

This case-by-case checklist helps guide physicians to ensure timely and comprehensive biomarker testing for individual patients.

- Multidisciplinary collaboration (eg, tumor board discussions) should be considered when uncertainty exists about diagnosis, best site for initial diagnostic biopsy, stage, or role of precision medicine treatments for an individual case.^{9, 10}

Before Diagnosis:

- Patient is informed that biomarker testing, immunotherapy, and/or targeted therapies may be relevant to their treatment, should NSCLC be confirmed on biopsy.
- Biopsy site(s) likely to provide adequate tissue to determine diagnosis, stage, and biomarker testing are identified.^{6, 11} (Consider multidisciplinary discussion of difficult scenarios).
- The physician performing the biopsy is aware that biomarker testing is needed and what the estimated tissue requirements are for the procedure.

After Diagnosis:

- Biomarker testing order plan is established to ensure timely ordering and prevention of delays.
- The plan for communicating biopsy results to the patient and oncology team is in place and reliable.
- The plan for communicating biomarker testing results to the oncology team is in place and reliable.
- Consider repeat biopsy and/or serum biomarker testing for advanced cases in which inadequate specimen is available from the initial diagnostic biopsy.
- A clear and timely plan is established for determining stage, which may involve PET/CT, brain MRI, invasive mediastinal staging, or further biopsy/imaging of abnormal sites that are suspicious but not overwhelming evidence of stage-defining metastatic spread. (The use of precision medicine therapies is often determined by stage, and thus reinforces the need for accurate and timely staging).^{2, 6, 11}

