

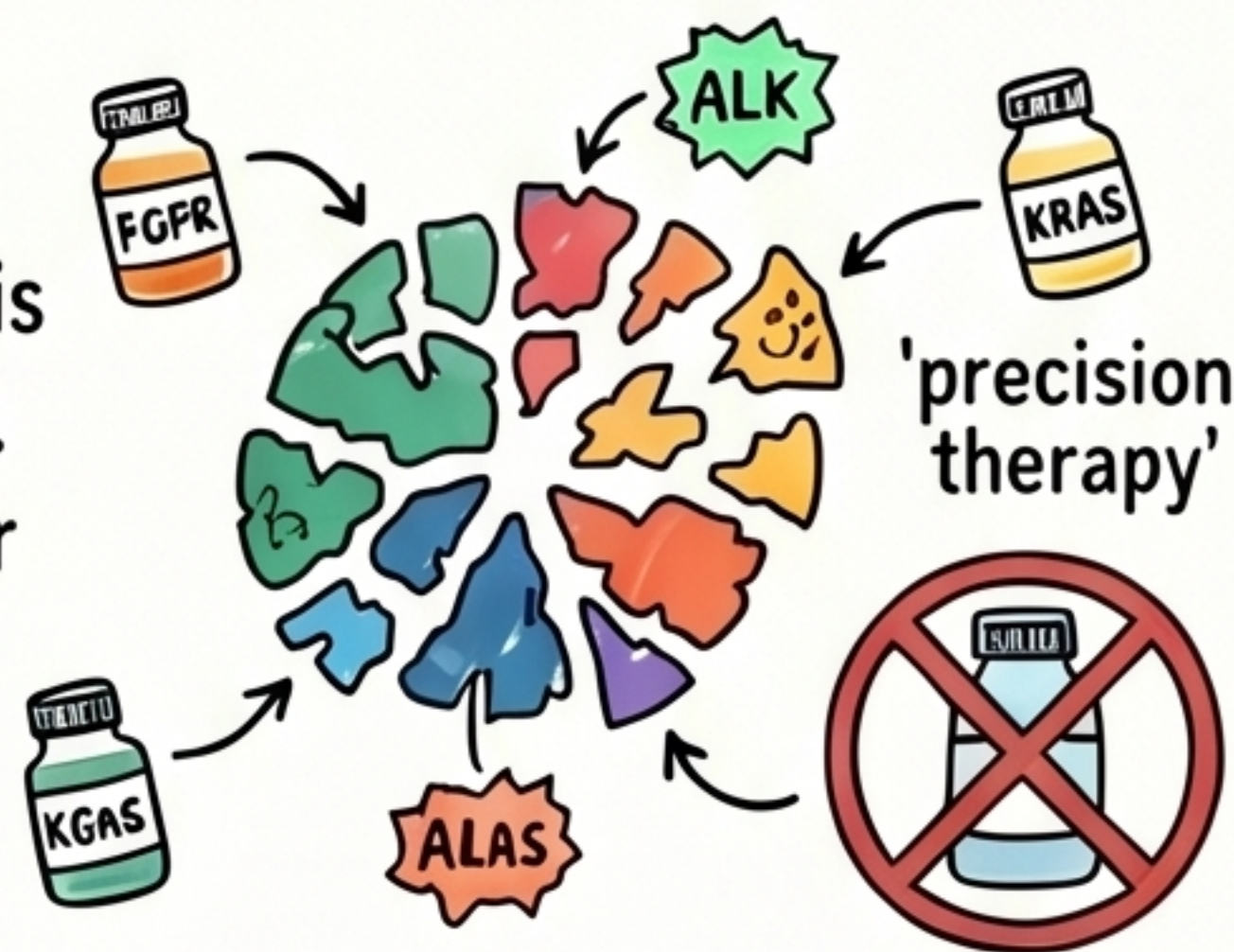


Precision Oncology in NSCLC: Mapping the Targetable Genome



CONTEXT SUMMARY:

NSCLC, once seen as a single disease, is now a collection of molecular subtypes. Treatment is dictated by specific 'driver mutations' for significant survival extension, not organ of origin.



