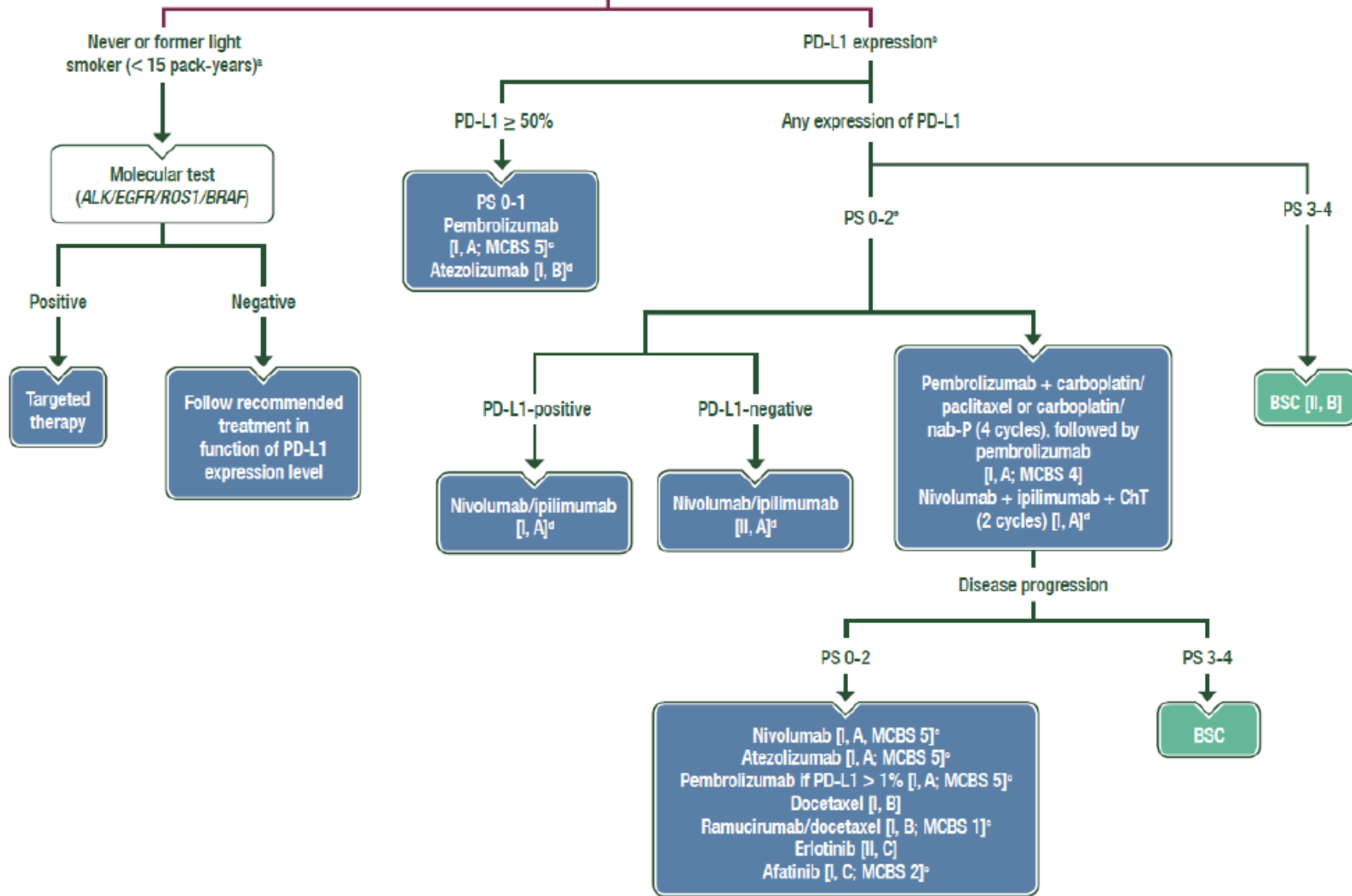


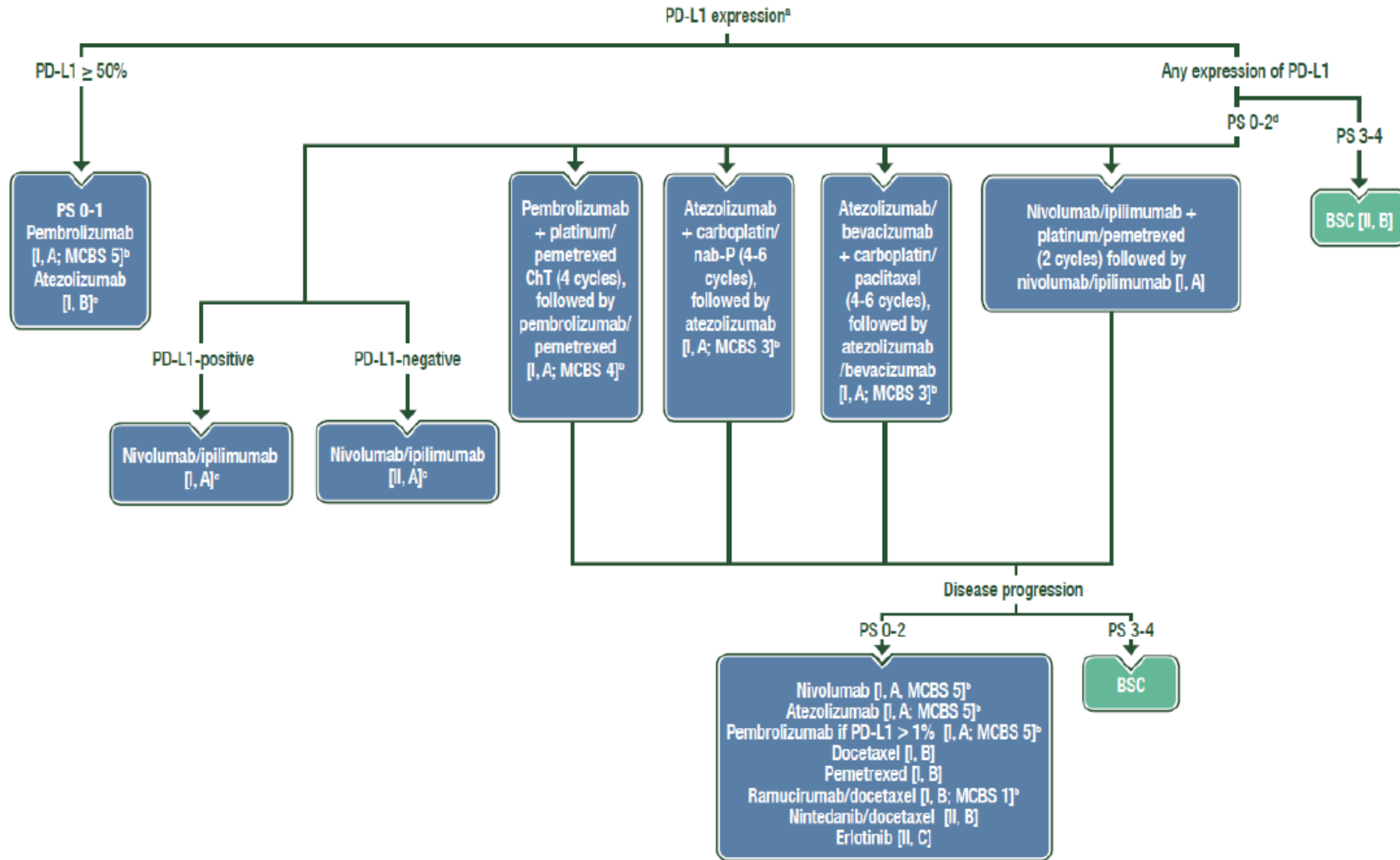
Stage IV SCC



LLCG/VZN annotations

- Nivolumab/Ipilimumab is not EMA approved
- 1st line choice can be chemotherapy + IO as well for some patients with PDL1 ≥50% tumors.
- The role of erlotinib and afatanib in relapsed EGFRwt tumors is doubtful.

