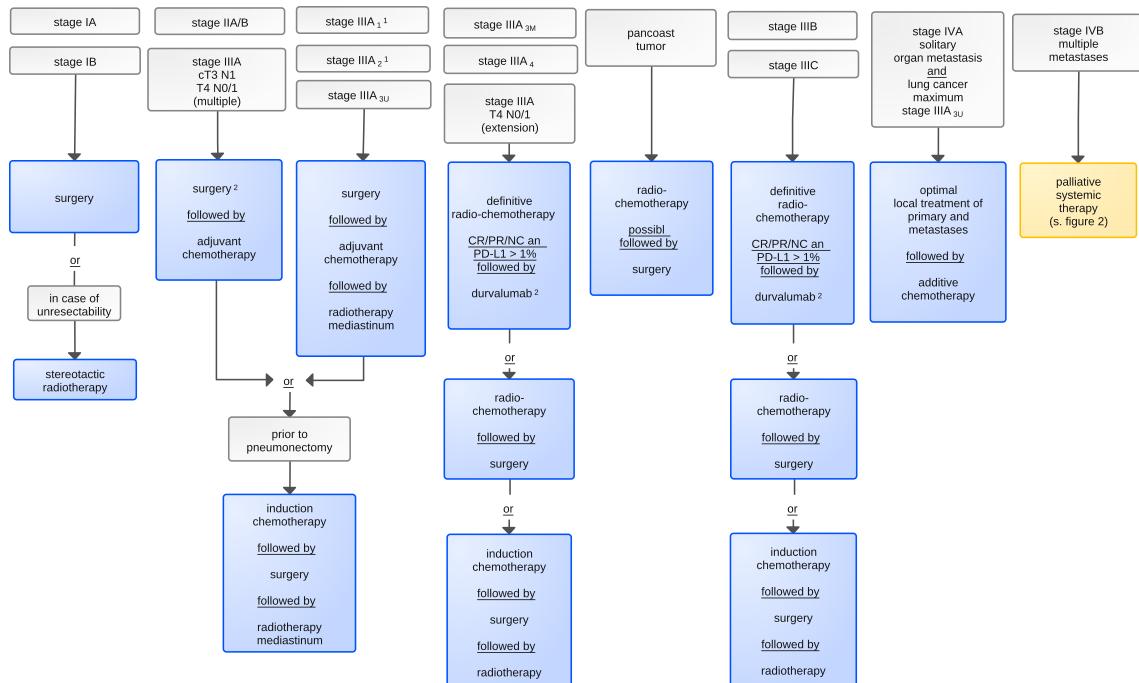
## 6 Therapy

### 6.1 Therapeutic algorithm

#### 6.1.1 Primary therapy

Primary therapy is based on the criteria of the 8<sup>th</sup> lung cancer TNM classification and clinical staging system, see [Figure 1](#).

**Figure 1: Algorithm for Primary Therapy**



Legend:

— curative therapy; — palliative therapy;

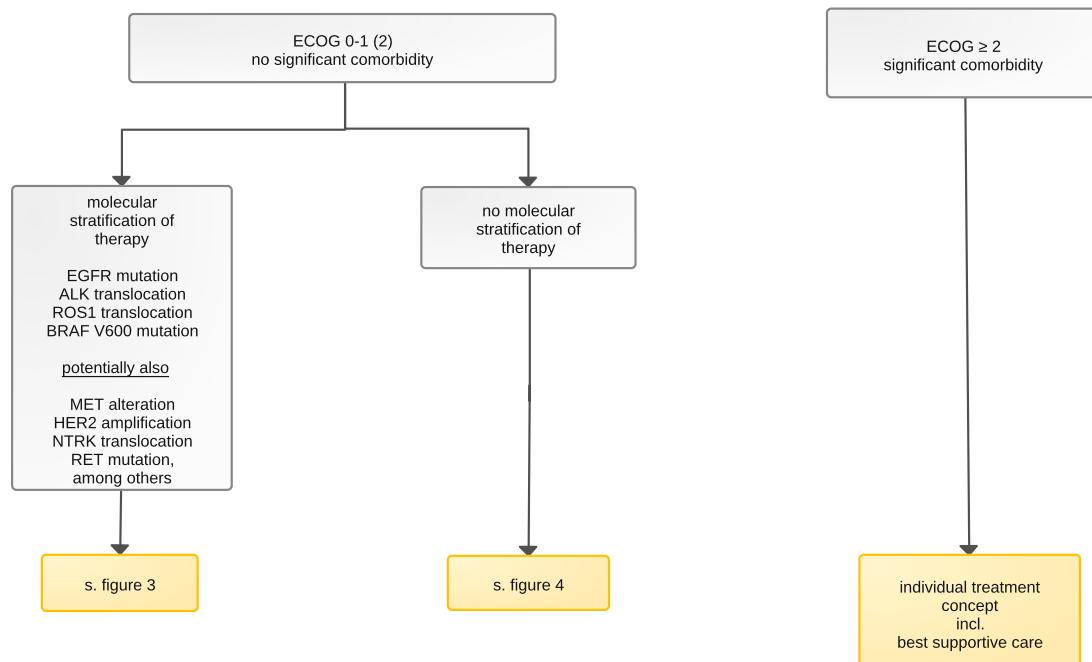
<sup>1</sup> clinical stages;

<sup>2</sup> see figure

## 6.1.2 Systemic therapy in advanced stages

Recommendations are based on predictive, histological, immunohistochemical and genetic markers, see **Figure 2**.

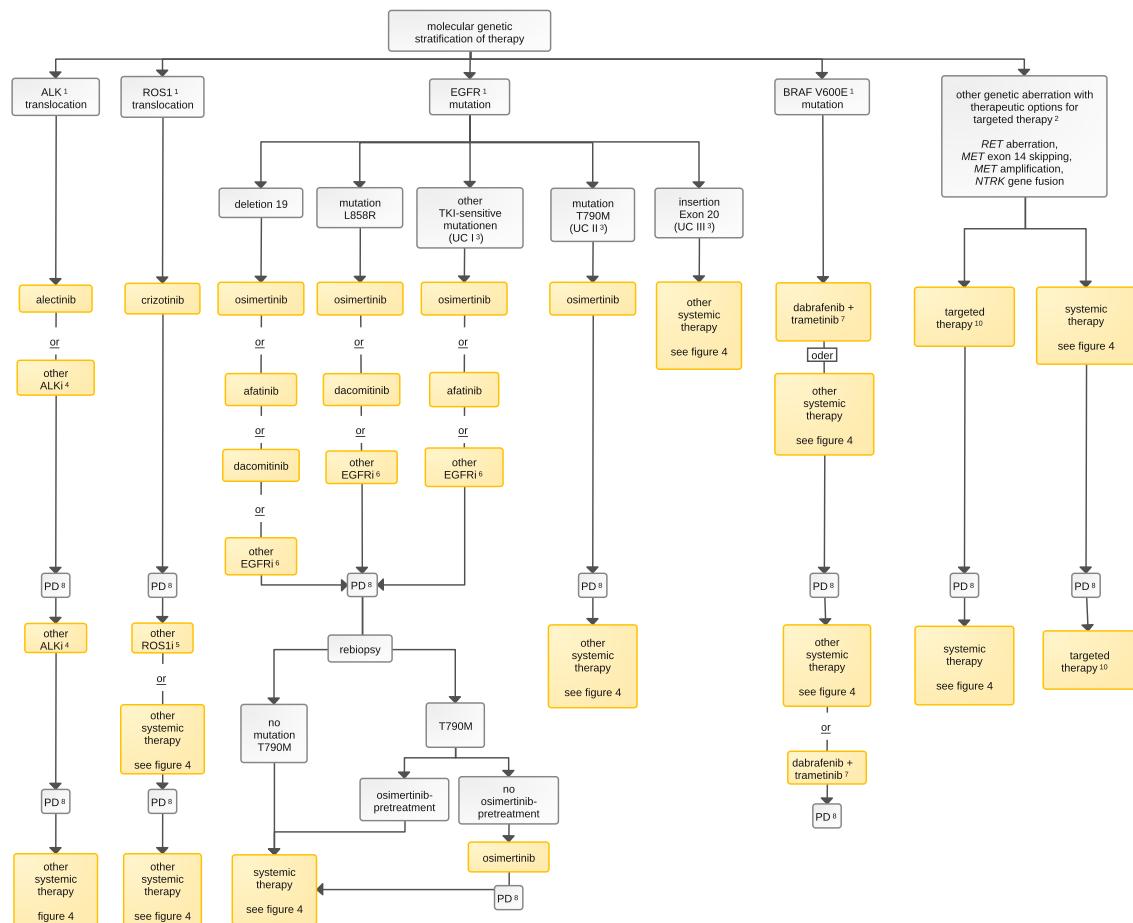
**Figure 2: Systemic therapy in advanced stages - overview**



### 6.1.2.1 Molecular genetic stratification of therapy

This chapter contains recommendations for targeted first- and second-line treatment, see [Figure 3](#).

**Figure 3: Molecular genetic stratification in advanced stages**



*Legend:*

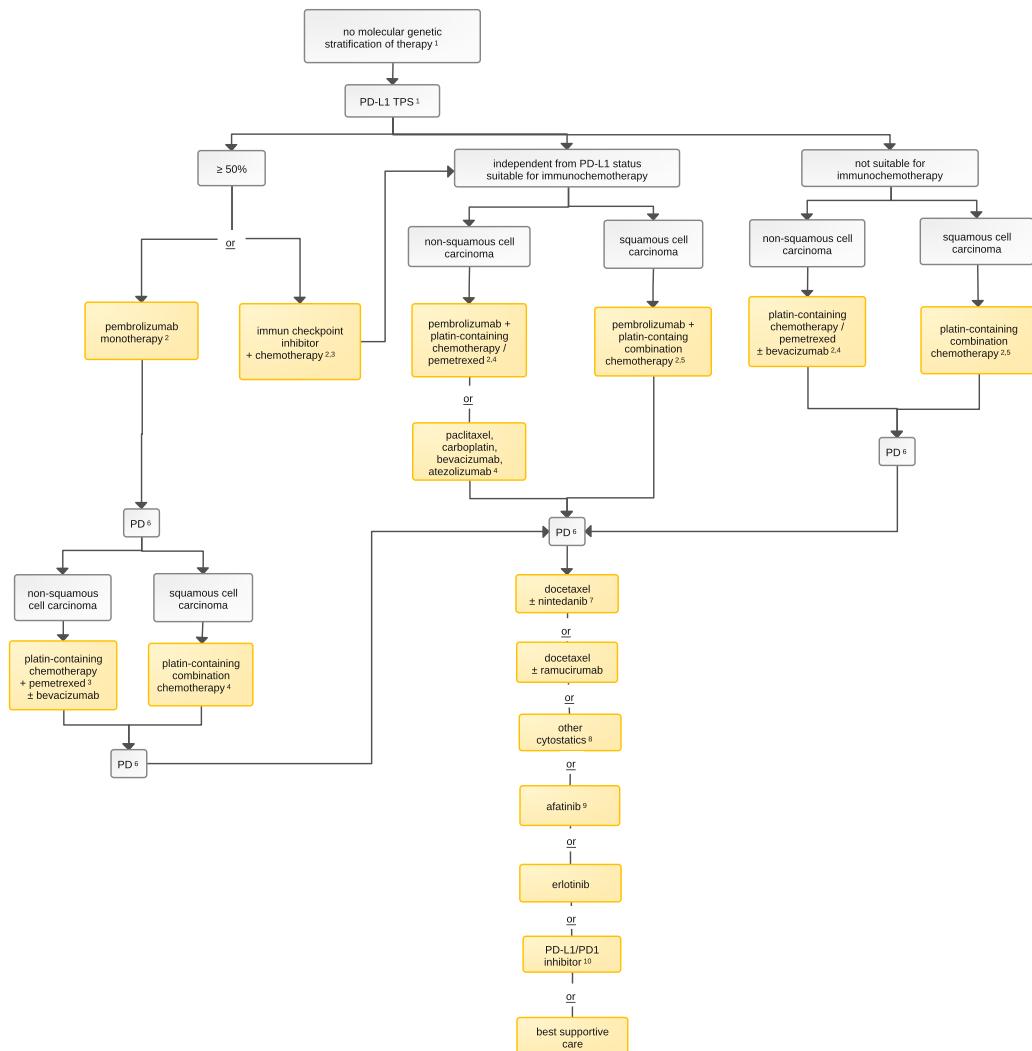
<sup>1</sup>no ALK<sup>1</sup>-, ROS1<sup>1</sup>-, EGFR<sup>1</sup>- mutations/translocations, ALK - Anaplastic Lymphoma Kinase, ROS1 - tyrosine protein kinase ROS, EGFR - Epidermal Growth Factor Receptor, BRAFV600E - point mutation in the BRAF gene;

<sup>2</sup>other genetic aberrations - RET aberration, c-MET Exon 14 skipping mutation or MET amplification, NTRK fusions; <sup>3</sup>UC - uncommon mutations, UC I - point mutations or duplications in EGFR exons 18-21, UCII - mutation T790M in EGFR exon 20 alone or in combination with other mutations, UC III - exon 20 insertions; <sup>4</sup> ALKi - ALK-inhibitor: alectinib, brigatinib, ceritinib, crizotinib, lorlatinib; <sup>5</sup> ROSi - ROS1-inhibitor: ceritinib, crizotinib, cabozantinib, lorlatinib; <sup>6</sup> EGFR-TKI - afatinib, dacomitinib, erlotinib, gefitinib, osimertinib; <sup>7</sup> dabrafenib/trametinib is approved for first and second line therapy by the EU; <sup>8</sup> CR - complete remission, PR - partial remission, SD - stable disease, PD - progressive disease; <sup>9</sup> other systemic therapy, e. g. carboplatin/paclitaxel/atezolizumab/bevacizumab; <sup>10</sup> see approval status;

### 6.1.2.2 No molecular genetic stratification of therapy

The majority of patients with NSCLC does not have predictive markers for molecular stratified therapy. Immunochemotherapy has become the standard of care in the first line treatment of these patients, see [Figure 4](#).