EGFR & ALK: The Established Giants

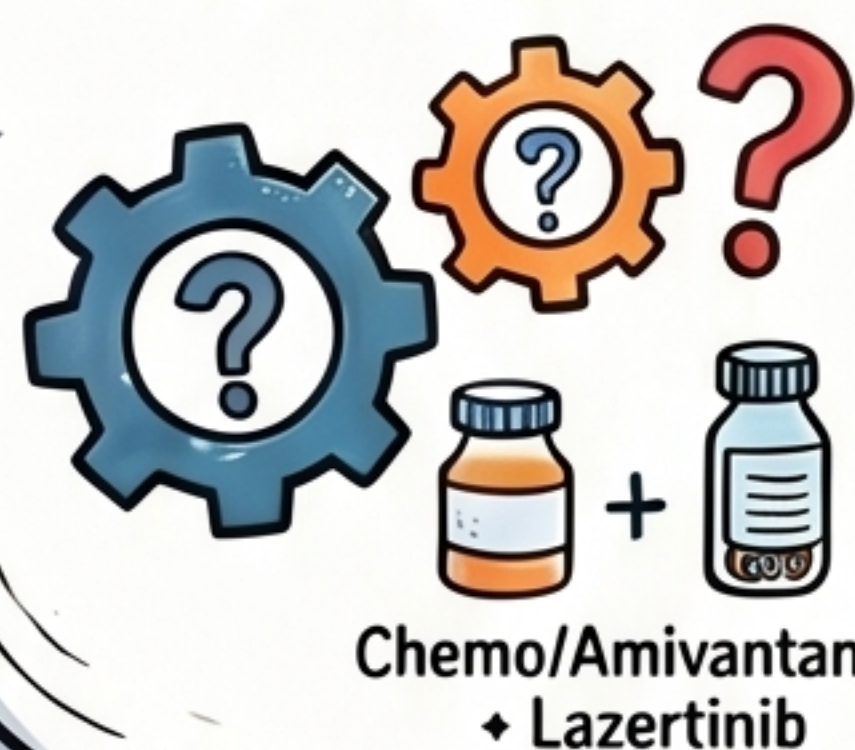
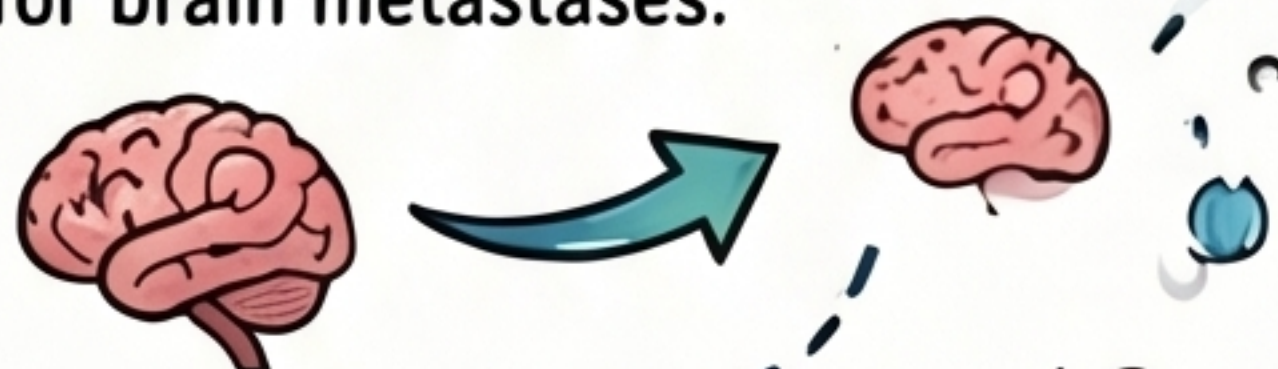


KEY FINDING: Osimertinib is the EGFR Front-line Standard. Median Overall Survival: 38.6 months.

