

Systemic anticancer therapy for advanced non-small-cell lung cancer: treatment options

February
2026

Squamous pathways

No targetable mutations PD-L1 <50%	RET fusion positive PD-L1 <50%	KRAS G12C positive PD-L1 <50%	METex14 skipping alteration PD-L1 <50%	BRAF V600 positive PD-L1 <50%
No targetable mutations PD-L1 ≥50%	RET fusion positive PD-L1 ≥50%	KRAS G12C positive PD-L1 ≥50%	METex14 skipping alteration PD-L1 ≥50%	BRAF V600 positive PD-L1 ≥50%

Non-squamous pathways

No targetable mutations PD-L1 <50%	RET fusion positive PD-L1 <50%	KRAS G12C positive PD-L1 <50%	METex14 skipping alteration PD-L1 <50%	BRAF V600 positive PD-L1 <50%	ROS-1 positive	ALK positive
No targetable mutations PD-L1 ≥50%	RET fusion positive PD-L1 ≥50%	KRAS G12C positive PD-L1 ≥50%	METex14 skipping alteration PD-L1 ≥50%	BRAF V600 positive PD-L1 ≥50%	EGFR-TK positive	

Click on any of the **starting points** to go to the page showing that care pathway



To return to this page, click on the **home** icon on any page



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Blue arrows indicate NHSE policy

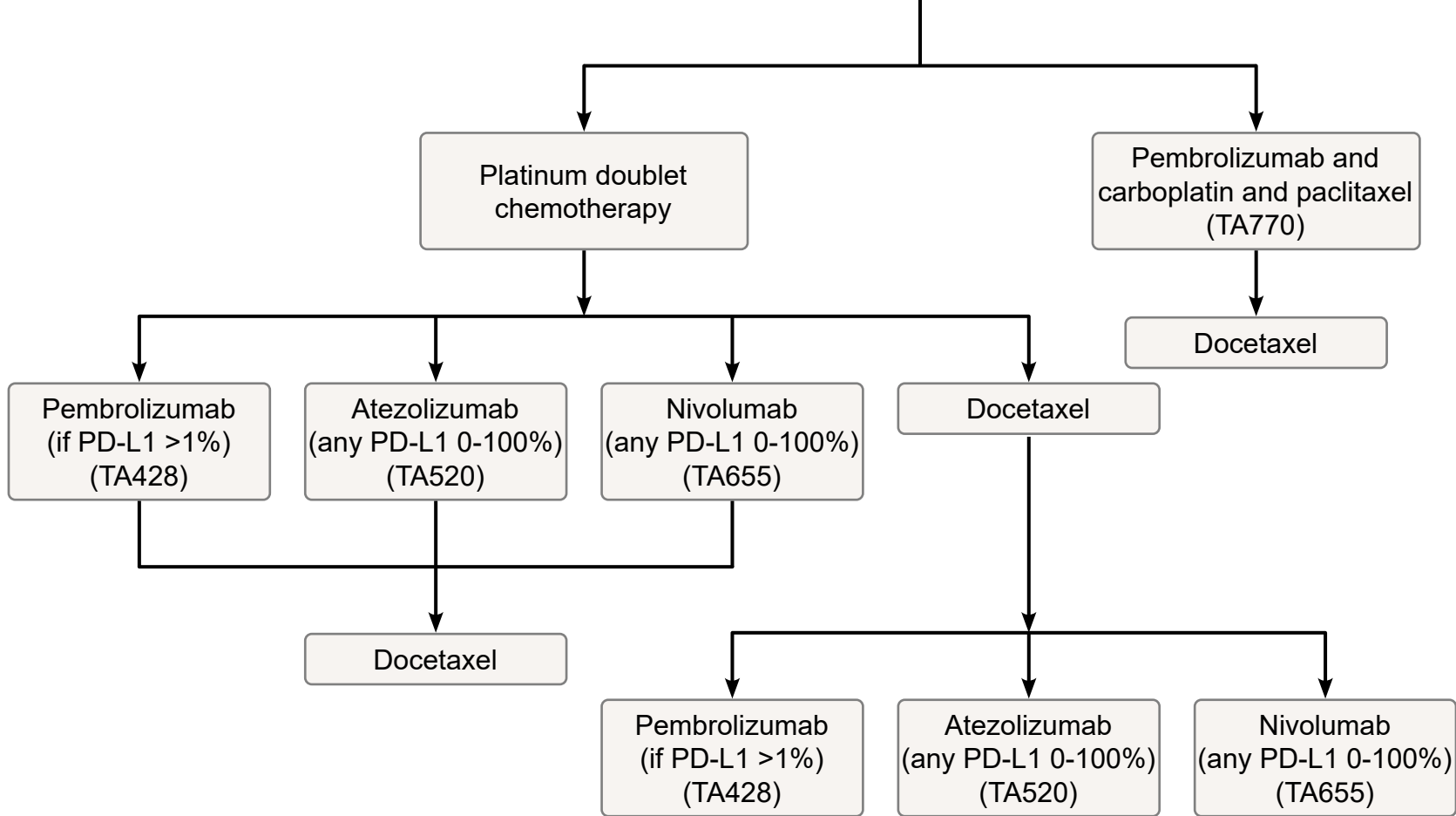




Base all treatment choices on [shared decision making](#). Think about enrolment into a clinical trial as an option at each step.

No
targetable
mutations

PD-L1
<50%



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Pembrolizumab and carboplatin and paclitaxel (TA770)
Only if urgent clinical intervention is needed

Docetaxel

Pembrolizumab (TA531)

Atezolizumab (TA705)