**Figure 4: No molecular genetic stratification advanced stages**



Legend:

<sup>1</sup>PD-L1 TPS – expression of PD-L1 on tumor cells, quantified by the Tumor Progression Score (TPS); <sup>2</sup> suitable for immunotherapy with no significant contraindications; <sup>3</sup> combination of an immune checkpoint inhibitor and histology-stratified chemotherapy; <sup>4</sup> combination of cis- or carboplatin and pemetrexed; <sup>5</sup> combination of carboplatin and paclitaxel or nab paclitaxel; <sup>6</sup> CR – complete remission, PR – partial remission, SD – stable disease, PD – progressive disease; <sup>7</sup> nintedanib only in adenocarcinoma; <sup>8</sup> third generation cytostatic drugs: gemcitabine, pemetrexed, vinorelbine; pemetrexed only in non-squamous cell carcinoma; <sup>9</sup> afatinib only in squamous cell carcinoma; <sup>10</sup> PD-1/PD1 inhibitor: atezolizumab (independent of PD-L1 expression), nivolumab (independent of PD-L1 expression), pembrolizumab (only with TPS ≥1%); efficacy has not been demonstrated in patients who received immune checkpoint inhibitors in first line;

## 6.2 Facts and Appraisal

### 6.2.1 Adjuvant therapy

Adjuvant chemotherapy is recommended in patients with stages II-IIIA after surgical R0 resection. Data are summarized in [Figure 5](#) and [Figure 6](#).

**Figure 5: Adjuvant chemotherapy in NSCLC (ANITA trial)**

Adjuvant chemotherapy NSCLC, Stage IB-IIIA																					
Facts		Appraisal																			
Parameter	Results	HR	p value																		
DFS <sup>3</sup>	20.7 vs 36.3 <sup>7</sup>		p = 0.002																		
OS <sup>4</sup>	43.7 vs 65.7		p = 0.017																		
		Evidence (LoE)	<table border="1"> <tr> <td>5</td><td>4</td><td>3b</td><td>3a</td><td>2c</td><td>2b</td><td>2a</td><td>1b</td><td>1a</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>■</td><td></td> </tr> </table>	5	4	3b	3a	2c	2b	2a	1b	1a								■	
5	4	3b	3a	2c	2b	2a	1b	1a													
							■														
		Clinical benefit (ESMO MCBS)	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5													
1	2	3	4	5																	
			<span style="color: blue;">█</span> curative <span style="color: yellow;">█</span> non-curative																		
Patients	Stage IB – IIIA, after R0 resection																				
Trial	ANITA, phase 3																				
Randomisation	1:1																				
N <sup>1</sup>	840																				
New Therapy	Platin + Vinorelbine																				
Control	Observation																				

Legend:

<sup>1</sup> N - number of patients; <sup>3</sup> DFS - disease-free survival rate after 76 months, in %; <sup>4</sup> OS - overall survival rate after 76 months, in %; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;  
Publication: DOI:10.1016/S1470-2045(06)70804-X

**Figure 6: Adjuvant chemotherapy in NSCLC (IALT trial);**

Adjuvant chemotherapy NSCLC, Stage I-III																					
Facts		Appraisal																			
Parameter	Results	HR	p value																		
DFS <sup>3</sup>		0.88 <sup>8</sup>	p = 0.04																		
OS <sup>4</sup>		0.91 <sup>8</sup>	p = 0.02																		
		Evidence (LoE)	<table border="1"> <tr> <td>5</td><td>4</td><td>3b</td><td>3a</td><td>2c</td><td>2b</td><td>2a</td><td>1b</td><td>1a</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>■</td><td></td> </tr> </table>	5	4	3b	3a	2c	2b	2a	1b	1a								■	
5	4	3b	3a	2c	2b	2a	1b	1a													
							■														
		Clinical benefit (ESMO MCBS)	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5													
1	2	3	4	5																	
			<span style="color: blue;">█</span> curative <span style="color: yellow;">█</span> non-curative																		
Patients	Stage I – III, after R0 resection																				
Trial	IALT, phase 3																				
Randomisation	1:1																				
N <sup>1</sup>	1867																				
New Therapy	Platin + Etoposide/Vinblastine/Vindesine/Vinorelbine																				
Control	Observation																				

Legend:

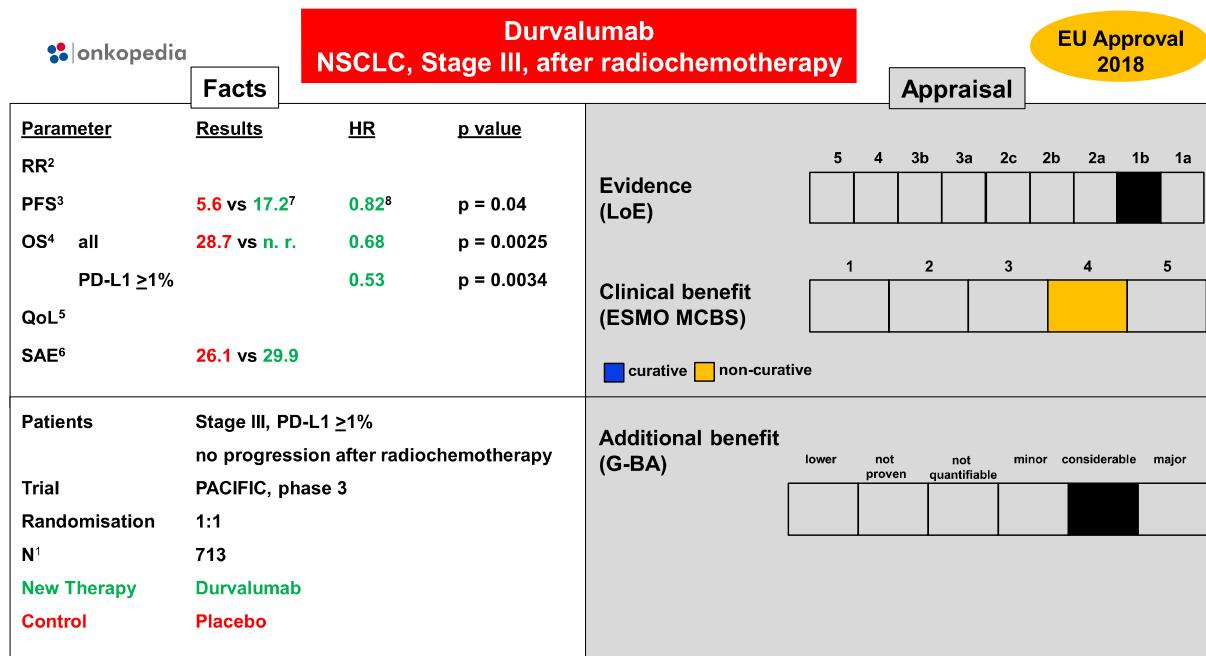
<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> DFS - disease-free survival; <sup>4</sup> OS - overall survival; <sup>8</sup> hazard ratio for new therapy;  
Publication: DOI:10.1200/JCO.2009.23.2272

### 6.2.1.2 Adjuvant immunotherapy

#### 6.2.1.2.1 Durvalumab, Stage III, after radiochemotherapy

Data are summarized in [Figure 7](#).

**Figure 7: Durvalumab in NSCLC, Stage III, after radiochemotherapy**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;  
Publication DOI:10.1056/NEJMoa1709937; DOI:10.1056/NEJMoa1809697

## 6.2.2 Advanced stages

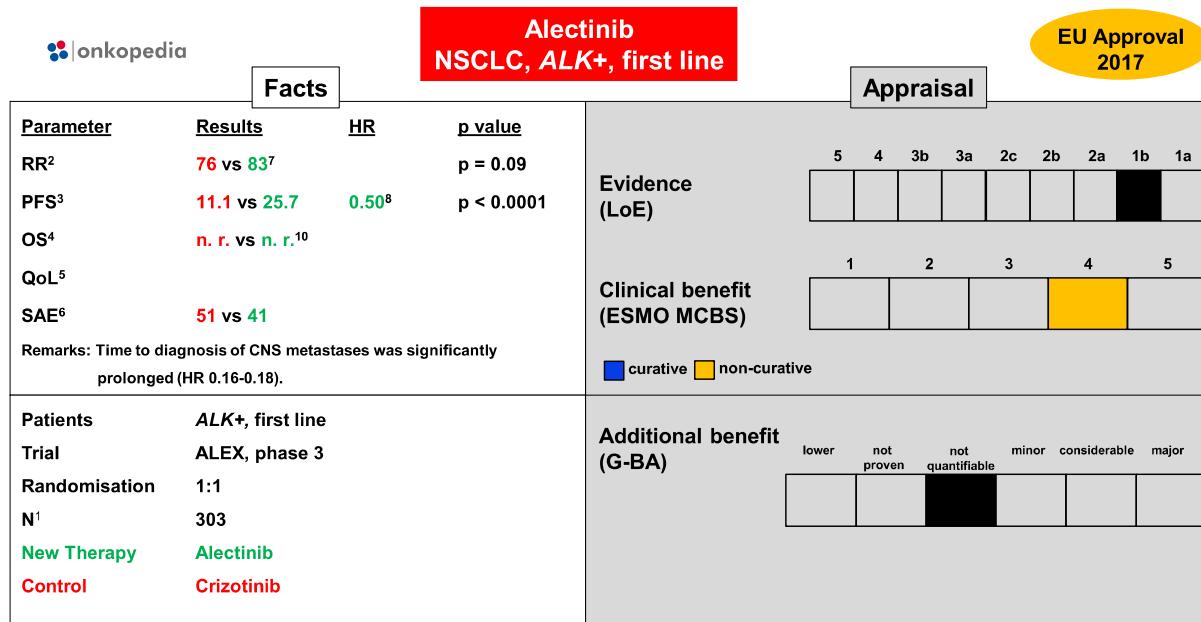
### 6.2.2.1 Molecular genetic stratification

#### 6.2.2.1.1 ALK inhibitors

##### 6.2.2.1.1.1 First line, molecular genetic stratification

Data are summarized in [Figure 8](#), [Figure 9](#) and [Figure 10](#).

**Figure 8: Alectinib in ALK+ NSCLC, first line**

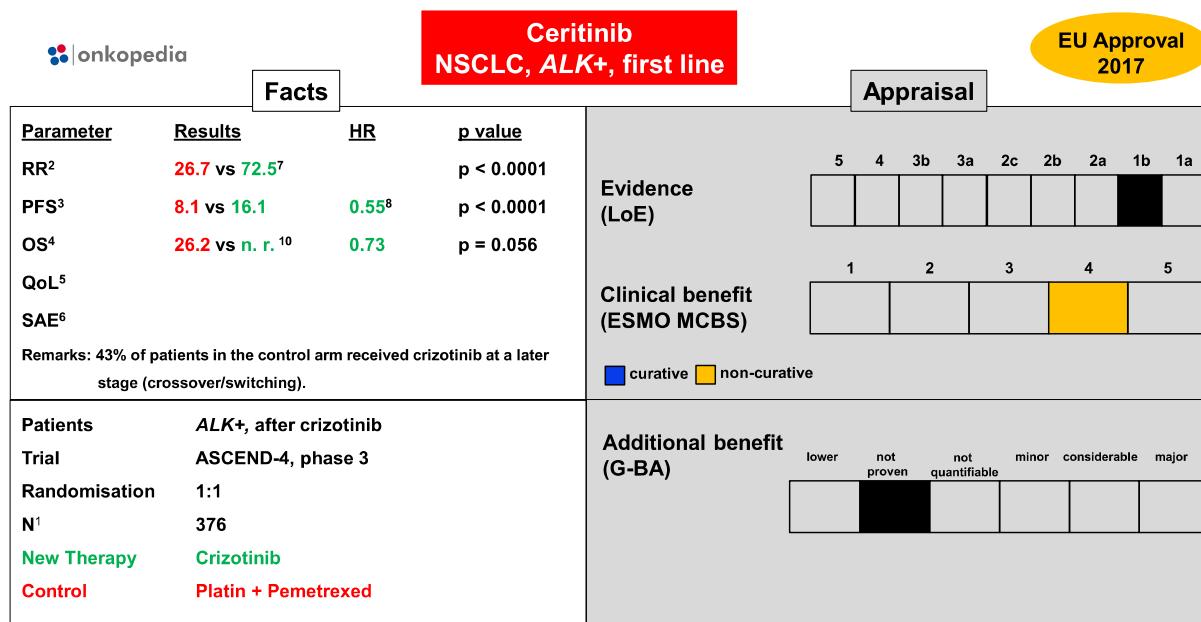


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. r. - median not reached;

Publication: DOI:10.1056/NEJMoa1704795

**Figure 9: Ceritinib in NSCLC, ALK+, first line**

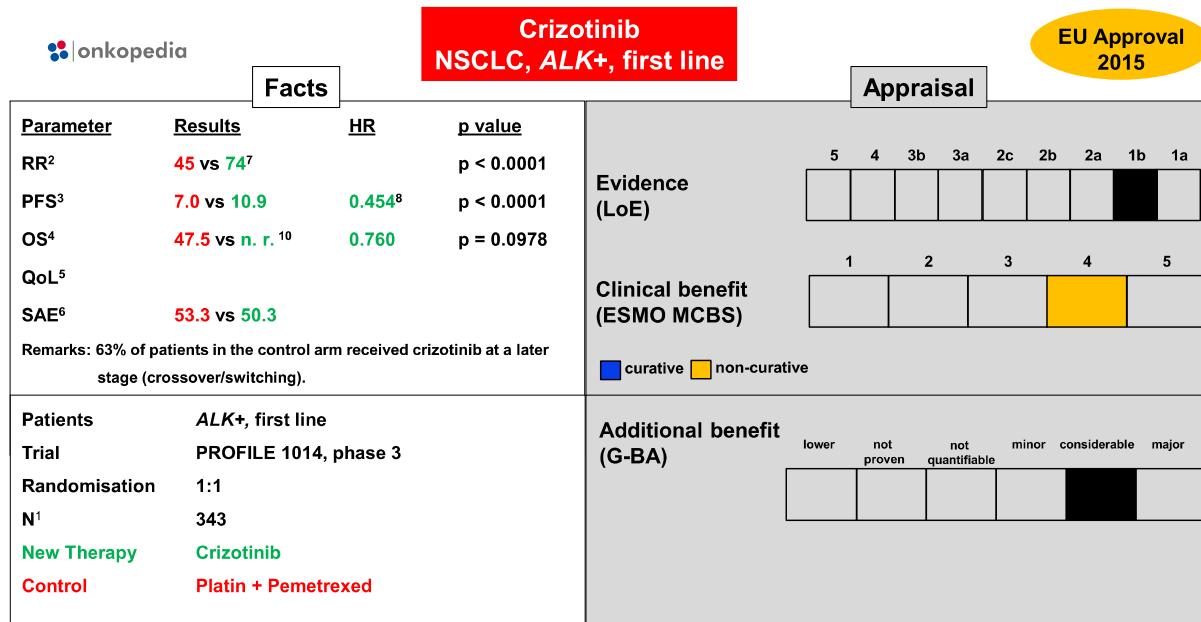


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. r. - median not reached;

