# Systemic anti-cancer therapy for advanced non-small-cell lung cancer

## Squamous non-small cell lung cancer, BRAF V600 positive, PD‑L1 50% or higher

Initial recommended treatment options are:

* the [NICE technology appraisal guidance on pembrolizumab with carboplatin and paclitaxel](https://www.nice.org.uk/guidance/ta770) (only if urgent clinical intervention is needed) or
* the [NICE technology appraisal guidance on pembrolizumab](https://www.nice.org.uk/guidance/ta531) or
* the [NICE technology appraisal guidance on atezolizumab](https://www.nice.org.uk/guidance/ta705) or
* the [NICE technology appraisal guidance on dabrafenib and trametinib](https://www.nice.org.uk/guidance/ta898).

For people who have disease progression after initial treatment in line with the [NICE technology appraisal guidance on pembrolizumab with carboplatin and paclitaxel](https://www.nice.org.uk/guidance/ta770), the only recommended treatment option is docetaxel.

For people who have disease progression after initial treatment in line with the [NICE technology appraisal guidance on pembrolizumab](https://www.nice.org.uk/guidance/ta531) or [atezolizumab](https://www.nice.org.uk/guidance/ta705), the only recommended treatment option is platinum doublet chemotherapy.

For people who have had initial treatment in line with the [NICE technology appraisal guidance on pembrolizumab](https://www.nice.org.uk/guidance/ta531) or [atezolizumab](https://www.nice.org.uk/guidance/ta705) and who have disease progression after treatment with platinum doublet chemotherapy, the only recommended treatment option is docetaxel.

For people who have disease progression after initial treatment in line with the [NICE technology appraisal guidance on dabrafenib and trametinib](https://www.nice.org.uk/guidance/ta898), the only recommended treatment option is platinum doublet chemotherapy (NHS England policy).

For people who have had initial treatment in line with the [NICE technology appraisal guidance on dabrafenib and trametinib](https://www.nice.org.uk/guidance/ta898) and who have disease progression after treatment with platinum doublet chemotherapy, recommended treatment options are:

* docetaxel (NHS England policy) or
* the [NICE technology appraisal guidance on pembrolizumab](https://www.nice.org.uk/guidance/ta428) (if PD-L1 above 1%) or
* the [NICE technology appraisal guidance on atezolizumab](https://www.nice.org.uk/guidance/ta520) (any PD-L1 0% to 100%) or
* the [NICE technology appraisal guidance on nivolumab](https://www.nice.org.uk/guidance/ta655) (any PD-L1 0% to 100%).

For people who have had treatment with platinum doublet chemotherapy and who have disease progression after follow-up treatment with docetaxel, recommended treatment options are:

* the [NICE technology appraisal guidance on pembrolizumab](https://www.nice.org.uk/guidance/ta428) (if PD-L1 above 1%) or
* the [NICE technology appraisal guidance on atezolizumab](https://www.nice.org.uk/guidance/ta520) (any PD-L1 0% to 100%) or
* the [NICE technology appraisal guidance on nivolumab](https://www.nice.org.uk/guidance/ta655) (any PD-L1 0% to 100%).

For people who have had treatment with platinum doublet chemotherapy and who have disease progression after follow-up treatment in line with the [NICE technology appraisal guidance on pembrolizumab](https://www.nice.org.uk/guidance/ta428), [atezolizumab](https://www.nice.org.uk/guidance/ta520) or [nivolumab](https://www.nice.org.uk/guidance/ta655), the only recommended treatment option is docetaxel.