Platinum doublet chemotherapy

Docetaxel

No targetable mutations

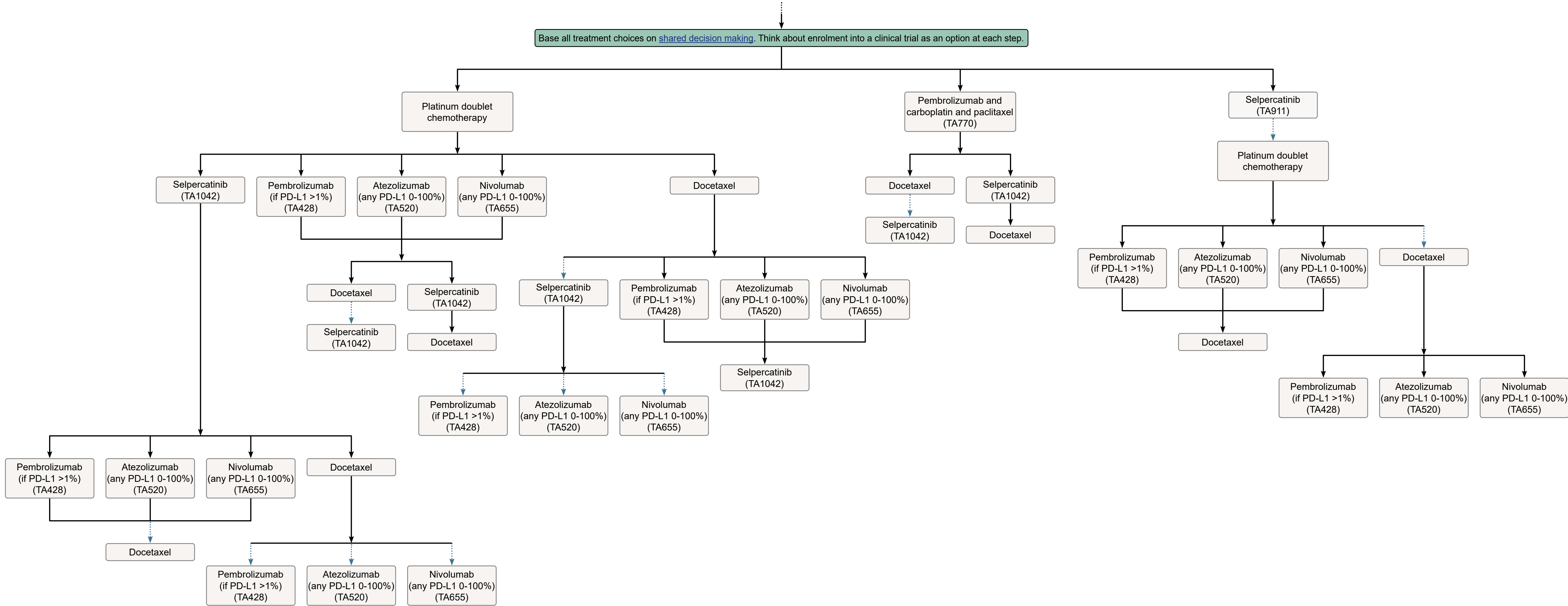
PD-L1 $\geq 50\%$

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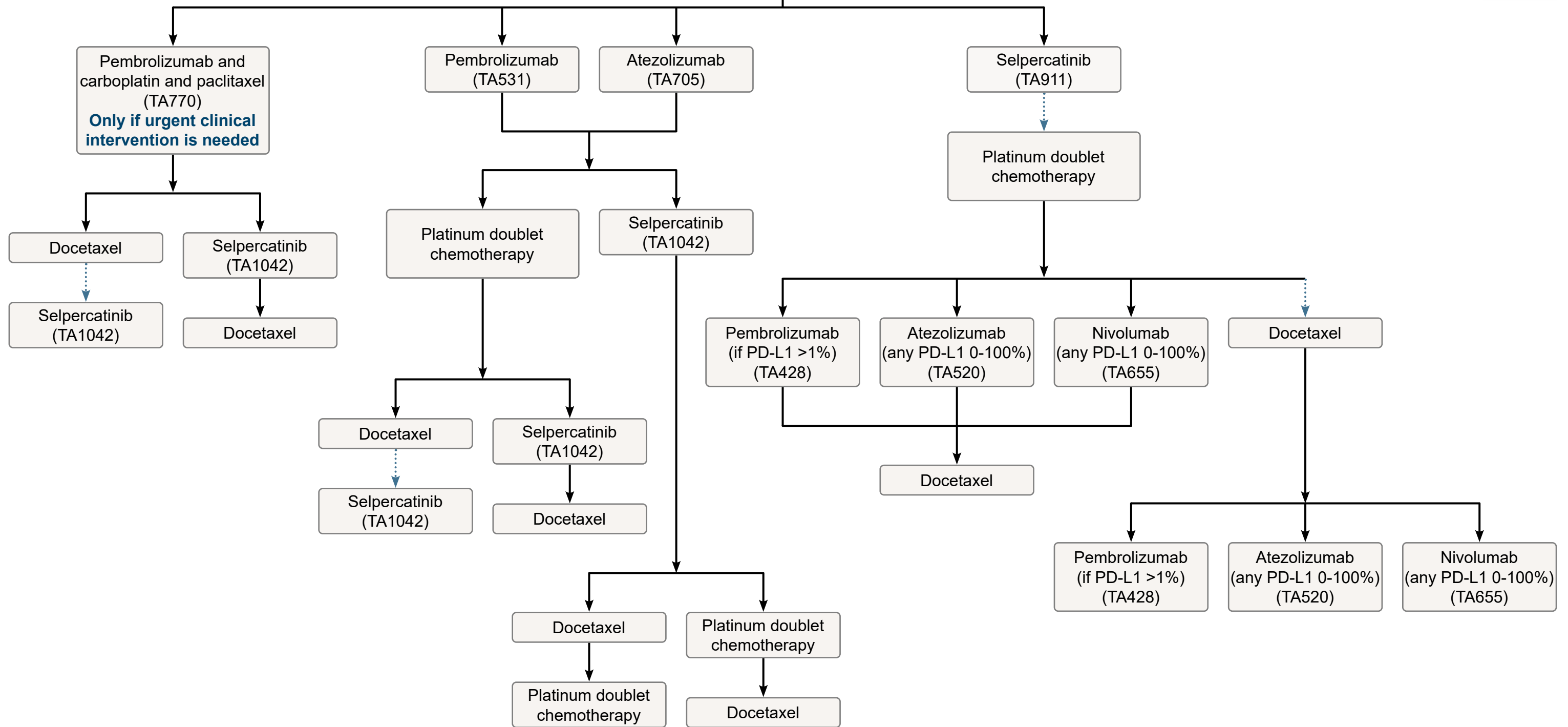




RET
fusion
positive

PD-L1
≥50%

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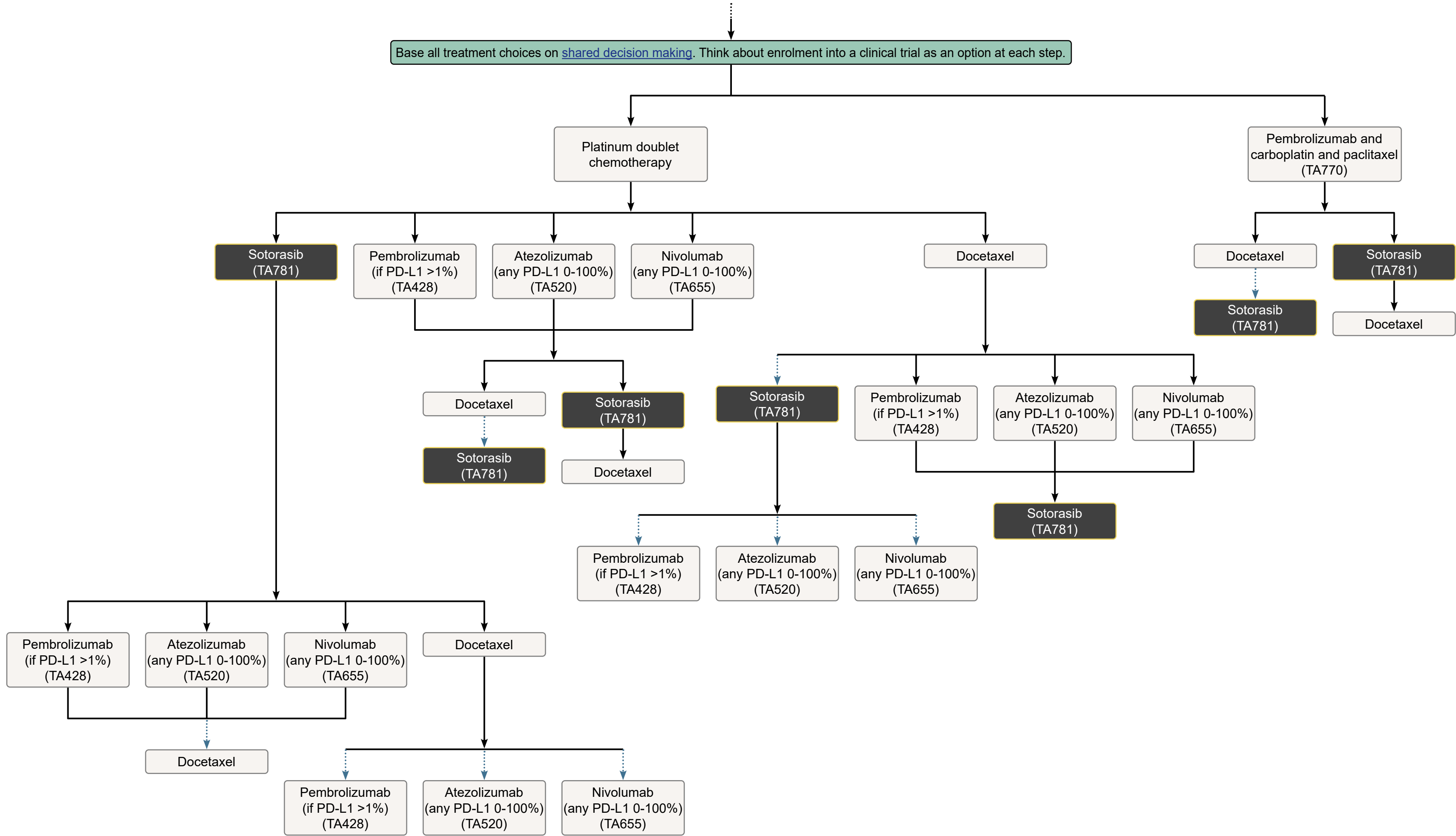