Publication: DOI:10.1016/S0140-6736(17)30123-X

**Figure 10: Crizotinib in NSCLC, ALK+, first line**



Legend:

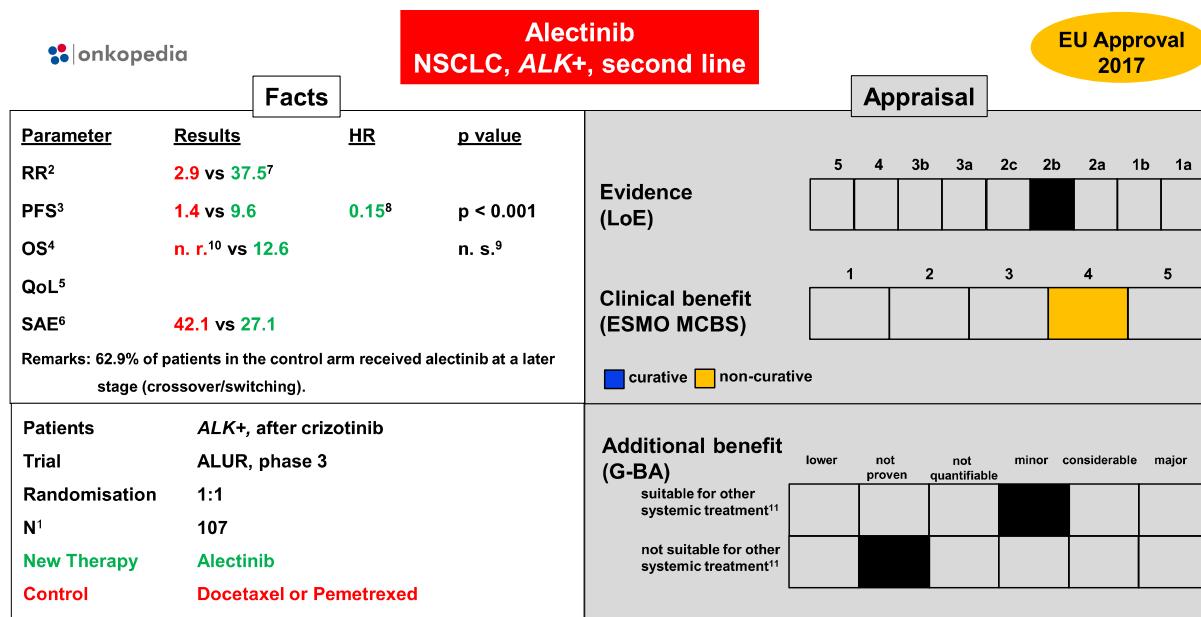
<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. r. - median not reached;

Publication: DOI:10.1056/NEJMoa1408440; DOI:10.1200/JCO.2017.77.4794

#### 6.2.2.1.1.2 Second line, molecular genetic stratification

Data are summarized in Figure 11, Figure 12, Figure 13 and Figure 14.

**Figure 11: Alectinib in ALK+ NSCLC, second line**

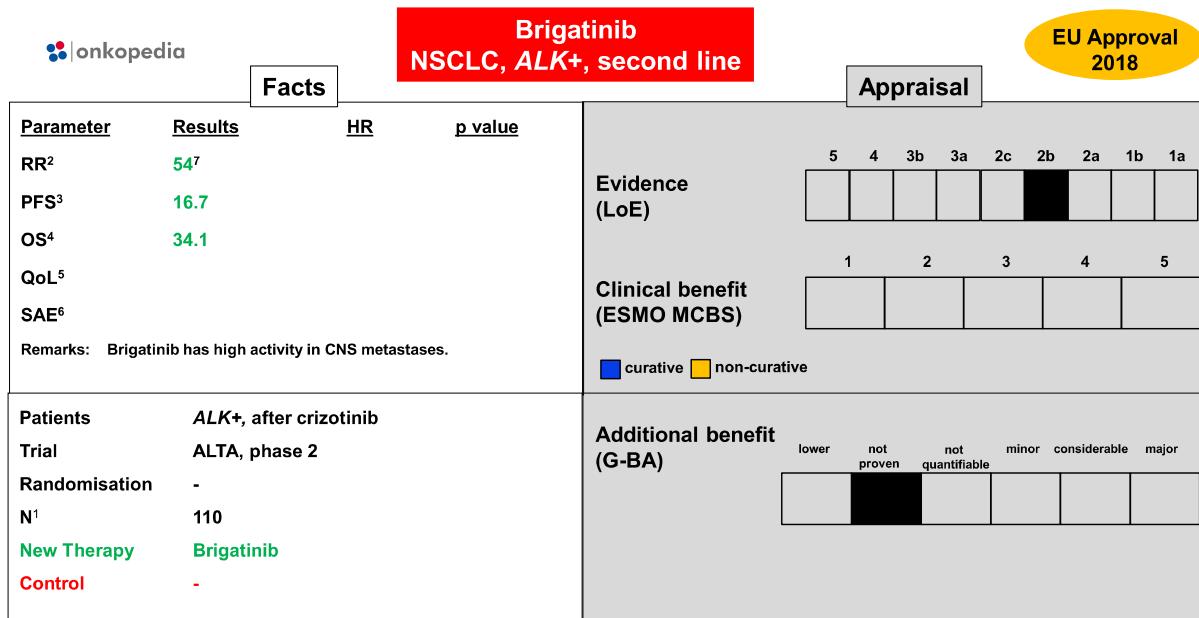


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. r. - median not reached; <sup>11</sup> pemetrexed, docetaxel or ceritinib

Publication: DOI:10.1093/annonc/mdy121

**Figure 12: Brigatinib in NSCLC, ALK+, second line**

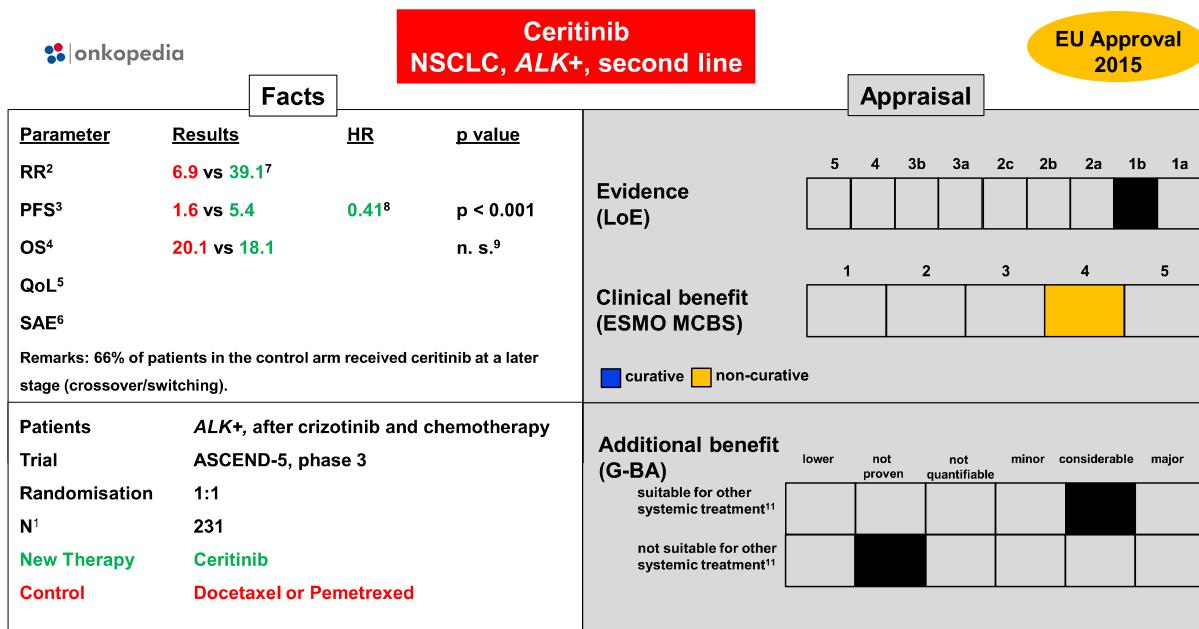


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;

Publication: DOI:10.1200/JCO.2016.71.5904

**Figure 13: Ceritinib in NSCLC, ALK+, second line**

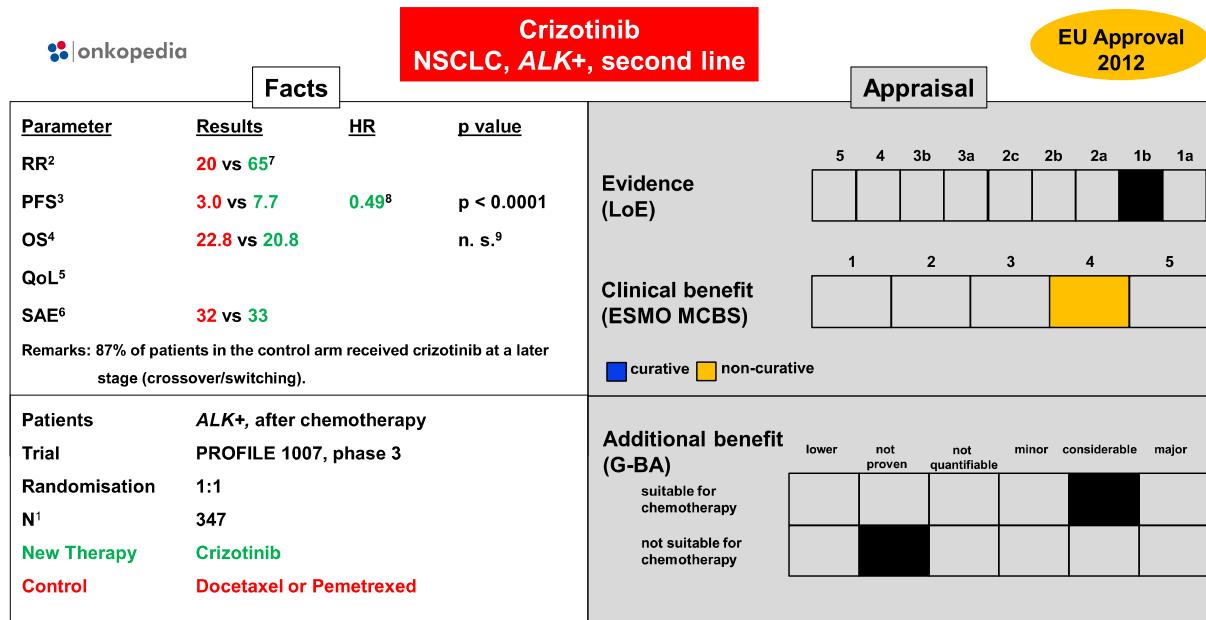


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>11</sup> pemetrexed or docetaxel

Publication: DOI:10.1016/S1470-2045(17)30339-X

**Figure 14: Crizotinib in NSCLC, ALK+, second line**



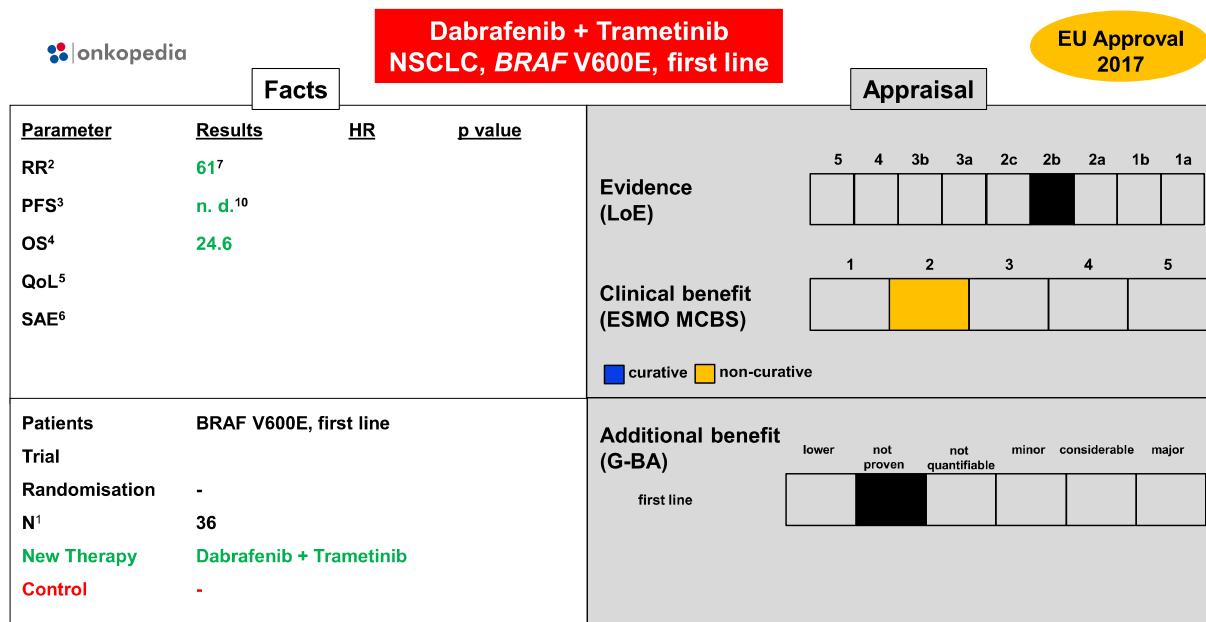
Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; Publication: DOI:10.1056/NEJMoa1214886

### 6.2.2.1.2 BRAF inhibitors, first and second line

Data are summarized in [Figure 15](#) and [Figure 16](#).

