KRAS G12C is a unique oncogenic driver in NSCLC[1]

	EGFR mutation	*KRAS* G12C mutation	*ALK* rearrangement	*MET*ex14 mutation	*HER2* mutation	*RET* rearrangement	*BRAF* V600E mutation	*ROS1* rearrangement	*NTRK1/2/3* gene fusion	*NRG1* gene fusion
Incidence in NSCLC	21%[1]	13%[2]	5%[1]	4%[3]	2%[1]	2%[1]	2%[4]	2%[1]	1%[1]	<1%[5]
Associated with smoking history	No[1]	Yes[6]	No[1,7]	No[3]	No[2]	No[7]	Yes[2]	No[1,7]	No[7]	No[8]
Tumor mutational burden[9,*]	Low[10]	Intermediate[11]	Low[10]	Low/Intermediate[12]	Low[10]	Low[10]	Low[10]	Low[10]	Intermediate[13]	Low[8]
Sensitivity to immunotherapy (objective response rate)	12%[14,†]	67%[15,‡]	0%[14,†]	17%[12,¶]	7%[14,†]	6%[14,†]	25%[9,§]	17%[14,†]	Unknown	20%[8,‖]
Targeted therapy approved in 1L NSCLC	Yes[5]	No[5,#]	Yes[5]	Yes[5]	No[5]	Yes[5]	Yes[5]	Yes[5]	Yes[5]	No[5]

*TMB-high ≥20 muts/Mb, TMB-intermediate = 6 to 19 muts/Mb, TMB-low ≤5 muts/Mb.[9]
†Retrospective study in *EGFR* (n = 125), *ALK* (n = 23), *HER2* (n = 29), *RET* (n = 16), *ROS1* (n = 7) patients receiving immunotherapy.[14]
‡Subgroup analysis on 12 patients with a *KRAS* G12C mutation.[15]
¶Retrospective analysis on 24 patients treated with single or combination immunotherapy in 1L, 2L, or 3L treatment.[12]
§Retrospective study with 21 patients in the *BRAF* V600E group with only 12 of these patients being treated and evaluated following immunotherapy.[9]
‖Retrospective analysis with only 5 patients being treated with single-agent immunotherapy.[8]
#Ongoing Phase 3 trials.[16]

1L = first-line; 2L = second-line; 3L = third-line; Mb = megabase; muts = mutations; NSCLC = non-small cell lung cancer; TMB = tumor mutational burden.

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