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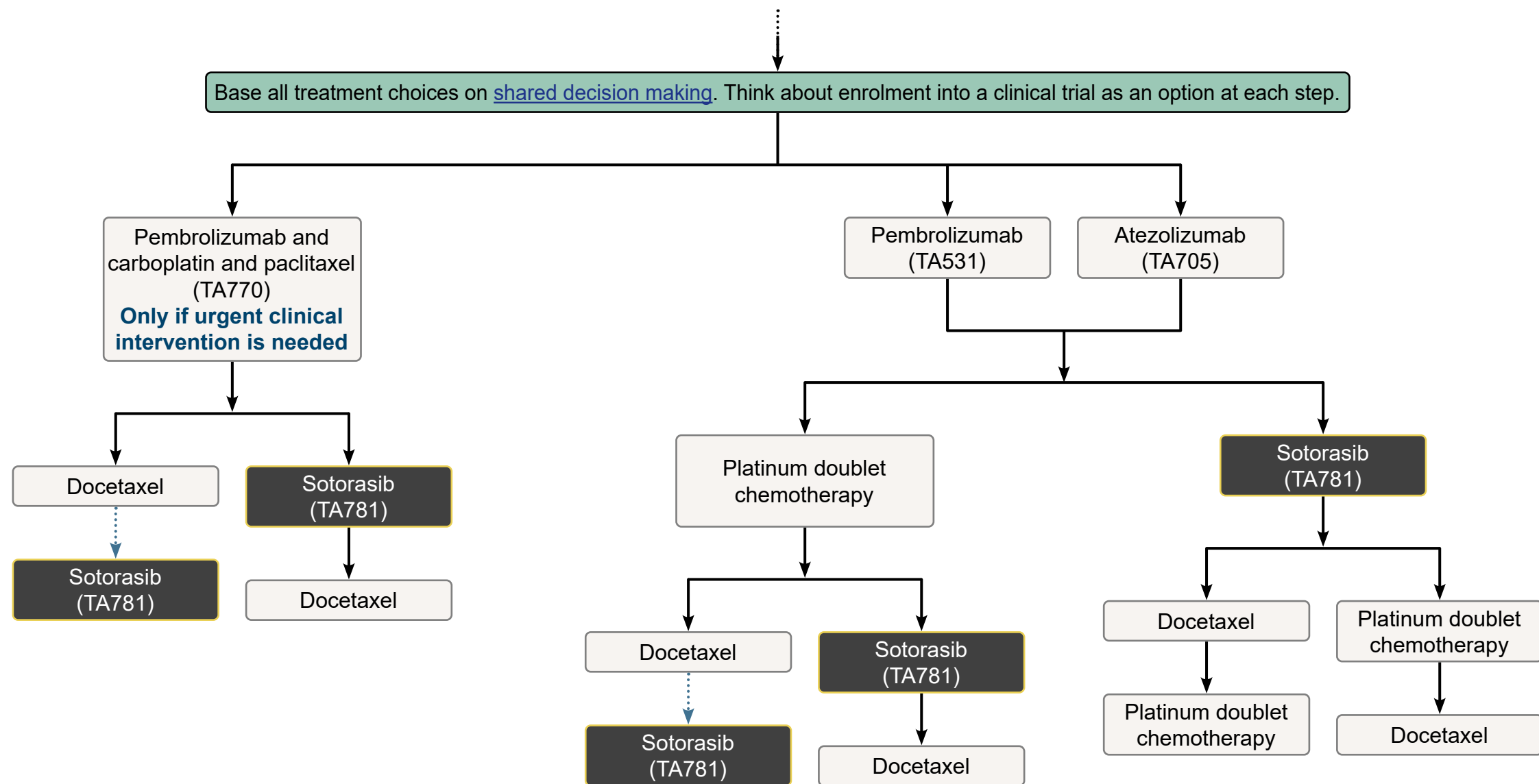






KRAS
G12C
positive

PD-L1
≥50%

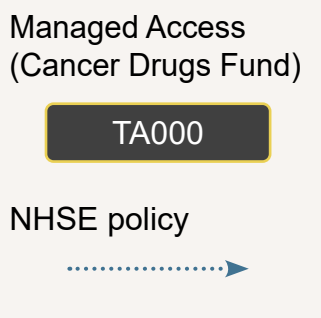
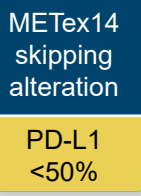


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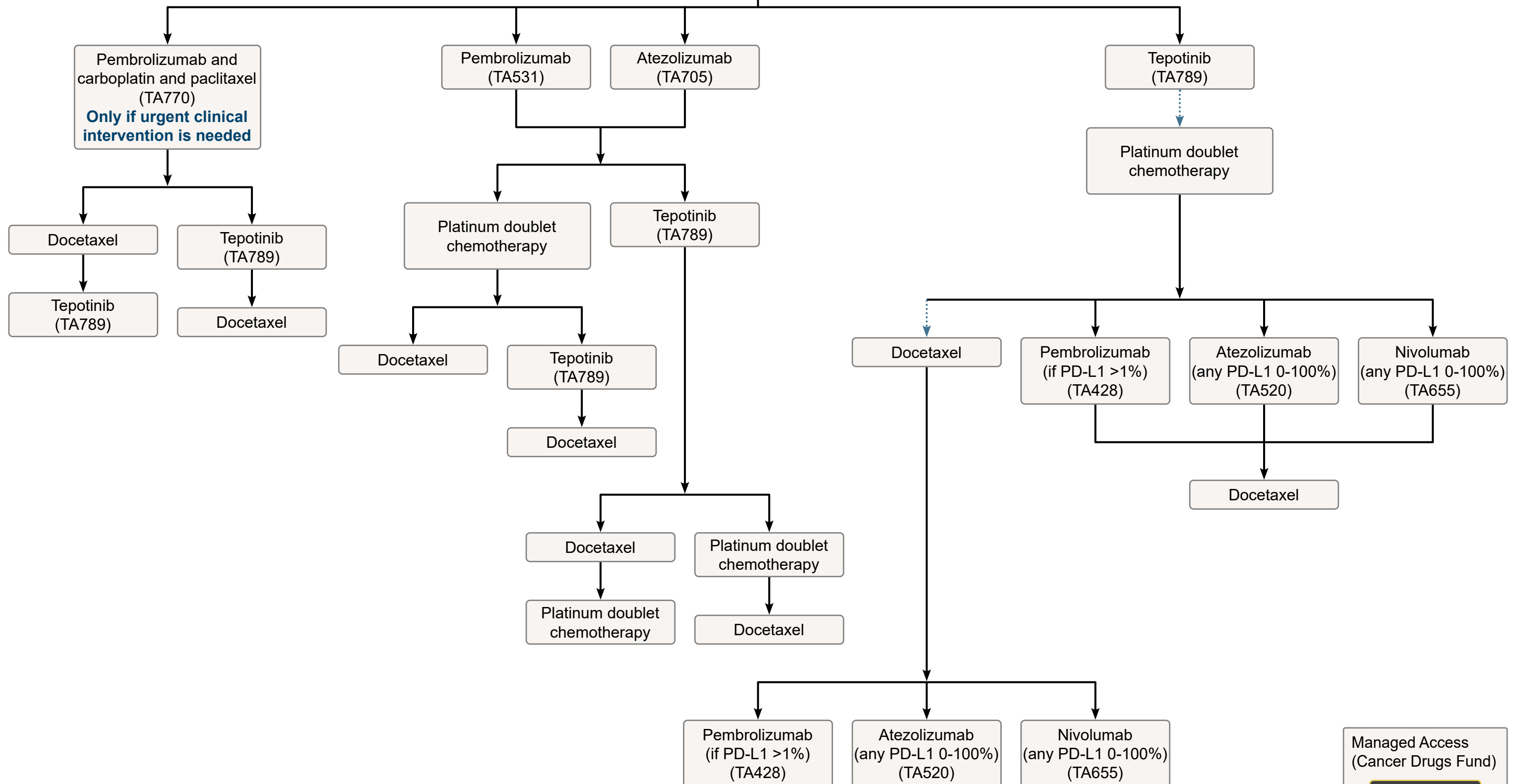
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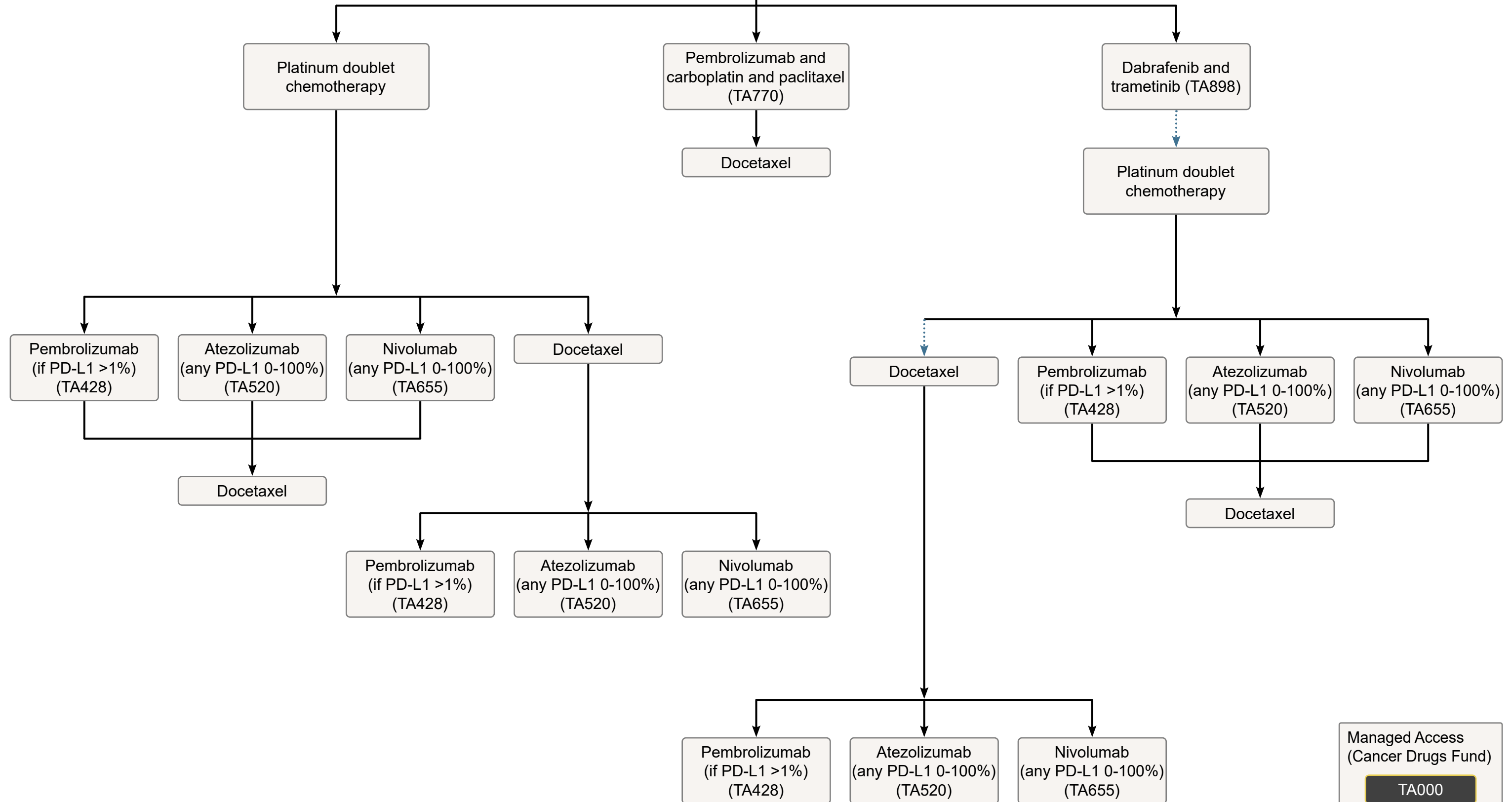