**Figure 15: Dabrafenib + Trametinib in NSCLC, BRAF V600E, first line**

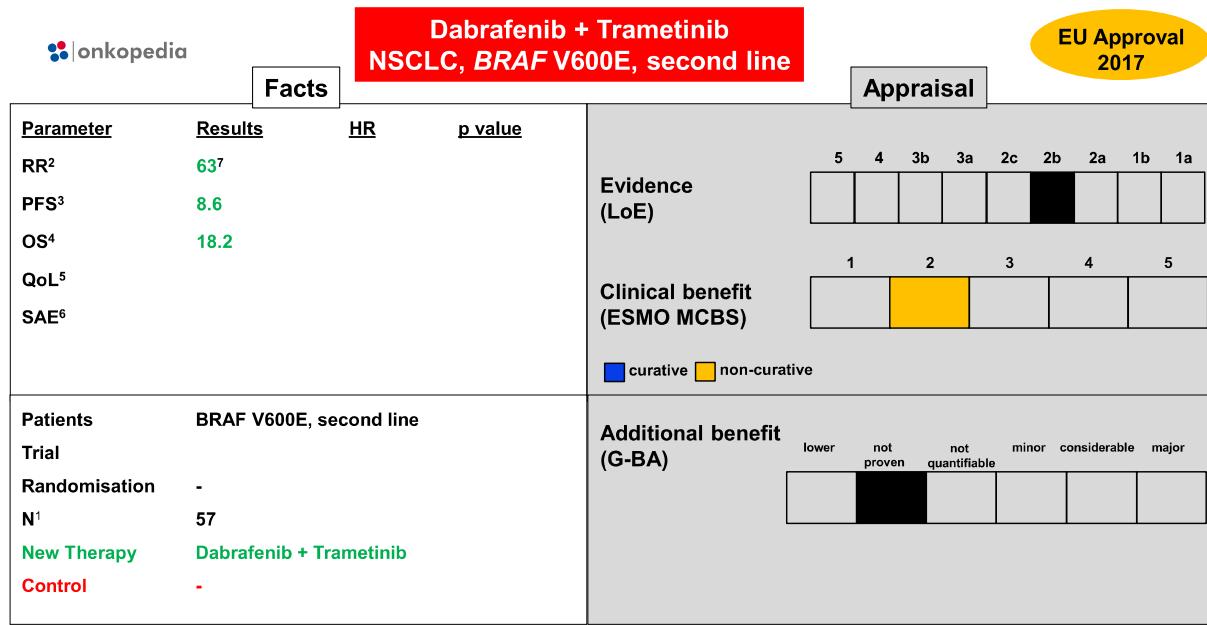


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined;

Publication: DOI:10.1016/S1470-2045(17)30679-4

**Figure 16: Dabrafenib + Trametinib in NSCLC, BRAF V600E, second line**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined;

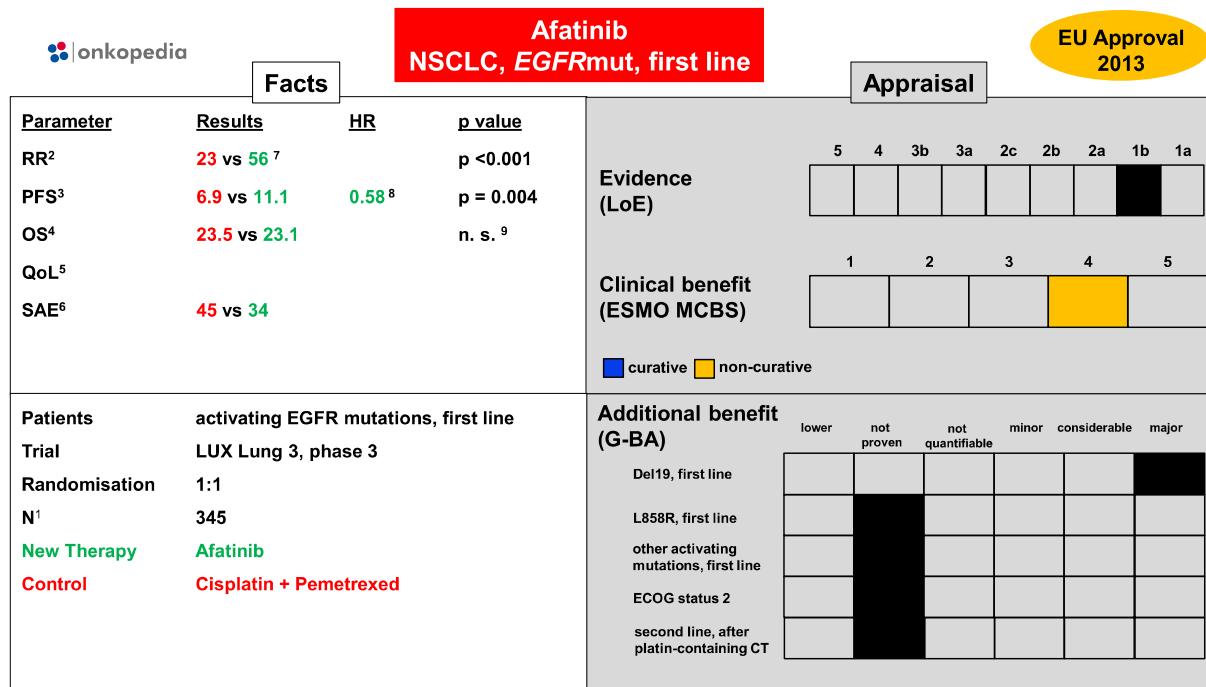
Publication: DOI:10.1016/S1470-2045(16)30146-2

### 6.2.2.1.3 EGFR inhibitors

#### 6.2.2.1.3.1 First line, EGFR inhibitors

Data are summarized in Figure 17, Figure 18, Figure 19, Figure 20, Figure 21 and Figure 22.

**Figure 17: Afatinib in EGFRmutated NSCLC, first line**

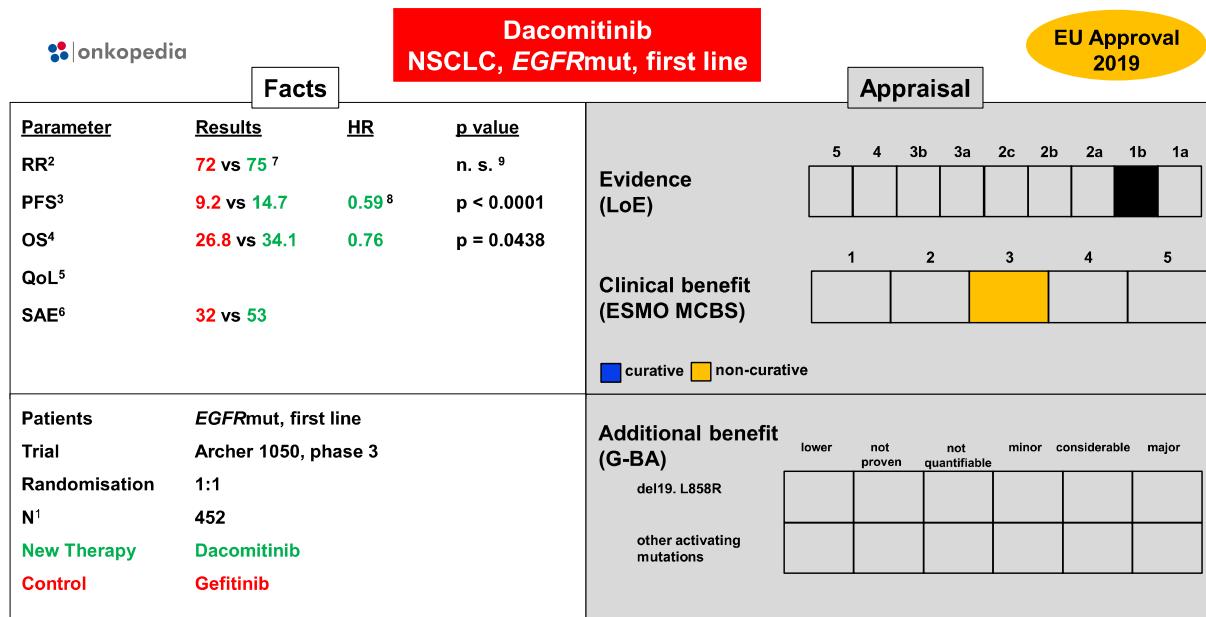


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined; CT - chemotherapy

Publication: DOI:10.1016/S1470-2045(13)70604-1; DOI:10.1016/S1470-2045(15)00026-1; DOI:10.1016/j.cllc.2018.03.009

**Figure 18: Dacomitinib in NSCLC, EGFRmut, first line**

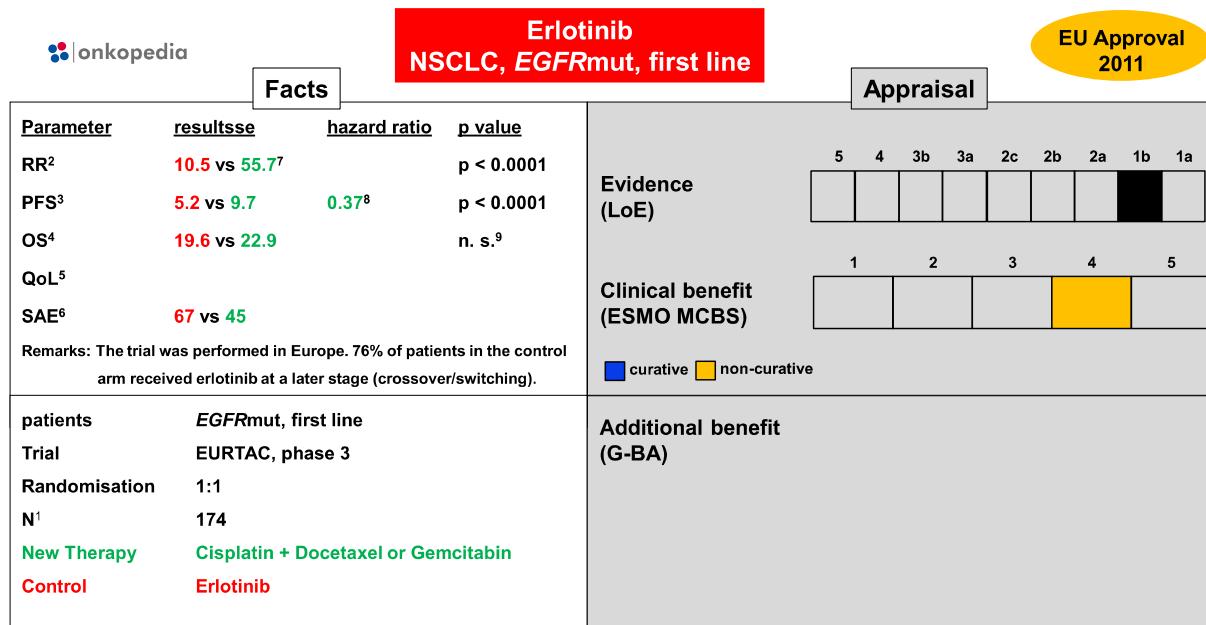


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined;

Publication: DOI:10.1016/S1470-2045(17)30608-3; DOI:10.1200/JCO.2018.78.7994

**Figure 19: Erlotinib in NSCLC, EGFRmut, first line (OPTIMAL)**

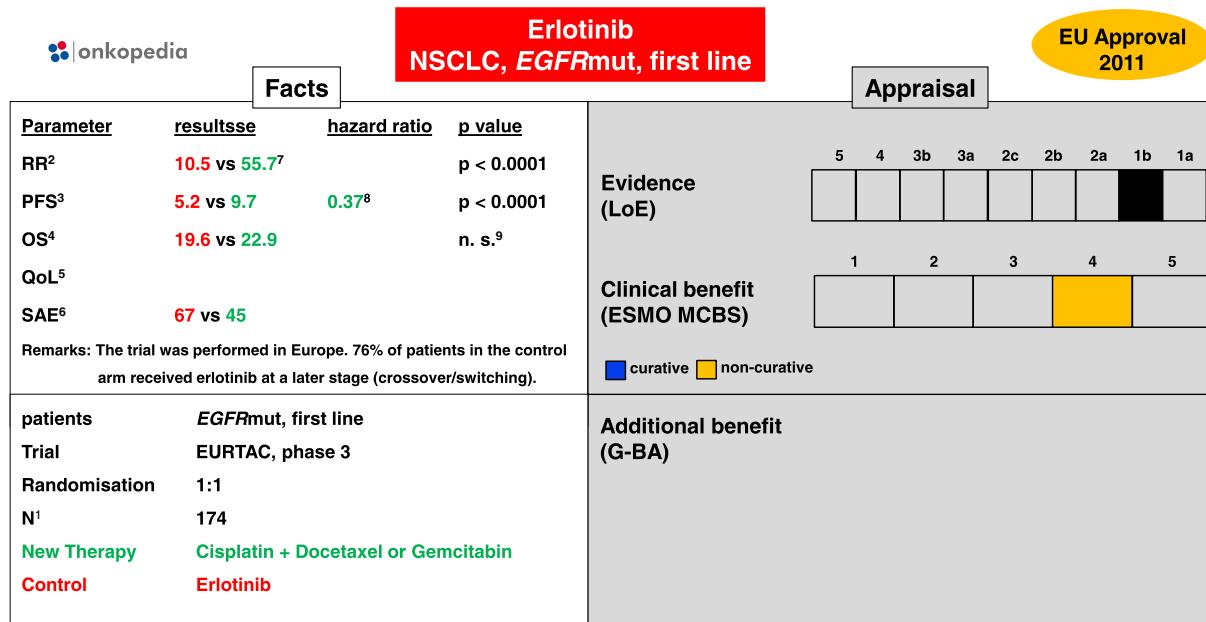


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined;

