## Question 1

							Yes		
Does Salisbury NHS Foundation Trust have any local treatment guidelines/pathways/protocols/algorithms for the treatment of non-small cell lung cancer?								We benchmark ourselves against the Lung Timed Pathway for all Lung Cancer diagnostics and the 31d Decision to treat target / 62d First definitive treatment targets. Please see below:	
Day	-3 to 0	Day 0 to 3	Day 1 to 6	Day 14	Day 21	Day 28			
Direct access CXR (urgent or routine)	Direct access or escalation to CT (same day/ within 72 hours)	Clinical triage Led by radiology or respiratory based on local protocol	Fast track lung cancer clinic (consultant-led) Meet CNS, diagnostic process plan, treatment of co-	PET CT, spirometry (at least) Detailed lung function and cardiac assessment/ ECHO (as	MDT <sup>2</sup>	Communication to patient on outcome (cancer confirmed or all- clear provided)			
Patient information Provided in primary care		Direct biopsy (option)	morbidity and palliation, treatment of symptoms	req'd) Further investigations	Further investigations (if required after MDT				
	-								
	CT result normal Patient informed; management according to local protocol	Cancer unlikely Patient informed; management according to local protocol							

Question 2

Does Salisbury NHS Foundation Trust have protocols for the use of the following targeted drug therapies in the treatment of non-small cell lung cancer?			
	Yes	No	
Sotorasib (Lumykras)		If yes please see question 3	
Entrectinib (Rozlytrek)	Yes	No	
Larotrectinib (Vitrakvi)	Yes	No	
Dabrafenib (Tafinlar)	Yes	No	
Trametinib (Mekinist)	Yes	No	
Capmatinib (Tabrecta)	Yes	No	
Tepotinib (Tepmetko)	Yes	No	
Bevacizumab (Avastin)	Yes	No	
Ramucirumab (Cyramza)	Yes	No	
Atezolizumab (Tecentriq)	Yes	No	
Durvalumab (Imfinzi)	Yes	No	
Cemiplimab- (Libtayo)	Yes	No	
Nivolumab (Opdivo)	Yes	No	

Pembrolizumab (Keytruda)	Yes	No
Ipilimumab (Yervoy)	Yes	No
Afatinib (Giotrif)	Yes	No
Dacomitinib (Vizimpro)	Yes	No
Erlotinib (Tarceva)	Yes	No
Gefitinib (Iressa)	Yes	No
Osimertinib (Tagrisso)	Yes	No
Amivantamab (Rybrevant)	Yes	No
Mobocertinib (Exkivity)	Yes	No
trastuzumab deruxtecan (Enhertu)	Yes	No
Alectinib (Alecensa)	Yes	No
Brigatinib (Alunbrig)	Yes	No
Ceritinib (Zykadia)	Yes	No
Crizotinib (Xalkori)	Yes	No
Lorlatinib (Lorviqua)	Yes	No
Entrectinib (Rozlytrek)	Yes	No
Pralsetinib (Gavreto)	Yes	No
Selpercatinib (Retsevmo)	Yes	No
Nintedanib (Vargatef <sup>®</sup> )	Yes	No

## Question 3

If a local protocol for the use of Sotorasib (Lumykras) for the treatment of non-small cell lung cancer is available please could a copy be provided?

## Please see attached document.

Question 4

Does Salisbury NHS Foundation Trust have any local pathways/protocols/guidelines	No		
for the use of molecular biomarker testing in diagnosis/treatment of non-small cell	We have no set		
lung cancer?	protocol as such.		
	Molecular markers		
	are requested by the		
	Histopathologist for		
	any sample taken at		
	Salisbury and this		
	decision is made at		
	the MDT. Some of our		
	activity is done at		
	UHS and Molecular is		
	requested by them.		
We use molecular markers to detect genetic variations in tumour samples collected			
during bronchoscopy, EBUS or other biopsies. The sample is reviewed at MDT and it is			
decided for molecular markers to be required if the patient is eligible for targeted			
therapy. The Histopathology consultants will request Molecular testing on samples. We			
request the following molecular testing – EGFR, ALK, ROS1, PDL1 as well as the following			
next generation sequencing – including; EGFR, BRAF, KRAS, ALK, ROS1, RET, MET,			
NTRK1, NTRK2 and NTRK3. Our standard Molecular testing is sent to University Hospital			
Birmingham. Any NGS testing is sent to Birmingham Women's and Children's hospital.			

Is Salisbury NHS Foundation Trust part of a Cancer alliance or network, if so which ones?

We are aligned with SWAG – Swindon Wiltshire Avon and Gloucestershire Cancer Alliance – where our funding and reporting goes to.

Our clinical pathways are also aligned with Wessex Cancer Alliance due to geographical location with University Hospital Southampton.