BRAF
V600
positive

PD-L1
<50%

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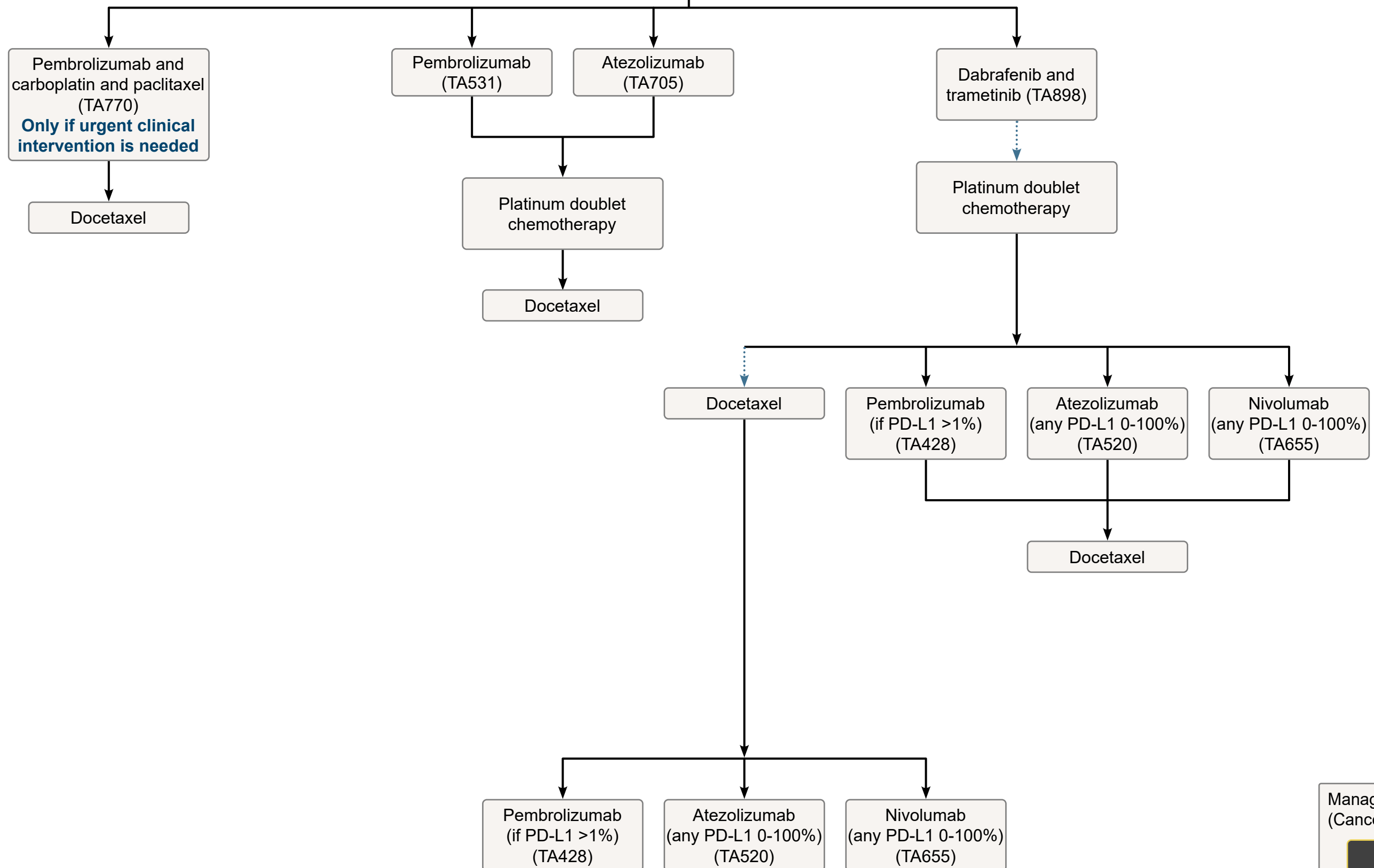




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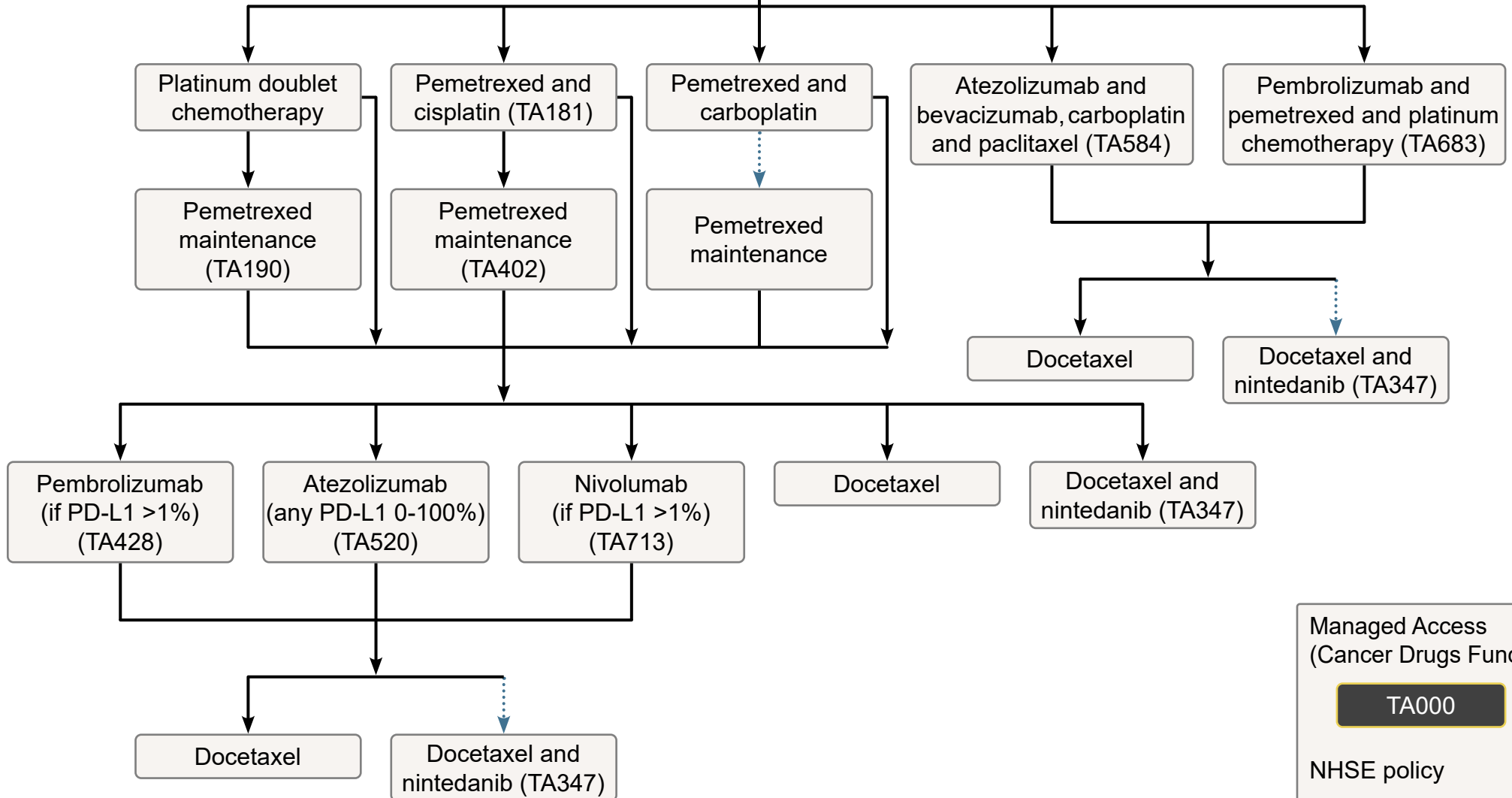