Publication: DOI:10.1016/S1470-2045(11)70393-X

**Figure 20: Erlotinib in NSCLC, EGFRmut, first line (EURTAC)**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined;

Publication: DOI:10.1016/S1470-2045(11)70393-X

**Figure 21: Gefitinib in NSCLC, EGFRmut, first line**

Gefitinib NSCLC, EGFRmut, first line				EU Approval 2009				
Facts		Appraisal						
<b>Parameter</b>	<b>results</b>	<b>HR</b>	<b>p value</b>					
RR <sup>2</sup>	47.3 vs 71.2 <sup>7</sup>		p < 0.0001					
PFS <sup>3</sup>	6.3 vs 9.5	0.48 <sup>8</sup>	p < 0.001					
OS <sup>4</sup>	21.9 vs 21.6		n. s. <sup>9</sup>					
QoL <sup>5</sup>								
SAE <sup>6</sup>	61 vs 28.7							
Remarks: The trial was performed in Asia. 64% of patients in the control arm received erlotinib at a later stage (crossover/switching).								
<b>Patients</b>	<i>EGFRmut, first line</i>							
Trial	IPASS, phase 3							
Randomisation	1:1							
N <sup>1</sup>	261							
New Therapy	Carboplatin + Paclitaxel							
Control	Gefitinib							
Legend:								
<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined;								
Publication: DOI:10.1056/NEJMoa0810699; DOI:10.1200/JCO.2010.33.4235								

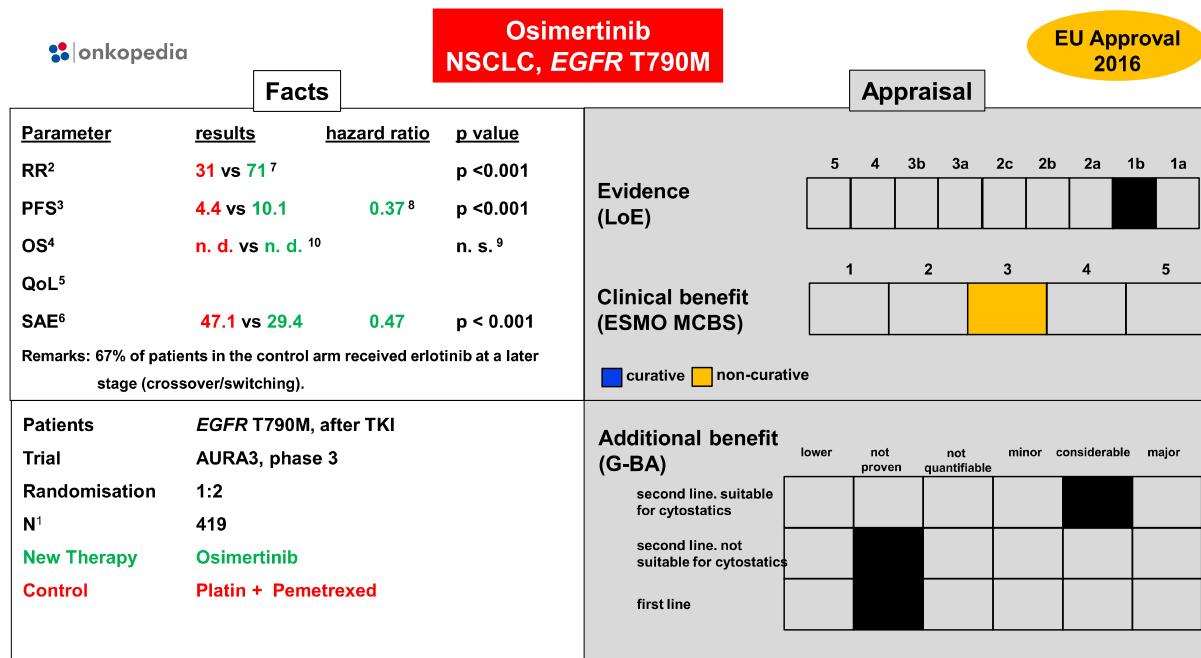
**Figure 22: Osimertinib in NSCLC, EGFRmut, first line**

Osimertinib NSCLC, EGFRmut, first line				EU Approval 2018				
Facts		Appraisal						
<b>Parameter</b>	<b>results</b>	<b>HR</b>	<b>p value</b>					
RR <sup>2</sup>	76 vs 80 <sup>7</sup>		n. s. <sup>9</sup>					
PFS <sup>3</sup>	10.2 vs 18.9	0.46 <sup>8</sup>	p < 0.001					
OS <sup>4</sup>	31.8 vs 38.6	0.80	p = 0.046					
QoL <sup>5</sup>								
SAE <sup>6</sup>	47 vs 42							
Remarks: 43% of patients in the control arm received erlotinib at a later stage (crossover/switching).								
<b>Patients</b>	<i>del19 or L858R, first line</i>							
Trial	FLAURA, phase 3							
Randomisation	1:1							
N <sup>1</sup>	556							
New Therapy	Osimertinib							
Control	Erlotinib or Gefitinib							
Legend:								
<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined;								
Publication: DOI:10.1056/NEJMoa1713137; DOI:10.1056/NEJMoa1913662								

#### 6.2.2.1.3.2 Second line, EGFR T790M

Data are summarized in [Figure 23](#).

**Figure 23: Osimertinib in NSCLC, EGFR T790M**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>9</sup> n. s. - not significant; <sup>10</sup> n. d. - not determined;

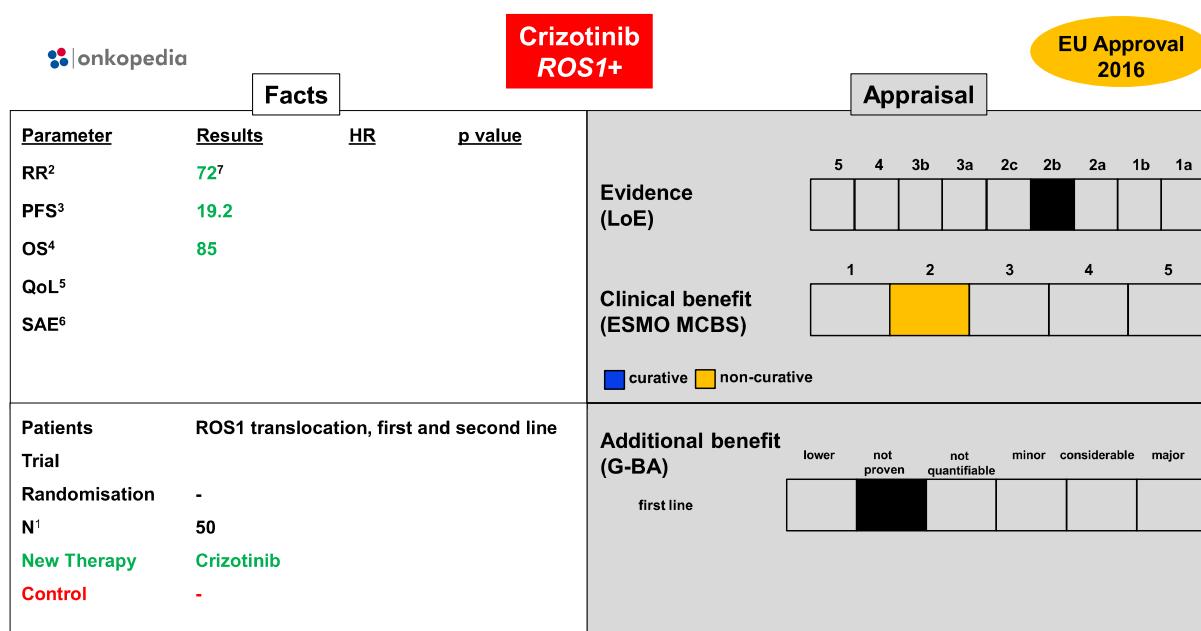
Publication: DOI:10.1056/NEJMoa1411817; DOI:10.1056/NEJMoa1612674

### 6.2.2.1.4 ROS1 inhibitors

#### 6.2.2.1.4.1 Crizotinib, ROS1 inhibitors

Data are summarized in [Figure 24](#).

**Figure 24: Crizotinib in NSCLC, ROS1+**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival rate after 12 months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4;

<sup>7</sup> results for new therapy; <sup>8</sup> hazard ratio for new therapy;

Publication: DOI:10.1056/NEJMoa1406766

#### 6.2.2.1.4.2 Others, ROS1 inhibitors

Other kinase inhibitors like ceritinib, cabozantinib, entrectinib and lorlatinib show effectiveness in *ROS-1* translocated NSCLC, but are not approved in the EU.

#### 6.2.2.2 No molecular genetic stratification

##### 6.2.2.2.1 Chemotherapy

###### 6.2.2.2.1.1 First line, no molecular genetic stratification

Cytostatic drugs are the backbone of systemic therapy in these patients. Data on the selection of platin derivates are summarized in [Figure 25](#) and [Figure 26](#), data on pemetrexed in [Figure 27](#).

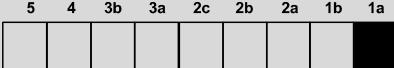
**Figure 25: Platin derivates in NSCLC, advanced stages**

Platin NSCLC, combination		
Facts		Appraisal
<b>Parameter</b>	<b>Results</b>	<b>HR</b>
RR <sup>2</sup>		0.88 (0.79-0.99)
PFS <sup>3</sup>		1.00 (0.88 – 1.09)
OS <sup>4</sup>		
QoL <sup>5</sup>		
SAE <sup>6</sup>		
<b>Evidence (LoE)</b>		
		5    4    3b    3a    2c    2b    2a    1b    1a
		<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>Clinical benefit (ESMO MCBS)</b>		
		1    2    3    4    5
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<span style="color: blue;">█</span> curative <span style="color: yellow;">█</span> non-curative
<b>Patients</b>	advanced	
<b>Trial</b>	Cochrane Database Systematic Review	
<b>Randomisation</b>	1:1	
N <sup>1</sup>	3973	
<b>New Therapy</b>	Cisplatin + Third-Generation Drug	
<b>Control</b>	Carboplatin + Third-Generation Drug	

Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy (confidence interval);  
Publication: DOI:10.1002/14651858.CD009256.pub2

**Figure 26: Platin derivates in NSCLC, first line**

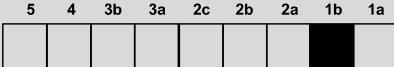
Platin NSCLC, combination, first line		
Facts		Appraisal
<u>Parameter</u>	<u>Results</u>	<u>HR</u> RR <sup>2</sup> 0.88 (0.78-0.99) PFS <sup>3</sup> OS <sup>4</sup> 1.08 (0.96 –1.21) QoL <sup>5</sup> SAE <sup>6</sup>
<b>Evidence (LoE)</b>		 <b>Clinical benefit (ESMO MCBS)</b> 

Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>8</sup> hazard ratio for new therapy (confidence interval); <sup>9</sup> gemcitabine, vinorelbine, docetaxel, paclitaxel, irinotecan, or pemetrexed;

Publication: DOI:10.1016/j.lungcan.2019.07.010

**Figure 27: Pemetrexed in NSCLC, first line**

Pemetrexed NSCLC, non-squamous, combination, first line			EU Approval 2004
Facts		Appraisal	
<u>Parameter</u>	<u>Results</u>	<u>HR</u> <u>p value</u> RR <sup>2</sup> PFS <sup>3</sup> 4.7 vs 5.3 <sup>7</sup> OS <sup>4</sup> 10.4 vs 11.8 QoL <sup>5</sup> SAE <sup>6</sup>	 <b>Evidence (LoE)</b>  <b>Clinical benefit (ESMO MCBS)</b> 
<b>Patients</b>	first line, non-squamous		
<b>Trial</b>			
<b>Randomisation</b>	1:1		
<b>N<sup>1</sup></b>	473		
<b>New Therapy</b>	Cisplatin + Pemetrexed		
<b>Control</b>	Cisplatin + Gemcitabine		

Legend:

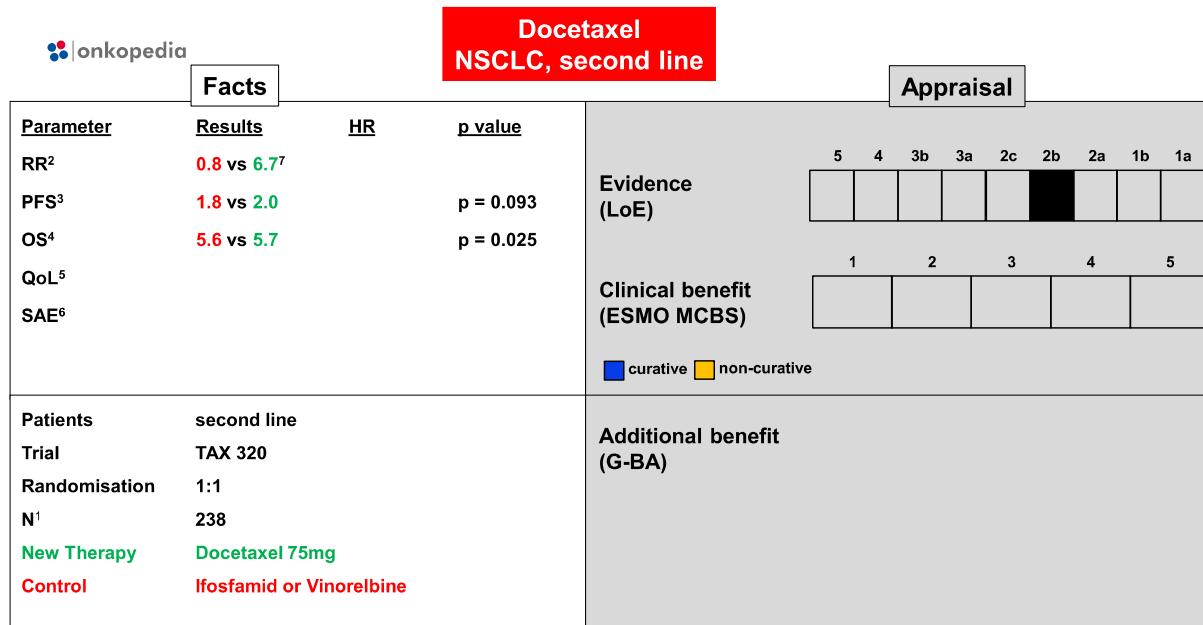
<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;

Publication: DOI:10.1200/JCO.2007.15.0375

#### 6.2.2.2.1.2 Second line, no molecular genetic stratification

Data on docetaxel are summarized in Figure 28.