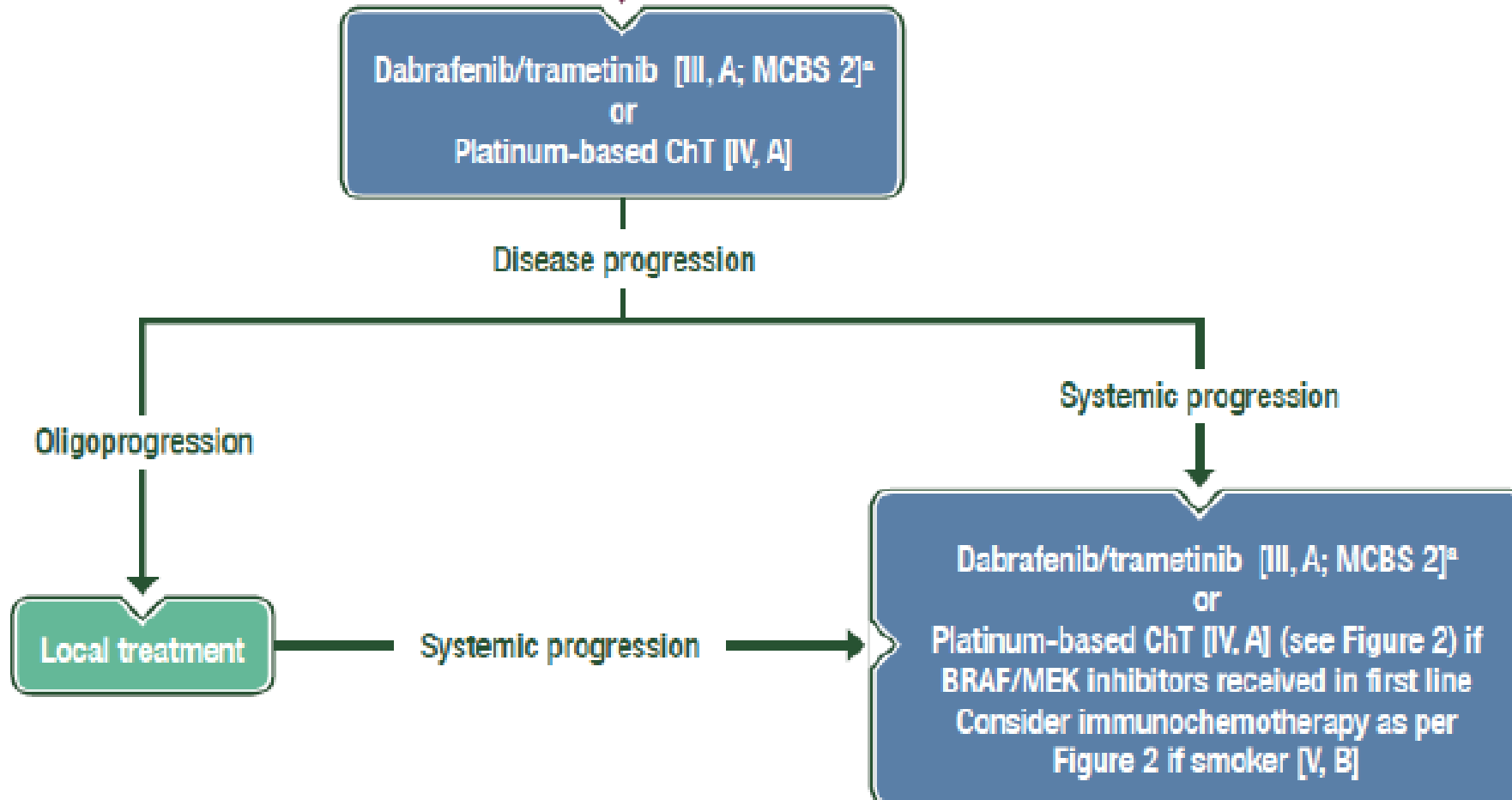
Stage IV NSCC: Molecular tests negative (ALK/BRAF/EGFR/ROS1)



LLCG/VZN annotations

- Nivolumab/ipilimumab is not EMA approved
- The role of erlotinib in relapsed EGFRwt tumors is doubtful.

Stage IV lung carcinoma with *BRAF V600* mutation



LLCG/VZN annotations

- Dabrafenib/trametinib is at present not reimbursed in Belgium

LLCG/VZN annotations in text

- Section staging and risk assessment
 - Add-on: PET-CT is more sensitive than bone scan in detecting bone metastasis, and should be preferred in case of equivocal or solitary bone abnormality.
- Section *EGFR* activating mutation
 - Rebiopsy or cfDNA plasma testing only after 1st or 2nd generation EGFR-TKI as 1st line therapy
- Section role of RT in stage IV
 - Add-on: EBRT is indicated in cases of hemoptysis and symptomatic airway obstruction, after considered or attempted endobronchial desobstruction.
- Section LM carcinomatosis
 - Change: the role of intra-CSF pharmacotherapy is doubtful, no references to consider this approach are given in the guideline.