

KRAS G12C is the most prevalent KRAS variant in NSCLC¹

	KRAS G12C mutation	KRAS G12D mutation	KRAS G12V mutation
Incidence in NSCLC	13% ¹	4% ²	3% ³
Associated with smoking history	Yes ⁴	No ²	Yes ³
TMB ^{5,*}	Intermediate ⁶	Intermediate ⁶	Intermediate ⁶
Sensitivity to immunotherapy (objective response rate)	67% ^{7,†}	16% ^{2,‡}	67% ^{3,¶}
Targeted therapy approved in first-line NSCLC	No ^{8,§}	No ⁹	No ⁹

*TMB-high ≥20 muts/Mb, TMB-intermediate = 6 to 19 muts/Mb, TMB-low ≤5 muts/Mb.⁵

[†]Subgroup analysis on 12 patients with a KRAS G12C-mutant NSCLC treated with immunotherapy alone.⁷

[‡]Based on clinical outcomes to PD-L1 blockade alone in 538 patients with KRAS G12D-mutant NSCLC.²

[¶]Real-world analysis on a subgroup of 13 patients with KRAS G12V-mutant NSCLC treated with immunotherapy alone.³

[§]Ongoing Phase 3 trials.¹⁰

KRAS = Kirsten rat sarcoma virus; Mb = megabase; muts = mutations; NSCLC = non-small cell lung cancer; PD-L1 = programmed death-ligand 1; TMB = tumor mutational burden.

1. Chevallier M, et al. *World J Clin Oncol*. 2021;12(4):217-237. 2. Ricciuti B, et al. *Ann Oncol*. 2022;33(10):1029-1040. 3. John F, et al. *JCO*. 2024;42(suppl). 4. Gu G, et al. *J Cancer Res Clin Oncol*. 2024;150(9):413. 5. Dudnik E, et al. *J Thorac Oncol*. 2018;13(8):1128-1137. 6. Judd J, et al. *Mol Cancer Ther*. 2021;20(12):2577-2584. 7. Ghazali N, et al. *Ther Adv Med Oncol*. 2025;17:17588359251323985. 8. Reuss JE, et al. *JCO*. 2025;43(24):e31-e44. 9. He Q, et al. *Cancer Biol Ther*. 2025;26(1):2441499. 10. Zhang F, et al. *Front Immunol*. 2025;16:1509173.