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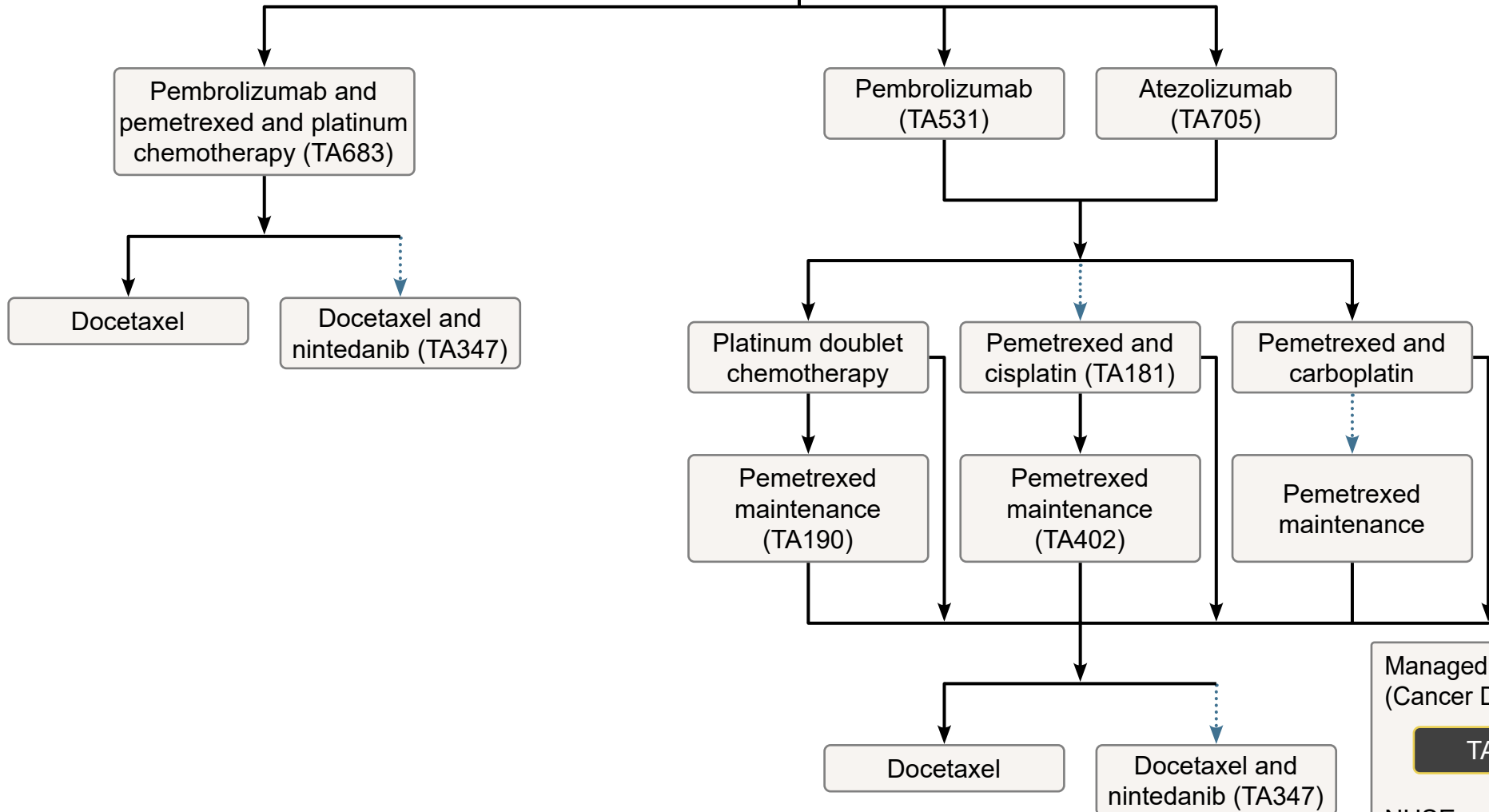




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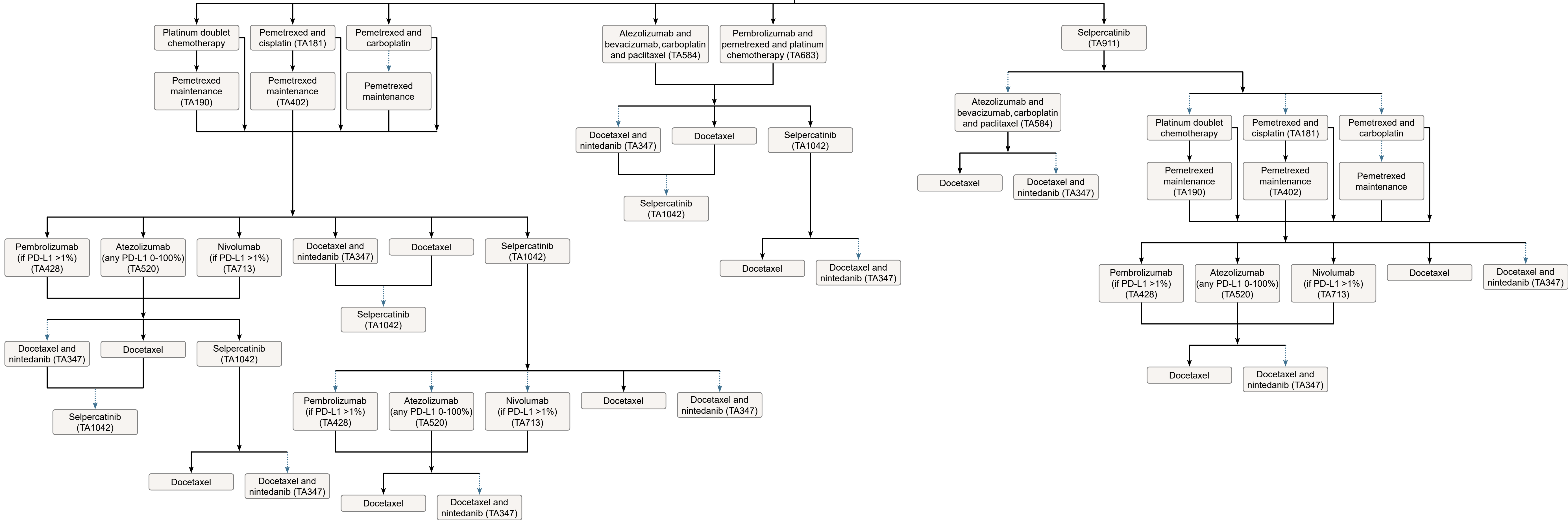
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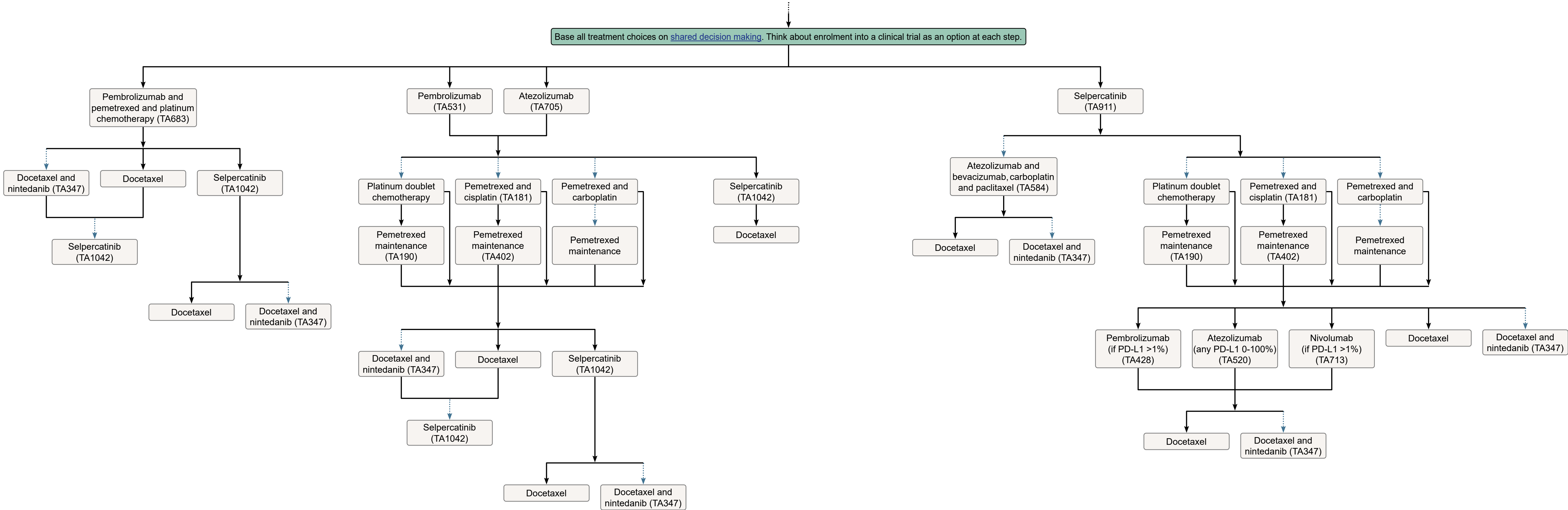
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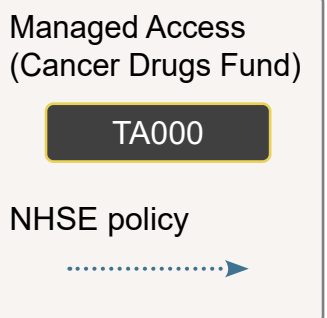
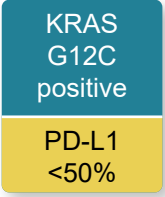




