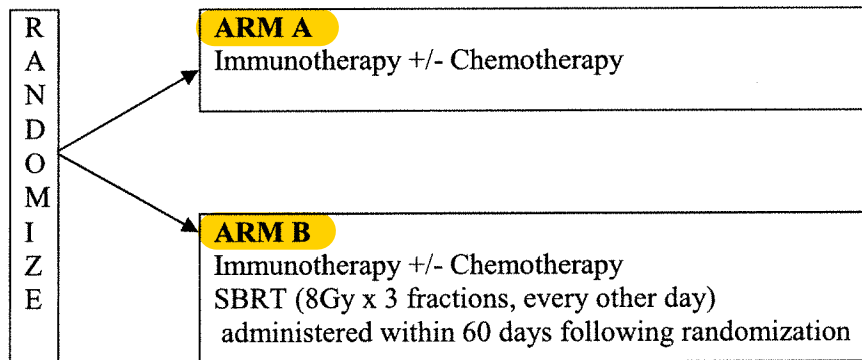


**A RANDOMIZED PHASE II/III TRIAL OF MODERN IMMUNOTHERAPY BASED SYSTEMIC THERAPY WITH OR WITHOUT SBRT FOR PD-L1-NEGATIVE, ADVANCED NON-SMALL CELL LUNG CANCER**

| Eligibility Criteria  | Required Initial Laboratory Values |                           |
|---|------------------------------------|---------------------------|
| Histologic or cytologic documented NSCLC Stage IV or Stage IIIB-C if not a candidate for chemo-RT | ANC                                | ≥ 1500/mm <sup>3</sup>    |
| PD-L1 TPS <1%   | Platelet count                     | ≥ 100,000/mm <sup>3</sup> |
| EGFR, ALK and ROS1 negative (non-squam only)  | Calc create Clear                  | ≥ 45 ml/min               |
| Measurable disease  | Total Bili                         | ≤ 1.5 x ULN               |
| Age ≥ 18 years  | AST/ALT                            | ≤ 2.5 x ULN               |
| ECOG PS 0-2   |                                    |                           |
| No prior treatment per Section 3.2.5  |                                    |                           |
| No comorbid conditions per Section 3.2.6  |                                    |                           |
| Non-pregnant and non-nursing  |                                    |                           |
| No currently active second malignancy   |                                    |                           |
| No hypersensitivity to immunotherapy  |                                    |                           |
| No live vaccine within 30 days  |                                    |                           |

**Schema**

1 Cycle = 42 Days



Treatment will continue until disease progression and no longer benefiting clinically, or unacceptable adverse event. Treatment may continue beyond disease progression per iRECIST guidelines. That is, treatment may continue beyond assessment of progressive disease (PD) provided the patient is clinically stable and felt to be continuing to benefit from therapy. A patient may be deemed clinically stable provided that no worsening of performance status has occurred, there have been no clinically relevant increases in disease-related symptoms such as pain or dyspnea that are thought to be associated with disease progression, and there has been no requirement for intensified management of disease-related symptoms, including increased analgesia, radiotherapy, or other palliative care. Repeat imaging should be obtained within 4-8 weeks if feasible, and no later than 3 months. If the subsequent scan shows additional new lesions or increase in new lesion size (sum of measurements ≥ 5 mm), treatment should be discontinued.

**Please refer to the full protocol text for a complete description of the eligibility criteria and treatment plan.**