Systemic anti-cancer therapy: management options for people with non-squamous (adenocarcinoma, large cell undifferentiated) carcinoma and non-small-cell carcinoma (non-otherwise specified) – November 2021 update

This combination/some of these combinations of drugs do not have a UK marketing authorisation for 1 or more indications

New addition

Disease progression

Cancer Drugs Fund

Atezolizumab (TA705)
Pembrolizumab (TA531)
Pemetrexed+
Carboplatin*
Docetaxel +/-Nintedanib (TA347)

PD-L1 <50%

Pemetrexed + pemetrexed and platinum chemotherapy (TA683)
Pemetrexed maintenance (TA402 or TA190)
Atezolizumab (no PD-L1 expression needed) (TA520) or Nivolumab (if PD-L1 >1%) (TA713) or Pembrolizumab (if PD-L1 >1%) (TA428)

PD-L1 ≥50%

Atezolizumab (TA705) Pembrolizumab (TA531)
Platinum doublet chemotherapy* (when using Pemetrexed+Cisplatin as first-line treatment see TA181)
Pemetrexed+ Carboplatin*
Atezolizumab + bevacizumab, carboplatin and paclitaxel* (TA584)
Platinum doublet chemotherapy*
Pemetrexed maintenance (TA402 or TA190)

No gene mutation or fusion protein

This is page 2 of a 2-page summary of drug treatment options for people with non-squamous and non-small-cell carcinoma in line with the NICE guideline on lung cancer. It also covers recommendations from technology appraisals published since 2009. Please refer to NICE technology appraisals and the NHS England website for information on eligibility, patient access schemes and more. See the NICE Pathway on lung cancer for an integrated view of all NICE recommendations on lung cancer. © NICE 2021. All rights reserved. Subject to Notice of rights.