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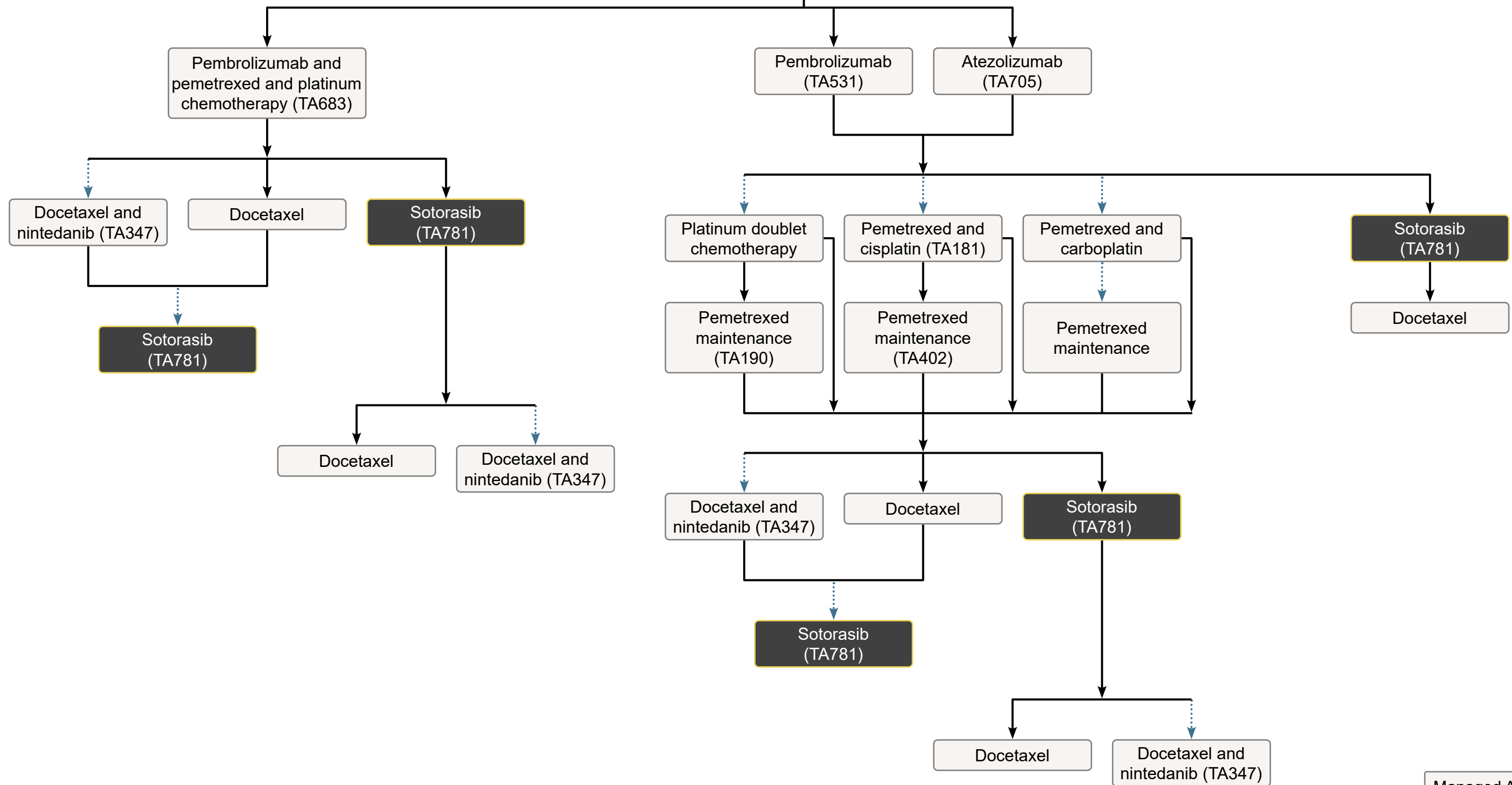




KRAS
G12C
positive

PD-L1
≥50%

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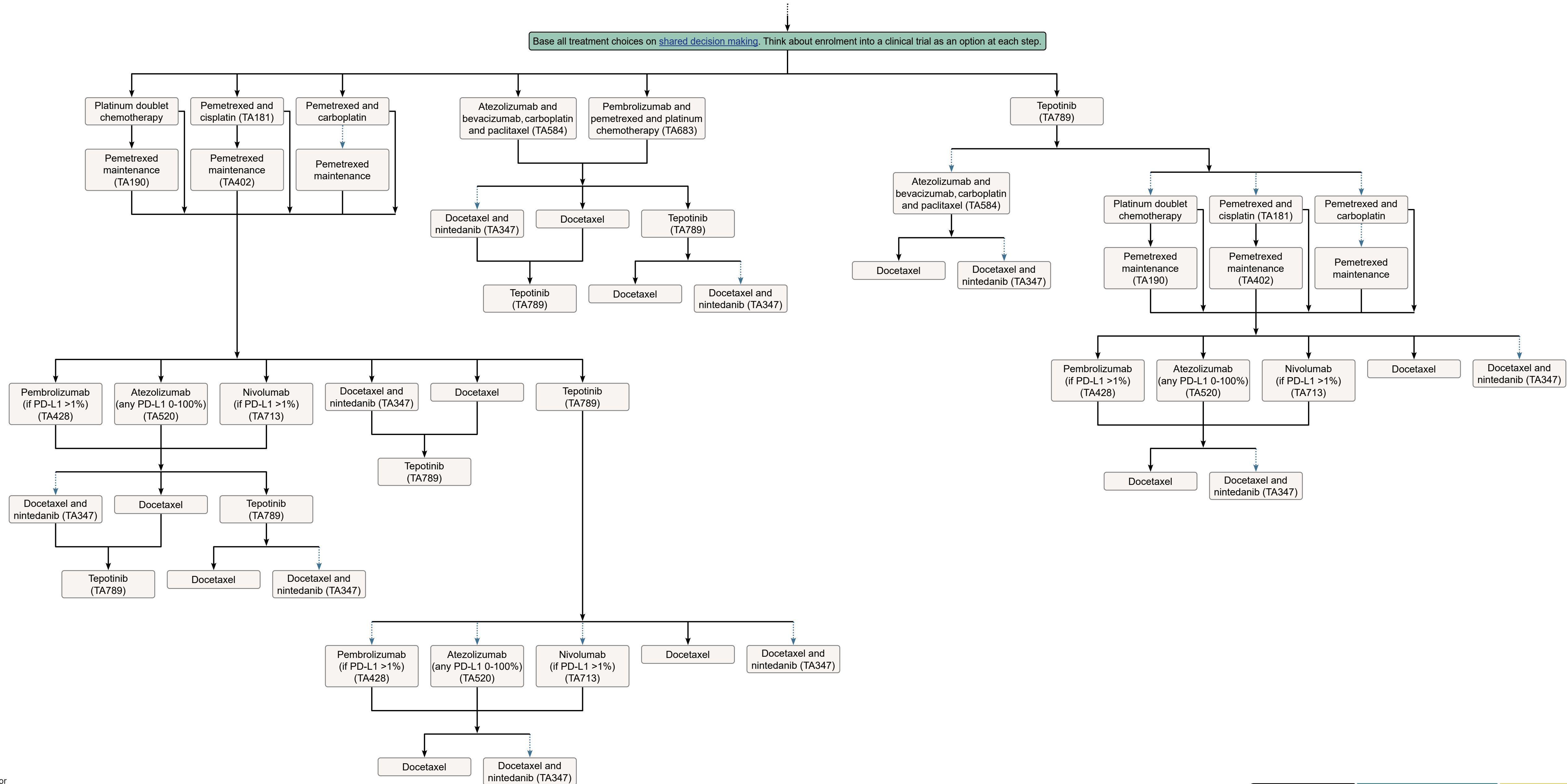


