KRAS G12C NSCLC Evidence Report

Question: What biomarker strategy should we use for KRAS G12C NSCLC therapy selection?

Recommendation

Use a KRAS G12C-focused biomarker strategy that confirms mutation status, captures NSCLC clinical context, and links eligibility to targeted therapy evidence and clinical-trial options.

Supporting Evidence

1. FDA label and regulatory evidence for KRAS G12C-mutated NSCLC
   Tier: regulatory label. Reliability: 0.98.
   Regulatory labels support KRAS G12C status as a therapy-selection biomarker in the appropriate NSCLC context.

2. Peer-reviewed KRAS G12C NSCLC translational literature
   Tier: peer-reviewed literature. Reliability: 0.86.
   Published evidence supports molecular testing, resistance review, and structured biomarker strategy design.

3. Clinical trial registry evidence
   Tier: clinical trial registry. Reliability: 0.82.
   Trial eligibility and stratification criteria can be inspected for biomarker and treatment-context requirements.

Research use only. Public/synthetic demo evidence only; not clinical advice.