ALK SUCCESS



STATISTIC: 60% Progression-Free at 5 Years (CROWN trial for Lorlatinib). 'Extraordinary' long-term efficacy, 82% intracranial response rates for brain metastases.



Chemo/Amivantamab + Lazertinib

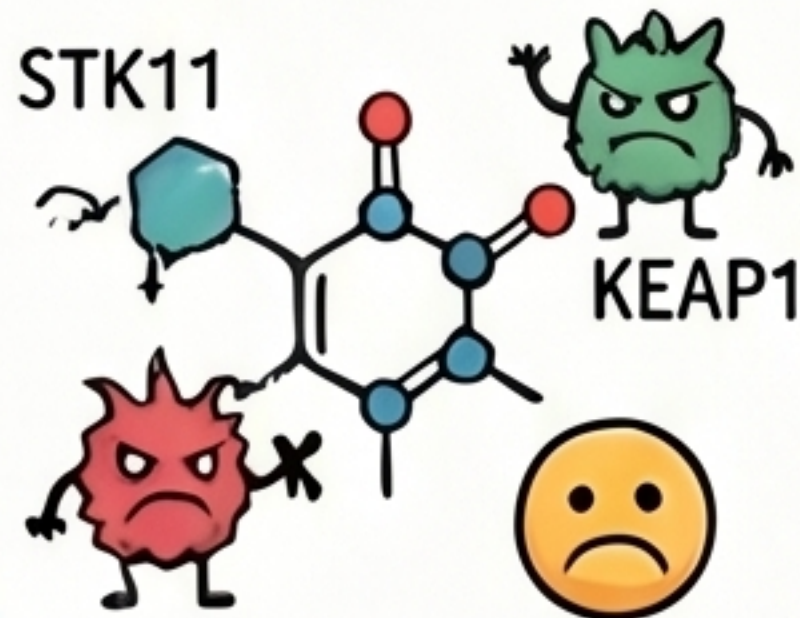
TIMELINE EVENT: FLAURA2 & MARIPOSA: The Next Frontier. Testing combinations to extend progression-free survival, toxicity remains a key debate.

KRAS & The Diagnostic Mandate



KRAS G12C

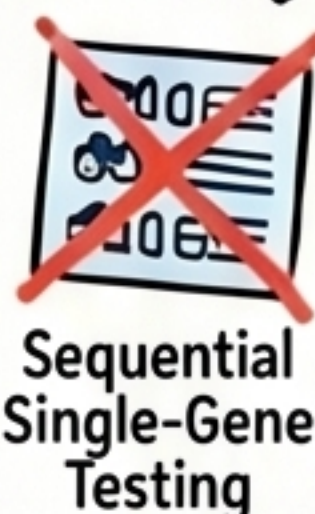
DEFINITION: Cracking the 'Undruggable' Pocket. Sotorasib and Adagrasib target a 'switch II' binding pocket previously inaccessible.



EXAMPLE: KRAS Resistance & Co-mutations. Benefit blunted by co-mutations (e.g., STK11, KEAP1), driving research into new combination strategies.

NGS

PROCESS STEP: NGS: The Non-Negotiable Standard. Comprehensive molecular testing (Next-Generation Sequencing) at diagnosis is mandatory to catch fusions and rare alterations.



Comprehensive molecular testing

LANDMARK EFFICACY SNAPSHOT

Biomarker	Landmark Trial	Key Efficacy Result
EGFR	FLAURA	38.6 months Median Overall Survival
ALK	CROWN	60% of patients remain progression-free at 5 years
KRAS G12C	CodeBreak 200	5.6 months PFS vs 4.5 months (Docetaxel)