**Figure 28: Docetaxel in NSCLC, second line**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;  
 Publication: DOI:10.1200/JCO.2000.18.12.2354

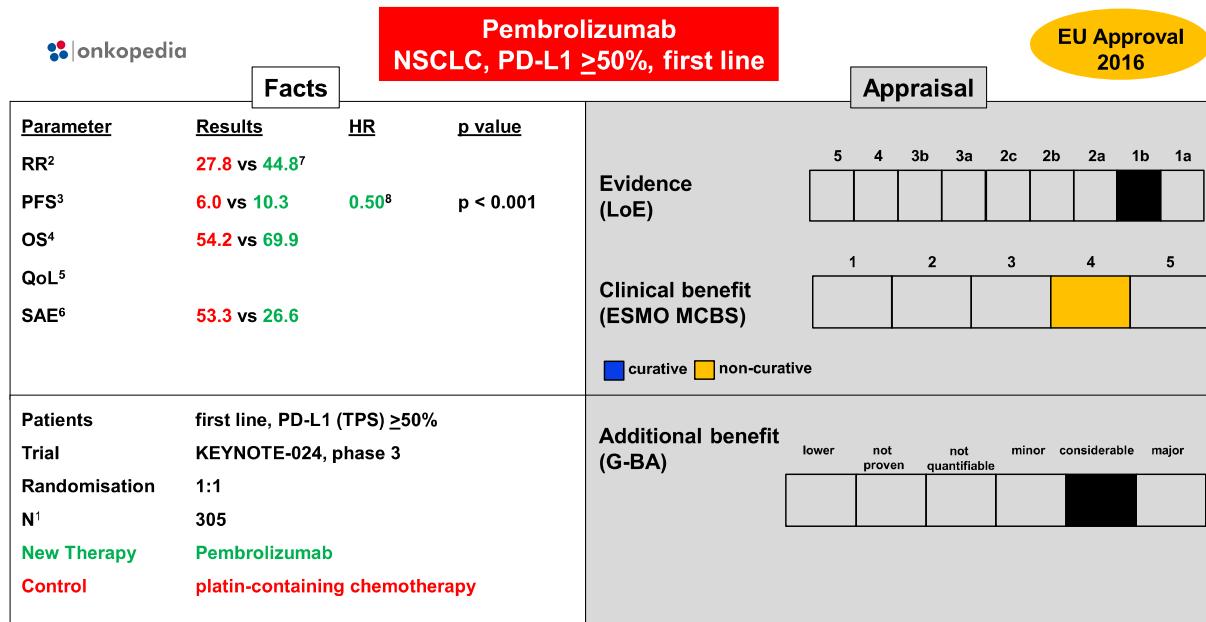
### 6.2.2.2.2 Immunotherapy

Immune checkpoint inhibitors are approved as monotherapy and in combination with chemotherapy.

#### 6.2.2.2.2.1 First line, monotherapy

Data are summarized in [Figure 29](#).

**Figure 29: Pembrolizumab in NSCLC, PD-L1 ≥%, first line**



Legend:

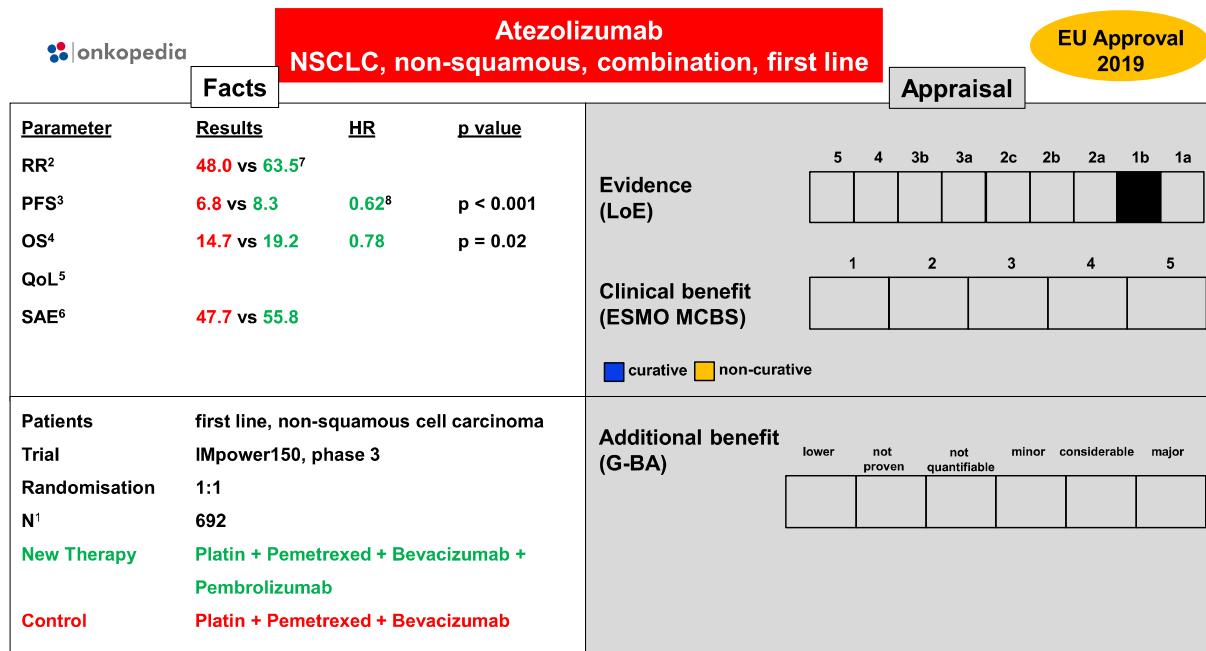
<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;

Publication: DOI:10.1056/NEJMoa1606774

#### 6.2.2.2.2 First line, combination therapy

Data are summarized in Figure 30, Figure 31 and Figure 32.

**Figure 30: Atezolizumab in NSCLC, non-squamous, combination, first line**

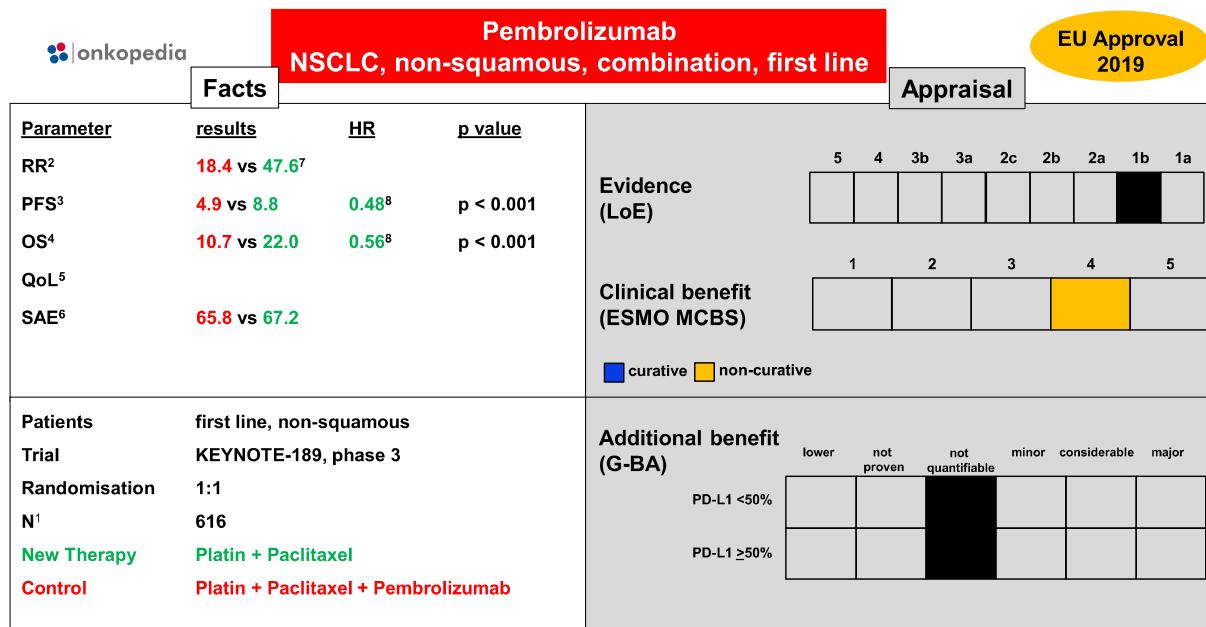


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;

Publication: DOI:10.1056/NEJMoa1716948

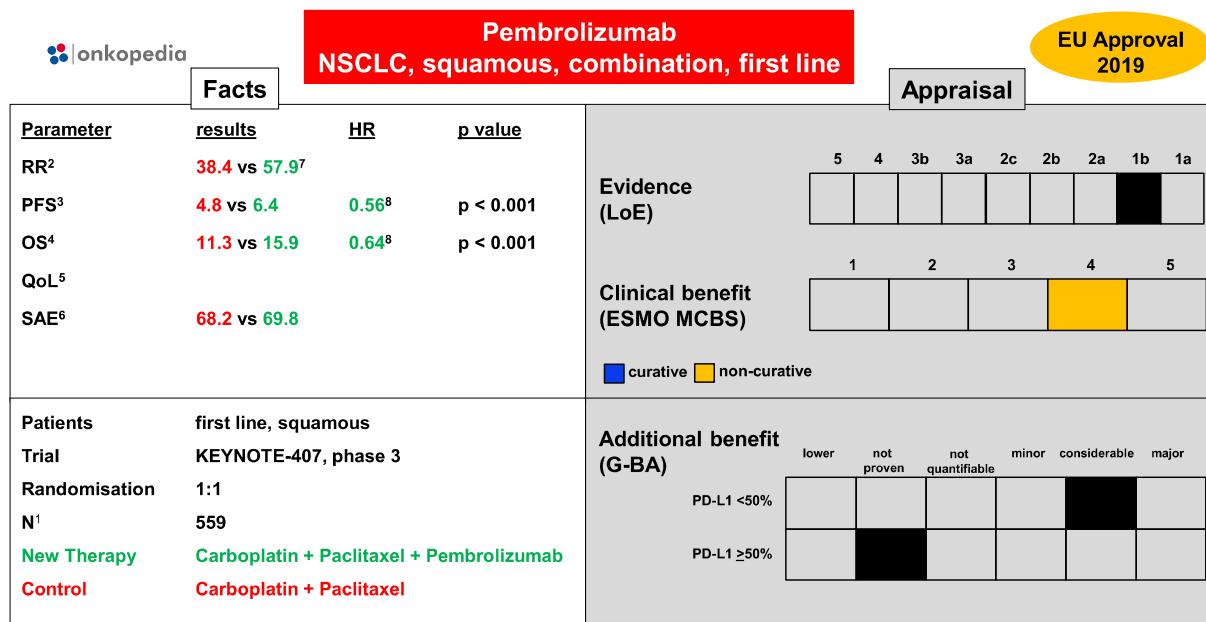
**Figure 31: Pembrolizumab in NSCLC, non-squamous, combination, first line**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;  
Publication: DOI:10.1056/NEJMoa1801005

**Figure 32: Pembrolizumab in NSCLC, squamous, combination, first line**



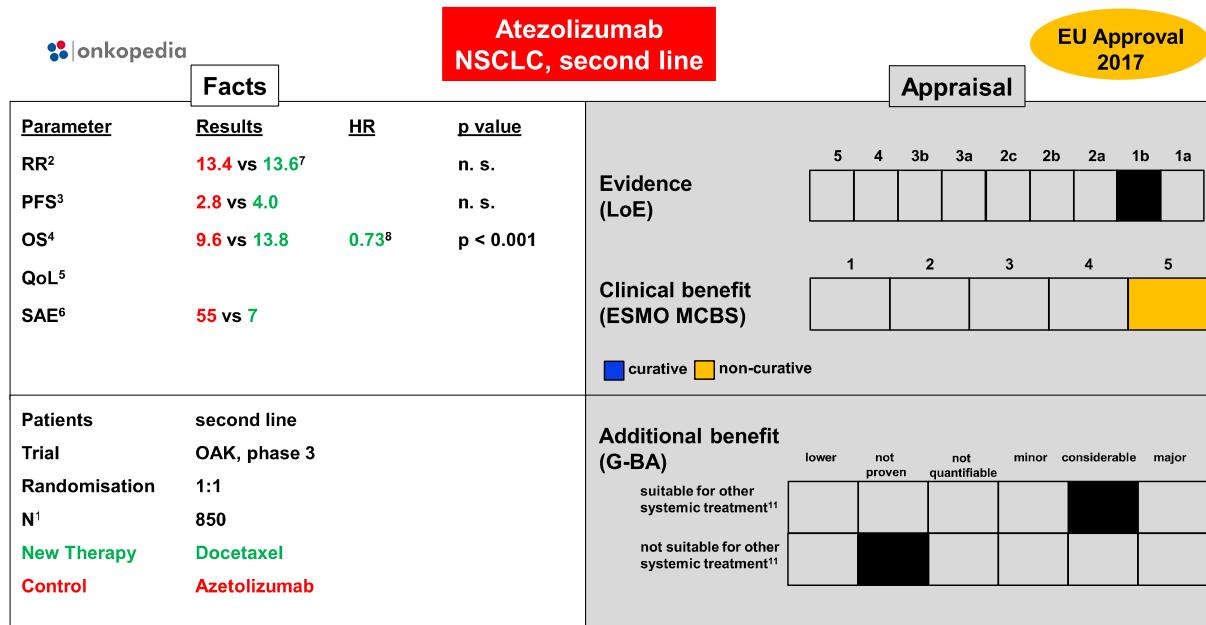
Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;  
Publication: DOI:10.1056/NEJMoa1810865

#### 6.2.2.2.2.3 Second line, Immunotherapy

Data are summarized in [Figure 33](#), [Figure 34](#), [Figure 35](#) and [Figure 36](#).

