**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 (≥ 10 mutations/Mb cut-off), and PD-L1 expression (TPS ≥ 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 ≥ 1% cut-off and a TMB ≥ 10 mutations/Mb cut-off.
Supplement Figure 1

NSCLC Patients Eligible for Therapy Based on Biomarker Status
(analysis based on TPS ≥1% cut-off)
Supplement Figure 2

PD-L1 & TMB Status in NSCLC
(analysis based on TPS ≥1% cut-off)

PD-L1 TPS≥1, TMB≥10 mut/Mb,
(22.6%; n=2134)

- PD-L1 Tested (n=9450)
- PD-L1 TPS≥1 (58.8%; n=5558)
- TMB≥10 mut/Mb (36.6%; n=3463)