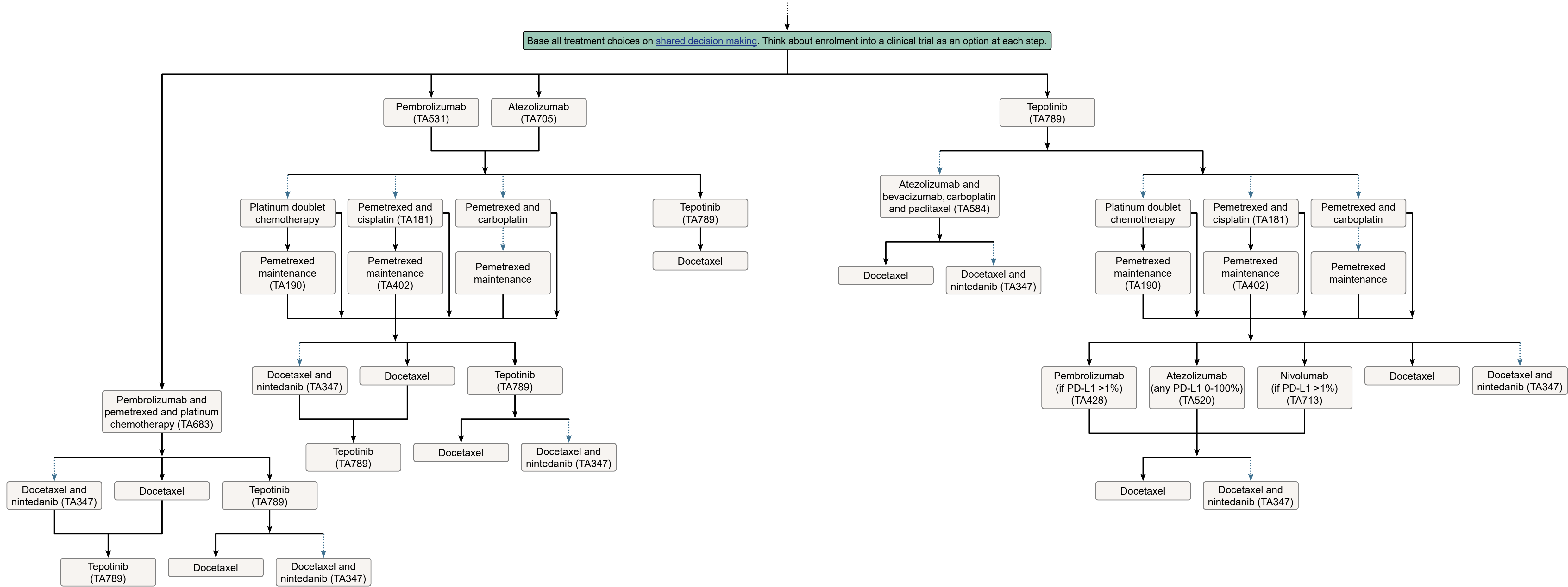
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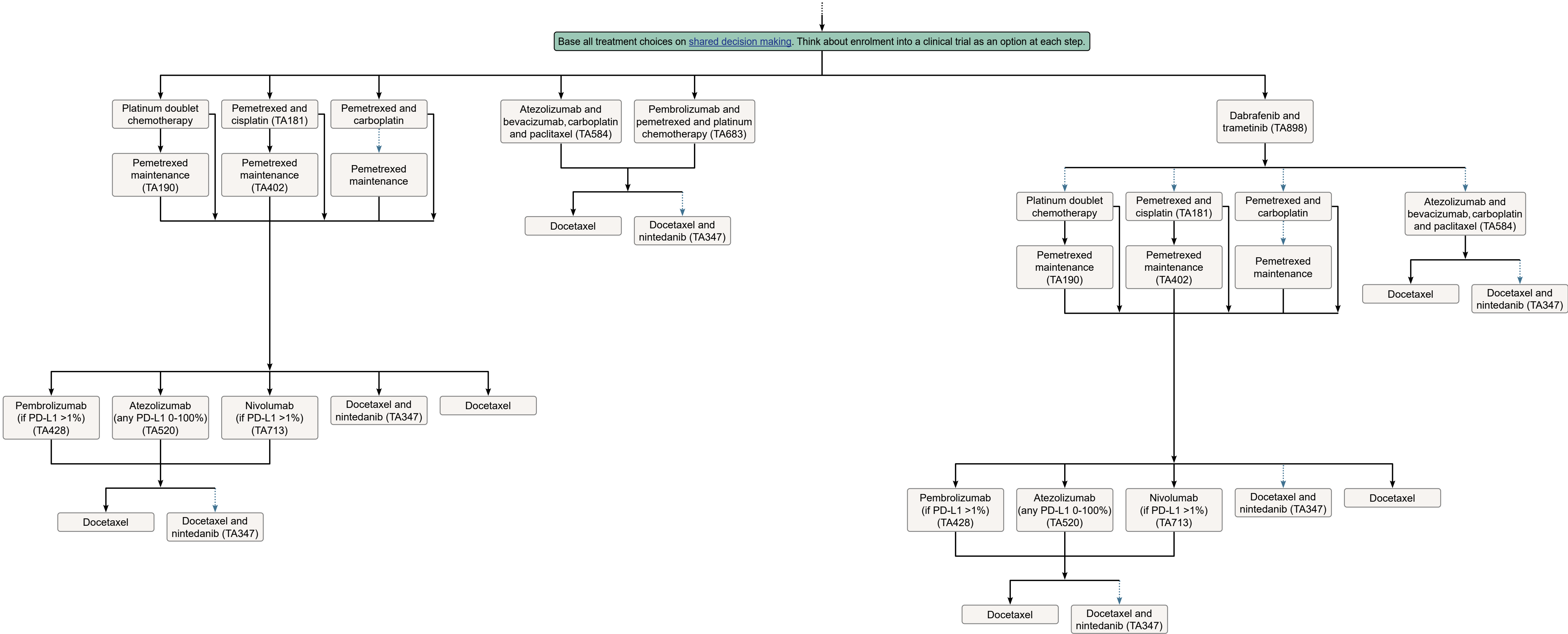
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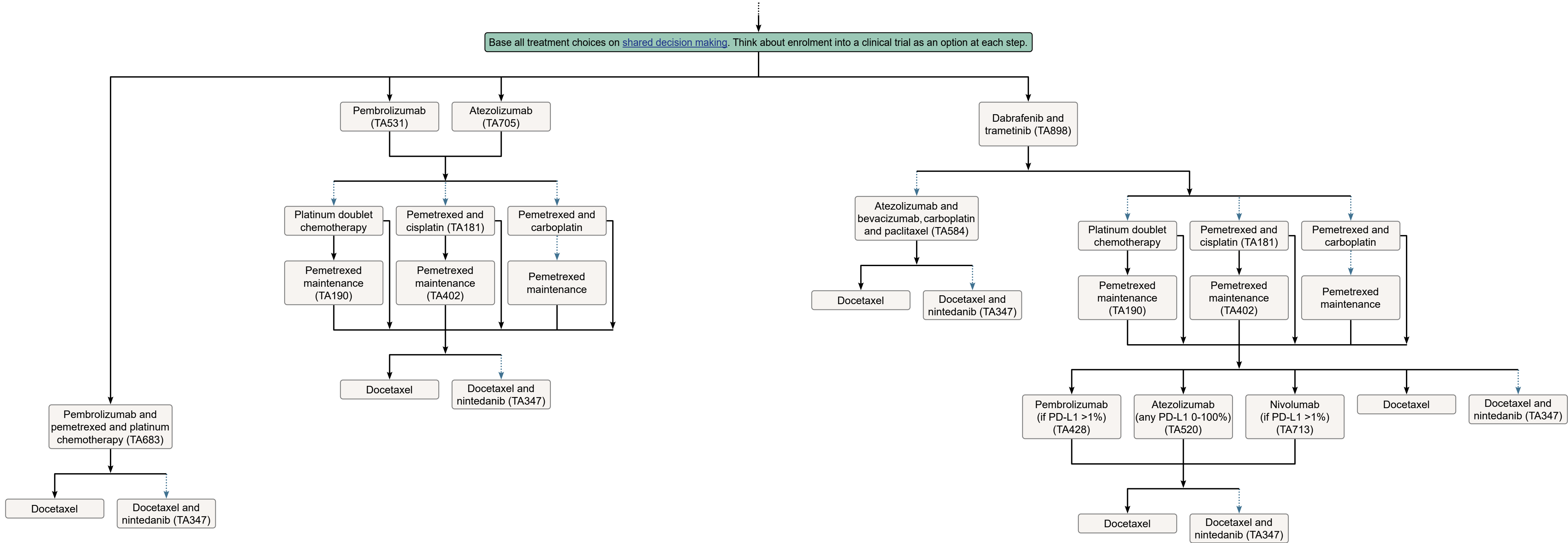
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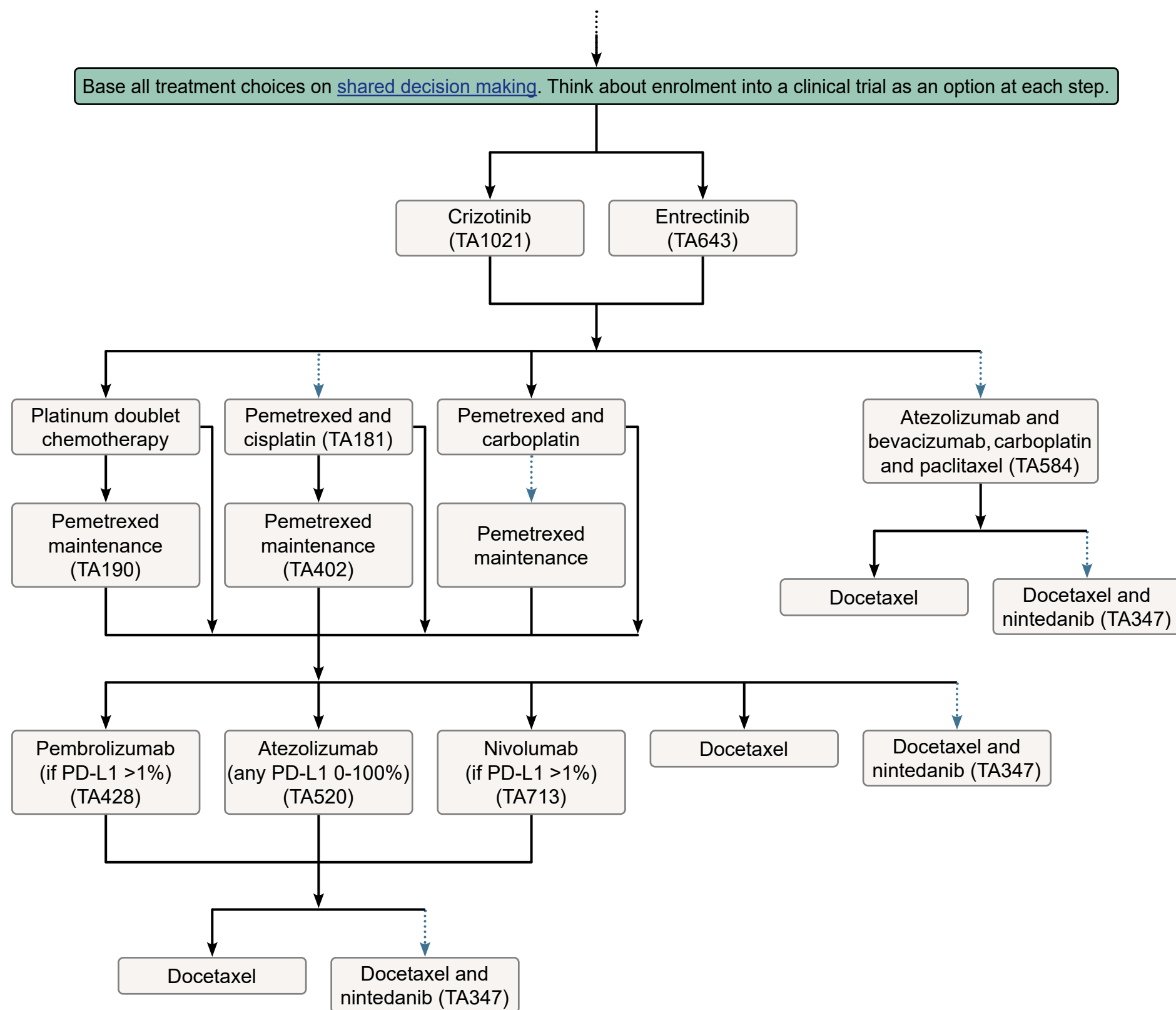








