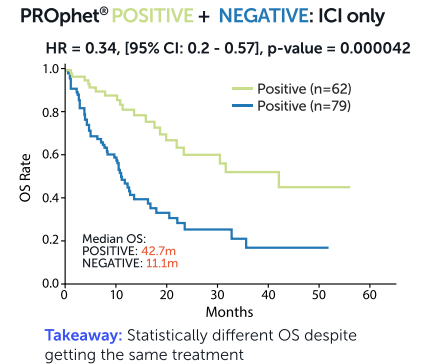
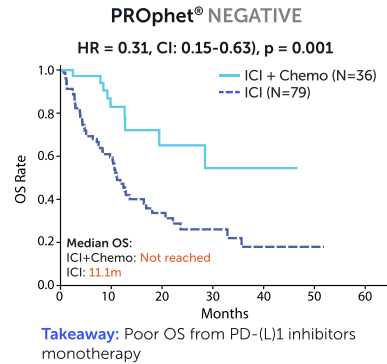
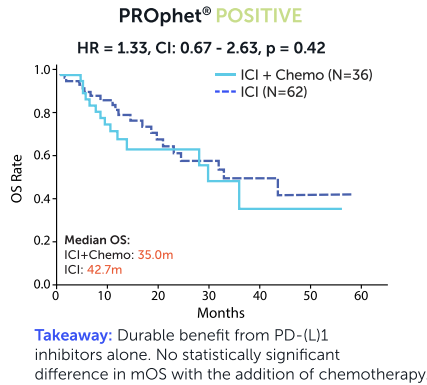
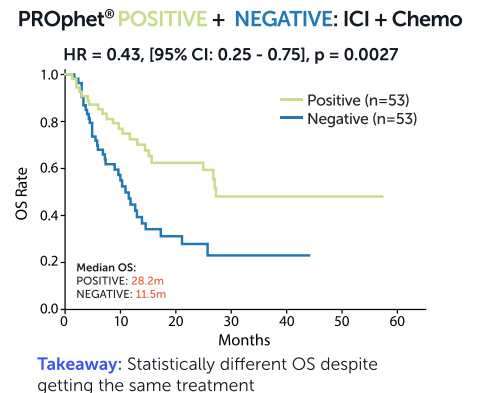
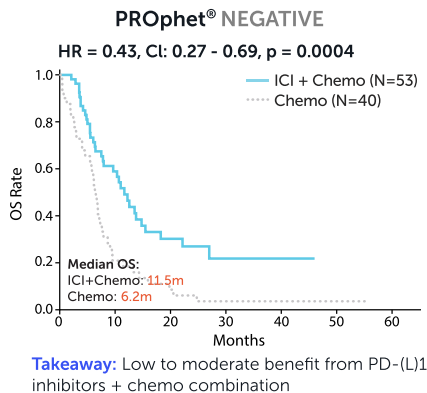
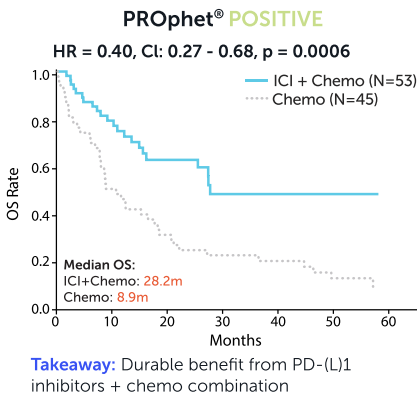


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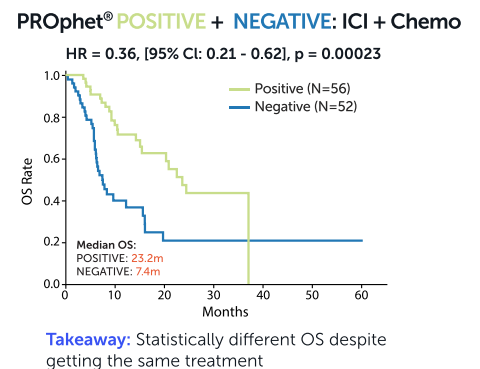
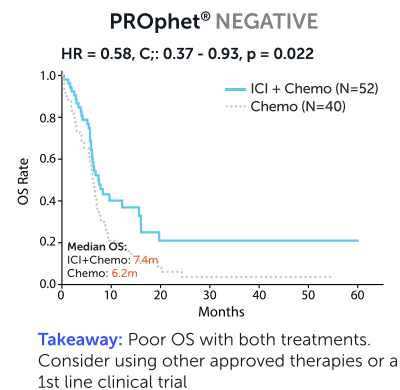
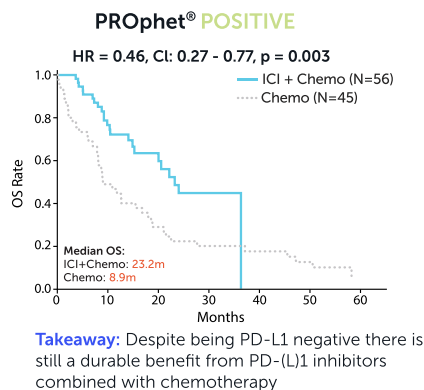
PD-L1 $\geq 50\%$ (n=213)



PD-L1 1-49% (n=201)



PD-L1 <1% (n=193)



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First-line treatment options for metastatic NSCLC with no actionable alterations

Regimens	PD-L1 ≥ 50%	PD-L1 1-49%	PD-L1<1%	
Pembrolizumab <i>Keynote 024, Keynote 042</i>				NCCN ASCO
Atezolizumab <i>IMpower 110</i>				NCCN ASCO
Cemiplimab <i>EMPOWER -lung 1</i>				NCCN ASCO
Pembrolizumab + chemotherapy <i>Keynote 189, Keynote 407</i>				NCCN ASCO
Cemiplimab + chemotherapy <i>EMPOWER -lung 3</i>				NCCN ASCO
Atezolizumab + chemotherapy* <i>IMpower 130</i>				NCCN ASCO
Nivolumab + ipilimumab + chemotherapy <i>Checkmate 9LA</i>				NCCN ASCO
Durvalumab + tremelimumab + chemotherapy <i>Poseidon</i>				NCCN ASCO
Atezolizumab + bevacizumab + chemotherapy* <i>IMpower 150</i>				NCCN ASCO
Nivolumab + ipilimumab <i>Checkmate 227</i>				NCCN ASCO

Preferred / Strong recommendation

Other recommended / Moderate recommendation

Not recommended/certain circumstances / Weak recommendation

*Non-squamous only

Treatments are categorized based on clinical guidelines provided by the National Comprehensive Cancer Network (NCCN, [Non-Small Cell Lung Cancer 3.2025](#)) and the American Society of Clinical Oncology (ASCO, [version 2023.3](#)).

If the strength of recommendation varied between histology the non-squamous strength was reported. Strengths of recommendation also assumed optimal chemotherapy backbone for histology.

Modified from [Wang et al Nature Reviews Clinical Cancer 2025](#).