Plain Language Summary

**Background and rationale**
- KRAS is a protein that is involved in cell signalling pathways, including those that are associated with cell growth and differentiation.
- KRAS mutations were detected in 23% of patients with non-small cell lung cancer (NSCLC), with the G12C mutation being the most common.
- G12C-mutant KRAS (KRAS\textsuperscript{G12C}) is kept in an activated state, which is associated with cancer.

**Clinical findings**
- Sotorasib (LUMAKRAS™ in the USA and LUMYKRAS™ in the EU), which is taken orally once daily, is the first approved drug that inhibits KRAS\textsuperscript{G12C}; it permanently binds to KRAS\textsuperscript{G12C} and locks it in an inactivated state.
- Sotorasib is approved for adults who have advanced, previously treated, KRAS G12C mutation-positive NSCLC.
- In a clinical trial in patients with KRAS G12C mutation-positive NSCLC, a clinically relevant proportion of patients responded to sotorasib treatment. Furthermore, the duration of effectiveness with sotorasib was considered to be clinically relevant.
- Adverse reactions with sotorasib treatment were manageable; the dose may be decreased and/or sotorasib treatment may be temporarily stopped to manage adverse reactions.

**Conclusion**
Overall, sotorasib is a promising treatment option for patients with KRAS G12C mutation-positive NSCLC who have received at least one prior systemic therapy.