ROS-1
positive

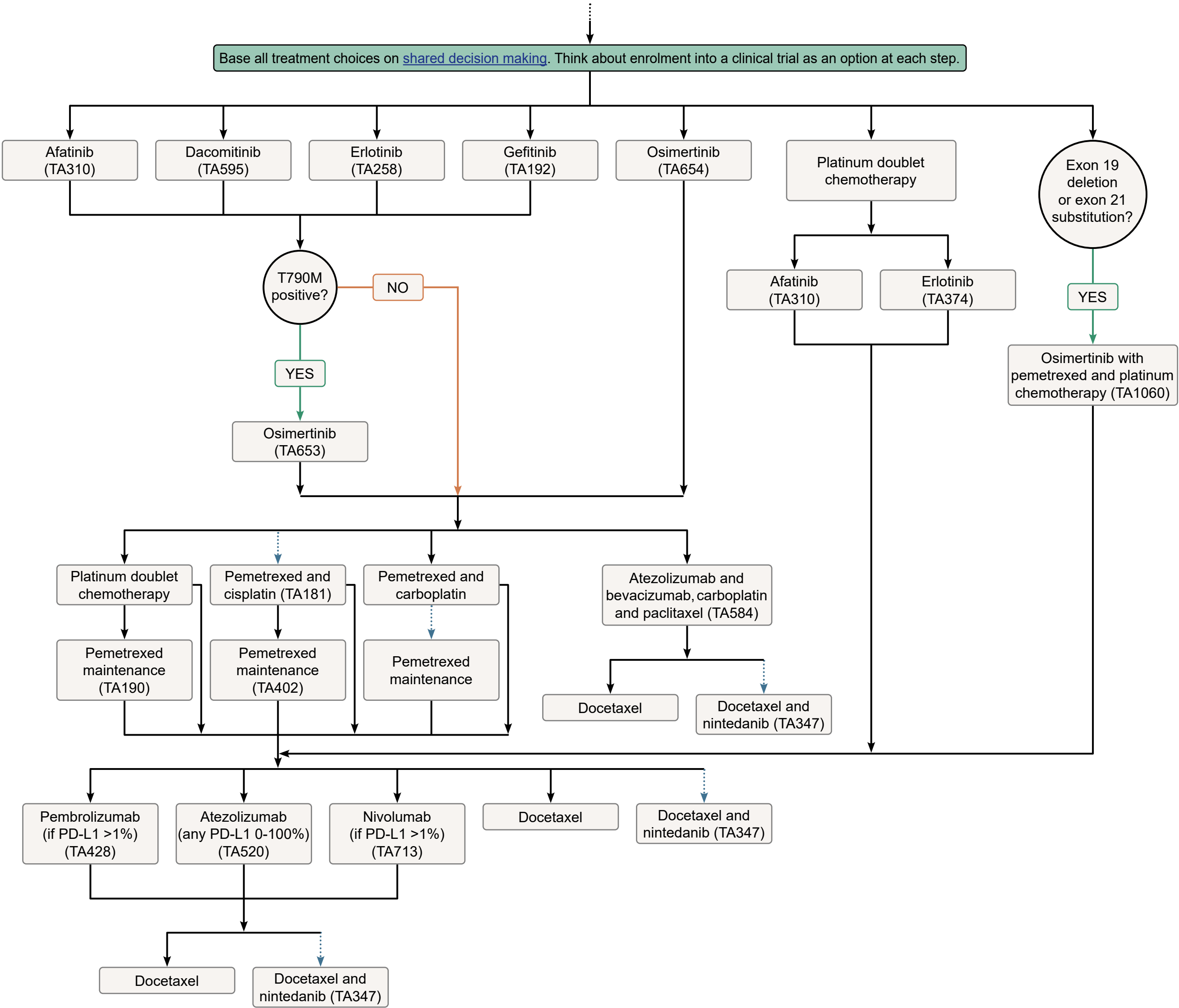


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