UK survey of PD-L1 testing in NSCLC responses.

Responses to questions requiring only selection of a pre-specified response are shown below.

Survey question (total responses received, N)[1]	**Pre-specified response options (responses, n [%])**
Q1. Within your institution, are you the lead for thoracic pathology? (N=32)	• **Yes** (26 [81.2]) • **No** (6 [18.8])
Q2. On average, how many PD-L1 tests for NSCLC patients are performed in your centre per week? (N=30)	• **1–5** (11 [36.7]) • **6–10** (9 [30.0]) • **11–15** (4 [13.3]) • **16–20** (3 [10.0]) • **21–25** (2 [7.0]) • **26–30** (1 [3.0]) • **≥31** (0)
Q3. How many pathologists in your institution are responsible for reporting on PD-L1 expression for NSCLC? (N=30)	• **1** (4 [13.3]) • **2** (7 [23.3]) • **3–4** (14 [46.7]) • **5–6** (4 [13.3]) • **7–8** (1 [3.3]) • **≥9** (0)
Q4. If there are several pathologists involved, is the PD-L1 testing workload for NSCLC distributed evenly among these pathologists? (N=30)	• **Yes** (18 [60.0]) • **No** (8 [26.7]) • **N/A (there is only one pathologist)** (4 [13.3])
Q5. Does/Do the pathologist(s) reporting PD-L1 contribute to the service of thoracic pathology (i.e. are	• **Yes** (30 [100]) • **No** (0)

they routinely reporting on thoracic material)? (N=30)	
Q6. Does your centre carry out reflex testing for PD-L1? (N=30)	• **Yes** (27 [90.0]) • **No** (3 [10.0])
Q8. Which antibody clone are you using within your PD-L1 assay? (N=27)	• **SP263** (16 [59.0]) • **22C3** (11 [41.0]) • **28-8** (0) • **SP142** (0) • **Other** (please specify) (0)
Q9. Within what type of assay are you using this antibody clone? (N=27)	• **A companion, trial-validated diagnostic assay** (26 [96.3]) • **Any other form of laboratory-developed assay** (1 [3.7])
Q10. At your centre, what interpretation training have the pathologists performing this assay received? (N=27)	• **No training received** (0) • **Attended external certified training in person** (24 [88.9]) • **Undertook distance learning/online certified training** (2 [7.4]) • **Underwent internal training from a colleague who is certified for PD-L1 testing** (1 [3.7]) • **Other** (0)
Q11. Does your laboratory perform PD-L1 testing for any other centres? (N=27)	• **Yes** (20 [74.1]) • **No** (7 [25.9])
Q12. What is your turnaround time (TAT) for PD-L1 testing? (N=27)	• **≤1 day/24 hours** (3 [11.1]) • **1–2 days** (8 [29.6]) • **3–4 days** (8 [29.6]) • **5–6 days** (4 [14.8])

	• **≥7 days** (4 [14.8])
Q13. Do you subscribe to an external quality assessment (EQA) for your PD-L1 testing service? (N=27)	• **Yes** (23 [85.3]) • **No** (4 [14.8])
Q14. Do you perform regular internal audits for PD-L1 positivity? (N=27)	• **Yes** (19 [70.4]) • **No** (8 [29.6])
Q19. What type of cytology preparations do you test for PD-L1 IHC assays? (N=27)	• **Do not test cytology preparations** (1 [3.7]) • **Cell blocks** (25 [92.6]) • **Cytology** (0) • **Both cell blocks and liquid-based preparations** (1 [3.7])
Q20. Is the entire cytology sample used to create the cell block? (N=25)	• **Yes** (14 [56.0]) • **No** (11 [44.0])
Q21. For PD-L1 expression in a tested sample, are you aware of the relevance of the ≥1% cut-off for IO therapy? (N=26)	• **Yes** (26 [100]) • **No** (0)
Q22. For PD-L1 expression in a tested sample, are you aware of the relevance of the ≥50% cut-off for IO therapy? (N=27)	• **Yes** (27 [100]) • **No** (0)
Q25. When reporting PD-L1 results, do you regularly comment on sample adequacy? (N=25)	• **Yes, always (even when there are adequate numbers of cells for analysis, i.e., >100 cells and staining is adequate)** (19 [76.0])

	• **Yes, when there are inadequate numbers of cells (i.e., <100 cells)** (4 [16.0]) • **Yes, when the staining or fixation is not adequate for analysis despite sufficient cells being present in the sample** (0) • **No** (2 [8.0])
Q26. When initially testing a tumour sample for PD-L1 expression, are you aware of the stage of disease in the NSCLC patient? (N=25)	• **Yes, always** (2 [8.0]) • **Yes, but only in some patients** (12 [48.0]) • **No** (11 [44.0])

[1]Only questions with pre-specified responses are shown in this table; those requiring free-text responses are not shown.

IHC, immunohistochemistry; IO, immuno-oncology; N/A, not applicable; NSCLC, non-small cell lung cancer; PD-L1, programmed cell death ligand 1.