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

## Squamous non-small cell lung cancer, METex14 skipping alteration, PD‑L1 below 50%

Initial recommended treatment options are:

* platinum doublet chemotherapy or
* the [NICE technology appraisal guidance on pembrolizumab with carboplatin and paclitaxel](https://www.nice.org.uk/guidance/ta770) or
* the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789).

For people who have disease progression after initial treatment with platinum doublet chemotherapy, recommended treatment options are:

* the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789) 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%) or
* docetaxel.

For people who have had initial treatment with platinum doublet chemotherapy and who have disease progression after treatment in line with the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789), recommended treatment options are:

* docetaxel 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 in line with the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789) and who have disease progression after follow-up treatment with docetaxel, recommended treatment options (NHS England policy) 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 in line with the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789) 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 (NHS England policy).

For people who have had initial treatment with platinum doublet chemotherapy and who have disease progression after 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), recommended treatment options are:

* docetaxel or
* the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789).

For people who have had 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), and who have disease progression after follow-up treatment with docetaxel, the only recommended treatment option is the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789).

For people who have had 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), and who have disease progression after follow-up treatment in line with the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789), the only recommended treatment option is docetaxel.

For people who have had initial 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 tepotinib](https://www.nice.org.uk/guidance/ta789) 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 docetaxel and who have disease progression after follow-up treatment in line with the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789), recommended treatment options (NHS England policy) 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 docetaxel 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 the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789).

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), recommended treatment options are:

* docetaxel or
* the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789).

For people who have had initial treatment in line with the [NICE technology appraisal guidance on pembrolizumab with carboplatin and paclitaxel](https://www.nice.org.uk/guidance/ta770) and who have disease progression after treatment with docetaxel, the only recommended treatment option is the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789).

For people who have had initial treatment in line with the [NICE technology appraisal guidance on pembrolizumab with carboplatin and paclitaxel](https://www.nice.org.uk/guidance/ta770) and who have disease progression after treatment in line with the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789), 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 tepotinib](https://www.nice.org.uk/guidance/ta789), the only recommended treatment options is platinum doublet chemotherapy (NHS England policy).

For people who have had initial treatment in line with the [NICE technology appraisal guidance on tepotinib](https://www.nice.org.uk/guidance/ta789) and who have disease progression after platinum doublet chemotherapy, 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%) or
* docetaxel (NHS England policy).

For people who have had 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.

For people who have had 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%).