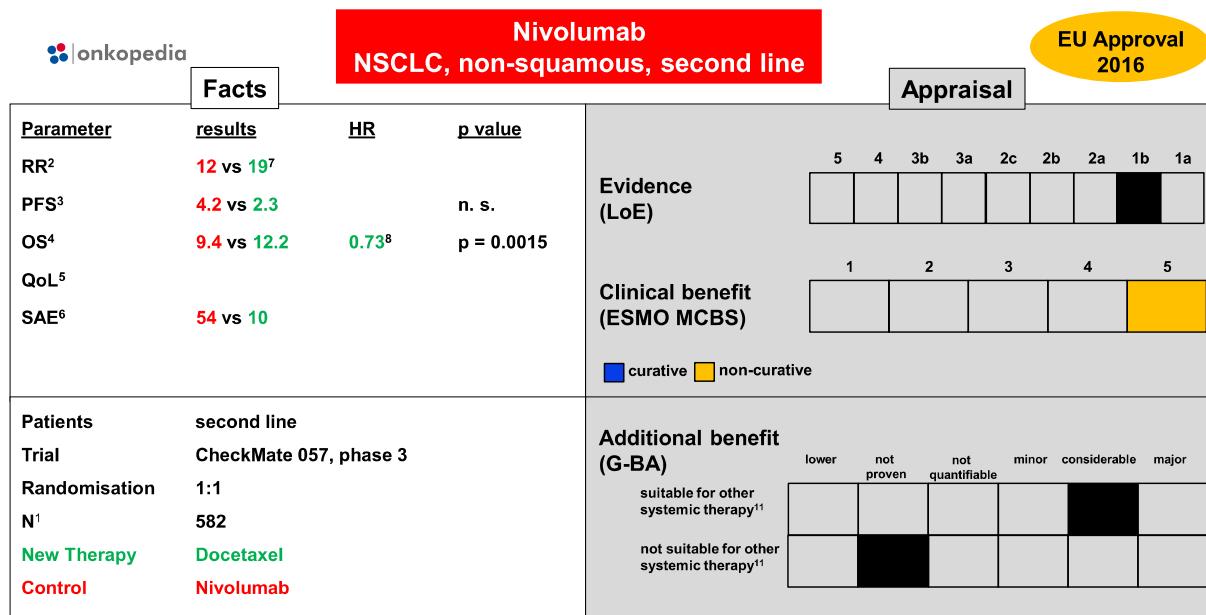
**Figure 33: Atezolizumab in NSCLC, second line**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>11</sup> docetaxel, pemetrexed or nivolumab; Publication: DOI:10.1016/S0140-6736(16)32517-X

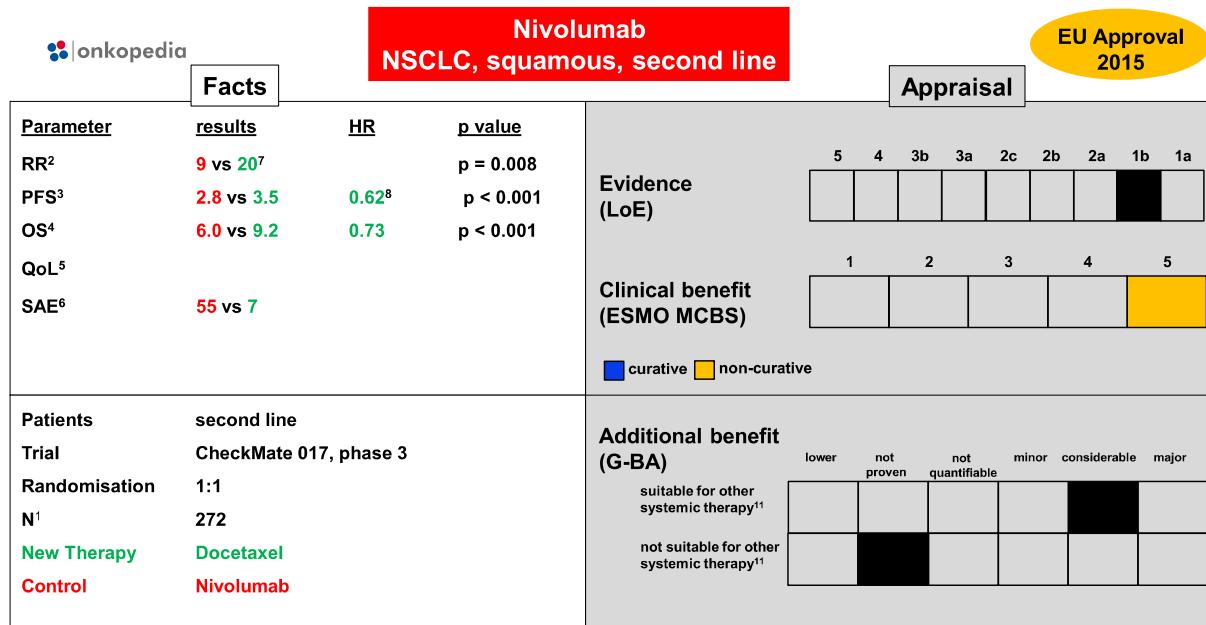
**Figure 34: Nivolumab in NSCLC, non-squamous, second line**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>11</sup> pemetrexed, gefitinib or crizotinib; Publication: DOI:10.1056/NEJMoa1507643

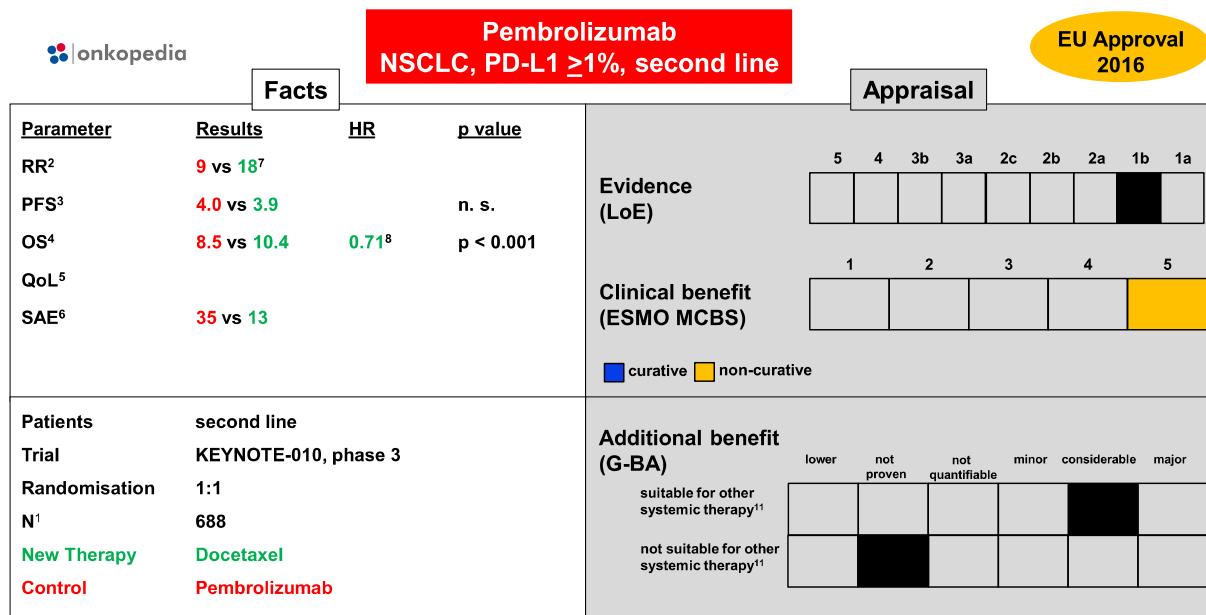
**Figure 35: Nivolumab in NSCLC, squamous, second line**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>11</sup> docetaxel;  
Publication: DOI:10.1056/NEJMoa1507643

**Figure 36: Pembrolizumab in NSCLC, PD-L1 ≥%, second line**



Legend:

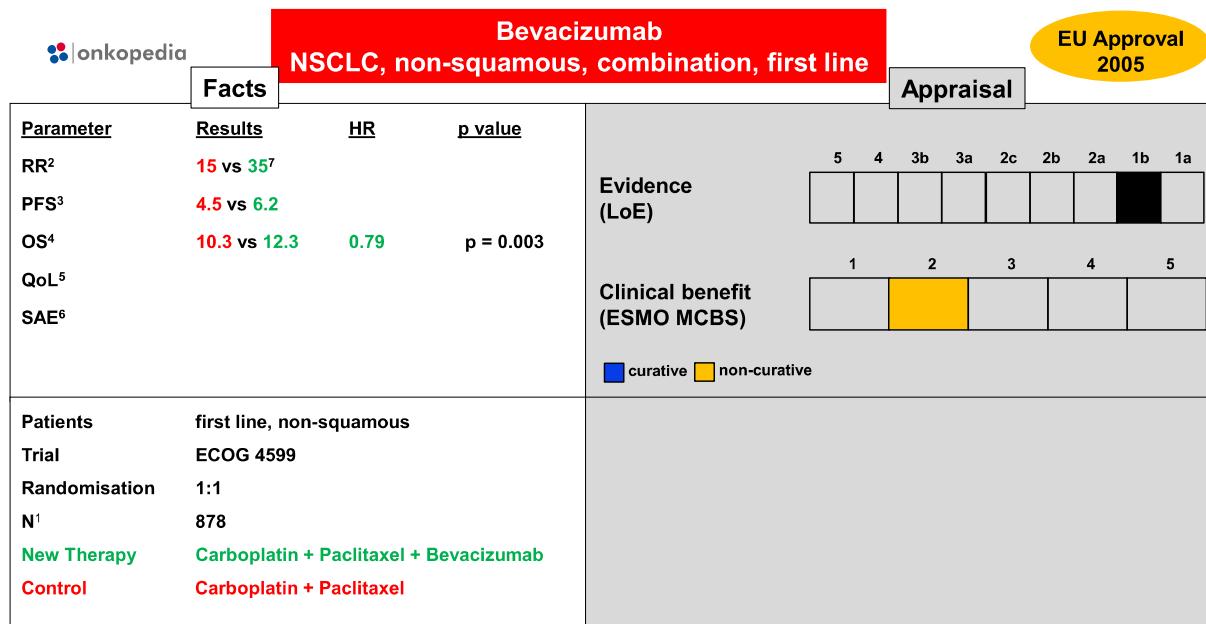
<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>11</sup> pemetrexed, docetaxel or nivolumab;  
Publication: DOI:10.1016/S0140-6736(15)01281-7

### 6.2.2.2.3 Others

#### 6.2.2.2.3.1 First line, others

Data are summarized in [Figure 37](#).

**Figure 37: Bevacizumab in NSCLC, non-squamous, combination, first line**



Legend:

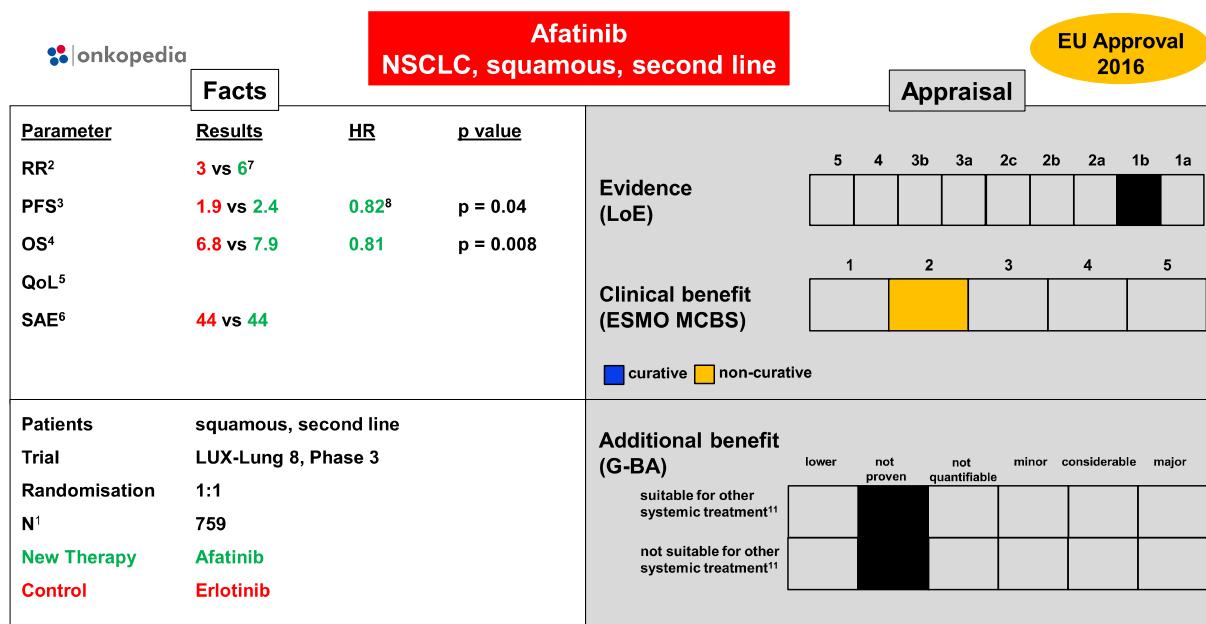
<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;

Publication: DOI:10.1056/NEJMoa061884

#### 6.2.2.2.3.2 Second line, others

Others including antiangiogenetic agents and tyrosine kinase inhibitors. Data are summarized in Figure 38, Figure 39, Figure 40 and Figure 41

