

## Supplement

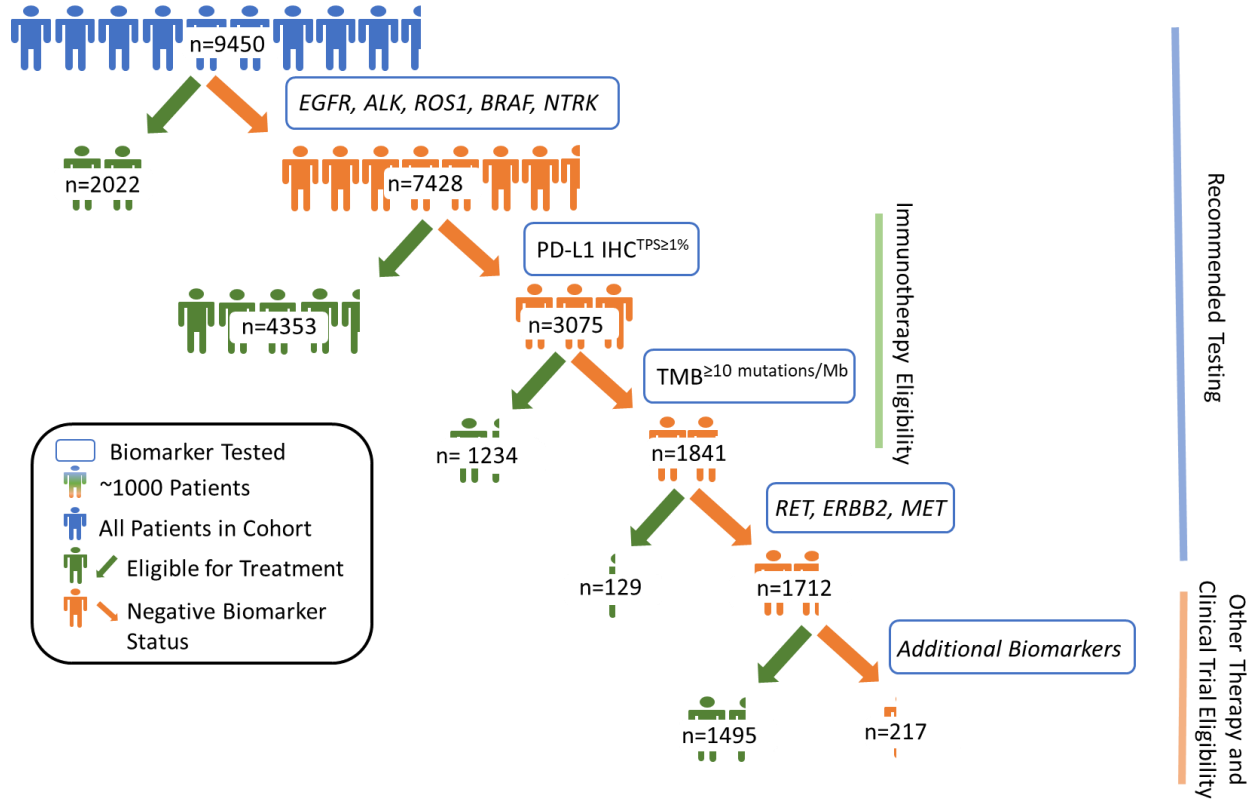
### Supplement Figure Legend

**Supplement Figure 1.** Patients with Non-small cell lung cancer (NSCLC) eligible for therapy based on biomarker status. By assessing genomic driver alterations, tumor mutational burden ( $\geq 10$  mutations/Mb cut-off), and PD-L1 expression (TPS  $\geq 1\%$  cut-off), we show that CGP + PD-L1 IHC yielded potentially actionable results, per National Comprehensive Cancer Network (NCCN) guidelines, for 81.9% of the 9450 patients with NSCLC. Among the remaining 18.1% (1712/9450) of patients, 87.3% (1495/1712) were potentially eligible for another biomarker-associated therapy and/or clinical trial based on their genomic profile. In total, combined CGP and PD-L1 IHC testing provided positive biomarker statuses for 97.7% of 9450 patients with NSCLC when considering potential eligibility for biomarker associated therapies and clinical trial enrollment.

**Supplement Figure 2.** Relationship between PD-L1 and tumor mutational burden in NSCLC using a PD-L1 TPS  $\geq 1\%$  cut-off and a TMB  $\geq 10$  mutations/Mb cut-off.

# Supplement Figure 1

## NSCLC Patients Eligible for Therapy Based on Biomarker Status (analysis based on TPS $\geq 1\%$ cut-off)



Supplement Figure 2

## PD-L1 & TMB Status in NSCLC (analysis based on TPS $\geq 1\%$ cut-off)