**Figure 38: Afatinib in NSCLC, squamous-cell carcinoma, first line**

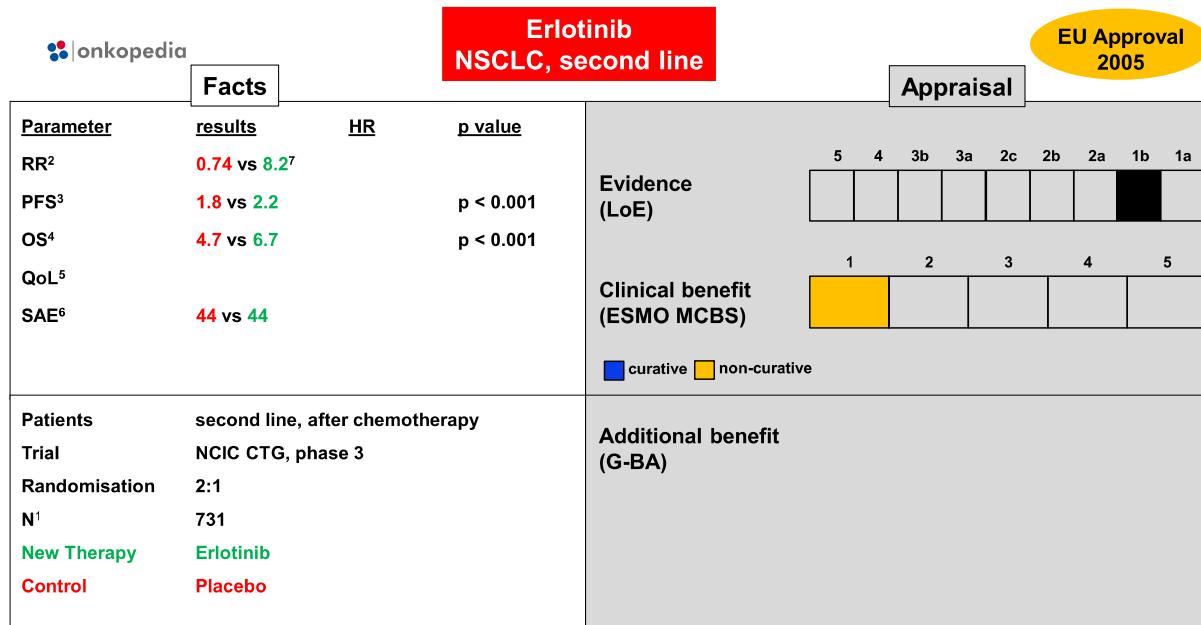


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy; <sup>11</sup> docetaxel;

Publication: DOI:10.1016/S1470-2045(15)00006-6

**Figure 39: Erlotinib in NSCLC, EGFRmut, second line**

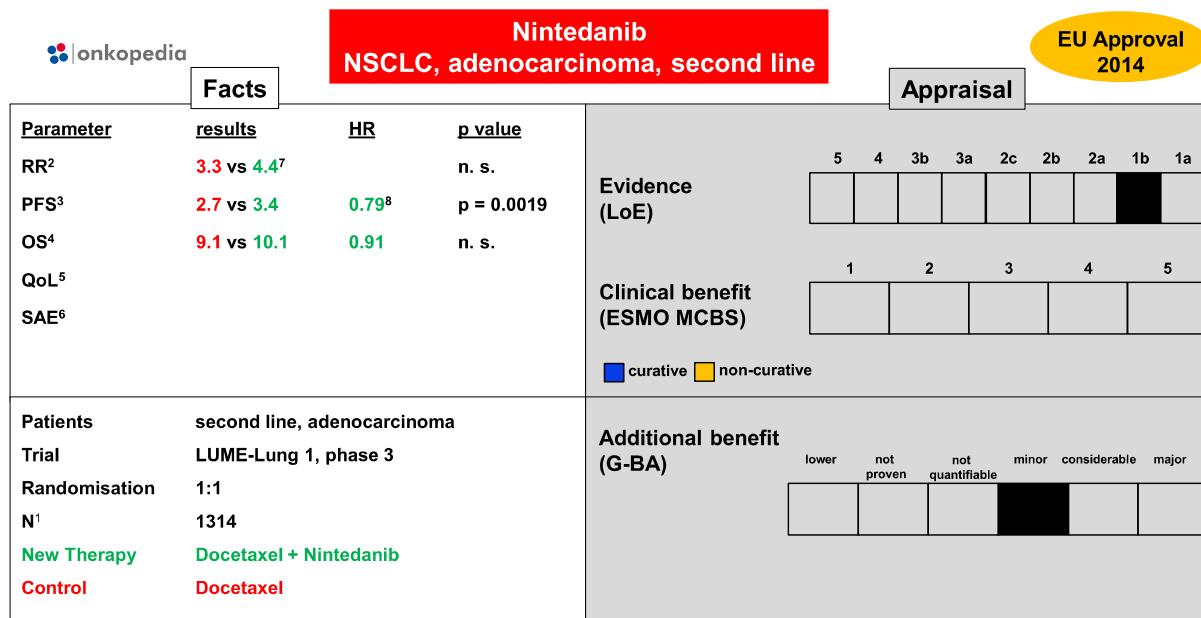


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;

Publication: DOI:10.1056/NEJMoa050753

**Figure 40: Nintedanib in NSCLC, adenocarcinoma, combination, second line**

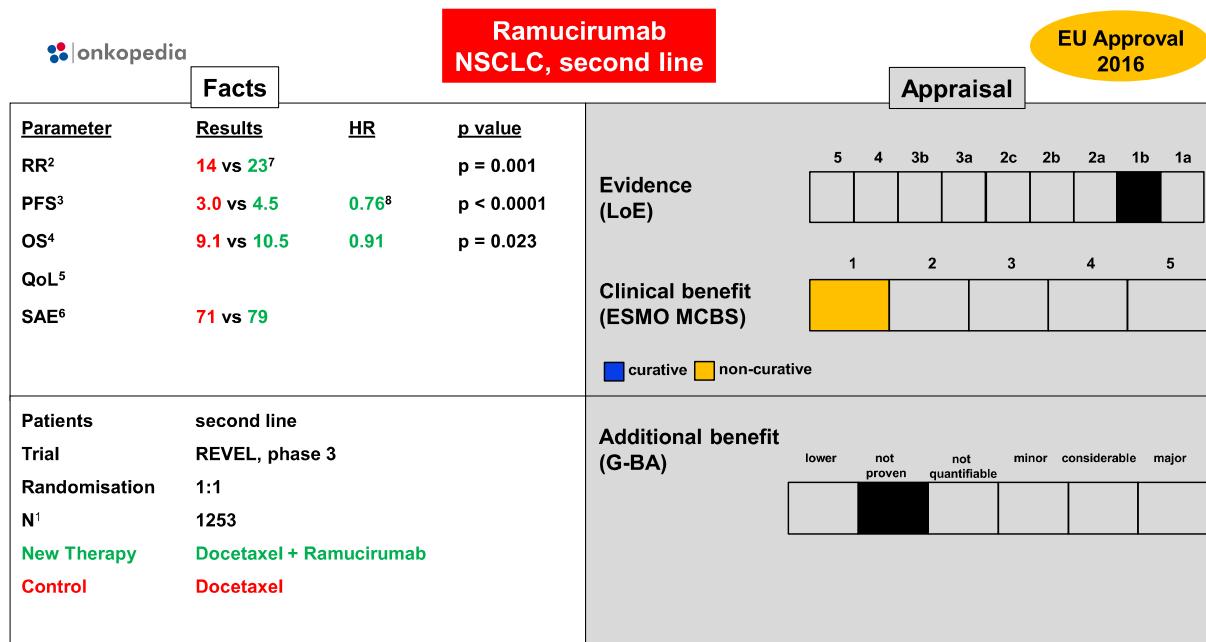


Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;

Publication: DOI:10.1016/S1470-2045(13)70586-2

**Figure 41: Ramucirumab in NSCLC, combination, second line**



Legend:

<sup>1</sup> N - number of patients; <sup>2</sup> RR - remission rate, in %; <sup>3</sup> PFS - progression-free survival, in months; <sup>4</sup> OS - overall survival, in months, in %; <sup>5</sup> QoL - quality of life; <sup>6</sup> SAE - serious adverse events, CTCAE grade 3/4; <sup>7</sup> results for control, results for new therapy; <sup>8</sup> hazard ratio for new therapy;  
Publication: DOI:10.1016/S0140-6736(14)60845-X

## 14 Authors' Affiliations

### Prof. Dr. med. Frank Griesinger

Pius Hospital Oldenburg  
 Universitätsklinik Innere Medizin-Onkologie  
 Klinik für Hämatologie und Onkologie  
 Georgenstr. 12  
 26121 Oldenburg  
[frank.griesinger@pius-hospital.de](mailto:frank.griesinger@pius-hospital.de)

### PD Dr. med. Wilfried Eberhardt

Universitätsklinikum Essen  
 Westdeutsches Tumorzentrum  
 Innere Klinik und Poliklinik  
 Hufelandstr. 55  
 45147 Essen  
[Wilfried.Eberhardt@uk-essen.de](mailto:Wilfried.Eberhardt@uk-essen.de)

### Dr. med. Martin Früh

Kantonsspital St. Gallen  
 Departement Innere Medizin  
 Fachbereich Onkologie/Hämatologie  
 CH-9007 St. Gallen  
[martin.frueh@kssg.ch](mailto:martin.frueh@kssg.ch)

### PD Dr. med. Oliver Gautschi

Luzerner Kantonsspital  
 Medizinische Onkologie  
 CH-6000 Luzern  
[oliver.gautschi@luks.ch](mailto:oliver.gautschi@luks.ch)

**Prim. Univ.-Prof. Dr. Wolfgang Hilbe**

Wilhelminenspital Wien  
1. Medizinische Abteilung  
Zentrum für Onkologie und Hämatologie und Palliativstation  
Montleartstr. 37  
A-1160 Wien  
[wolfgang.hilbe@wienkav.at](mailto:wolfgang.hilbe@wienkav.at)

**Prof. Dr. med. Hans Hoffmann**

Klinikum rechts der Isar  
der Technischen Universität München  
Sektion für Thoraxchirurgie  
Ismaninger Str. 22  
81675 München  
[thoraxchirurgie@mri.tum.de](mailto:thoraxchirurgie@mri.tum.de)

**Prof. Dr. med. Rudolf Maria Huber**

Klinikum der Universität München-Innenstadt  
Pneumologie  
Ziemssenstr. 1  
80336 München  
[huber@med.uni-muenchen.de](mailto:huber@med.uni-muenchen.de)

**Prof. Dr. med. Dr. rer. nat. Sonja Loges**

Medizinische Fakultät Mannheim der Universität Heidelberg  
Universitätsklinikum Mannheim  
III. Medizinische Klinik  
Theodor-Kutzer-Ufer 1-3  
68167 Mannheim  
[Sonja.Loges@medma.uni-heidelberg.de](mailto:Sonja.Loges@medma.uni-heidelberg.de)

**PD Dr. med. Christoph Pöttgen**

Universitätsklinikum Essen  
Westdeutsches Tumorzentrum  
Klinik für Strahlentherapie  
Hufelandstr. 55  
45147 Essen  
[Christoph.Poettgen@uk-essen.de](mailto:Christoph.Poettgen@uk-essen.de)

**Dr. Ron Pritzkuleit**

Institut für Krebsepidemiologie  
Krebsregister Schleswig-Holstein  
Ratzeburger Allee 160  
23538 Lübeck  
[ron.pritzkuleit@krebsregister-sh.de](mailto:ron.pritzkuleit@krebsregister-sh.de)

**Prof. Dr. med. Martin Reck**

LungenClinic Grosshansdorf GmbH  
Onkologischer Schwerpunkt  
Wöhrendamm 80  
22927 Großhansdorf  
[m.reck@lungenclinic.de](mailto:m.reck@lungenclinic.de)

**PD Dr. med. Niels Reinmuth**

Asklepios Fachkliniken München-Gauting  
Thorakale Onkologie  
Robert-Koch-Allee 2  
82131 München-Gauting  
[n.reinmuth@asklepios.com](mailto:n.reinmuth@asklepios.com)

**Dr. med. Martin Sebastian**

Universitätsklinik Frankfurt  
Medizinische Klinik II  
Bereich Hämatologie/Onkologie  
Theodor-Stern-Kai 7  
60590 Frankfurt / Main  
[martin.sebastian@kgu.de](mailto:martin.sebastian@kgu.de)

**Prof. Dr. med. Dieter Ukena**

Klinikum Bremen-Ost gGmbH  
Klinik für Pneumologie und Beatmungsmedizin  
Interdisziplinäres Lungenzentrum  
Züricher Str. 40  
28235 Bremen  
[dieter.ukena@klinikum-bremen-ost.de](mailto:dieter.ukena@klinikum-bremen-ost.de)

**Prof. Dr. med. Cornelius Waller**

Medizinische Universitätsklinik Freiburg  
Abteilung Hämatologie/Onkologie  
Hugstetter Str. 55  
79106 Freiburg  
[cornelius.waller@uniklinik-freiburg.de](mailto:cornelius.waller@uniklinik-freiburg.de)

**Prof. Dr. med. Jürgen Wolf**

Universitätsklinik Köln  
Centrum für Integrierte Onkologie  
Kerpener Str. 62  
50937 Köln  
[juergen.wolf@uk-koeln.de](mailto:juergen.wolf@uk-koeln.de)

**Prof. Dr. med. Martin Wolf**

Klinikum Kassel  
Medizinische Klinik IV  
Hämatologie/Onkologie/Immunologie  
Mönchebergstr. 41-43  
34125 Kassel  
[mwolf@klinikum-kassel.de](mailto:mwolf@klinikum-kassel.de)

**Prof. Dr. med. Bernhard Wörmann**

Amb. Gesundheitszentrum der Charité  
Campus Virchow-Klinikum  
Med. Klinik m.S. Hämatologie & Onkologie  
Augustenburger Platz 1  
13344 Berlin  
[bernhard.woermann@charite.de](mailto:bernhard.woermann@charite.de)

## **15 Disclosure of Potential Conflicts of Interest**

according to the rules of the responsible Medical Societies.