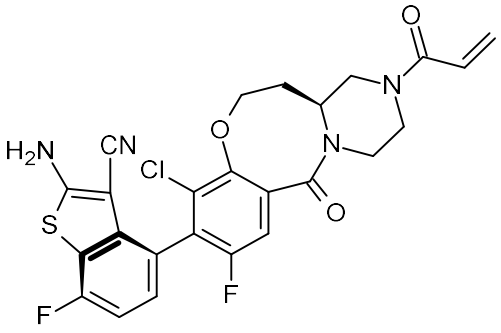


(Formula I).

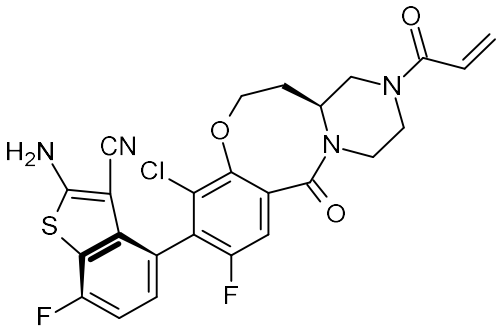
The compound of Formula I is currently undergoing clinical testing (ClinicalTrials.gov Identifier: NCT04956640) to assess its utility in treating patients having cancer that is treatable by inhibiting KRAS G12C.

It would be useful to develop new treatment regimens and protocols that use the compound of Formula I, either as a monotherapy, in combination with one or more other therapeutic agents, or as part of neoadjuvant, adjuvant, advanced, or metastatic therapy, to treat cancer. It would be useful to develop more tolerable treatment regimens and protocols than current treatment regimens or protocols. It would be useful to develop less toxic treatment regimens and protocols than current treatment regimens or protocols.

Summary

Disclosed herein are methods and uses of the compound of Formula I, or pharmaceutically acceptable salts thereof, to treat cancers that are treatable by inhibiting KRAS G12C.

In an example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose between about 50 mg and about 200 mg of compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof.

In still another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, wherein the KRAS G12C mutant cancer is KRAS G12C-mutant advanced NSCLC.

In still another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, wherein the KRAS G12C mutant cancer is KRAS G12C-mutant advanced NSCLC.

In still another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, wherein the KRAS G12C mutant cancer is KRAS G12C-mutant advanced CRC.

In still another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, wherein the KRAS G12C mutant cancer is KRAS G12C-mutant advanced CRC.

In still another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a

pharmaceutically acceptable salt thereof, wherein the KRAS G12C mutant cancer is KRAS G12C-mutant pancreatic cancer.

In still another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, wherein the KRAS G12C mutant cancer is KRAS G12C-mutant pancreatic cancer.

In still another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, wherein the KRAS G12C mutant cancer is KRAS G12C-mutant pancreatic cancer.

In still another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need of such treatment, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, wherein the KRAS G12C mutant cancer is KRAS G12C-mutant pancreatic cancer.

In yet another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising

administering to a patient in need of such treatment, a first dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, or a pharmaceutically acceptable salt thereof;

monitoring the patient for a dose limiting toxicity (DLT); and

administering a second dose of the compound of Formula I, or a pharmaceutically acceptable salt thereof, if the patient exhibits the DLT, wherein the second dose is reduced as compared to the first dose.

In yet another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising

administering to a patient in need of such treatment, a first dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof;

monitoring the patient for a DLT; and

administering a second dose of the compound of Formula I, or a pharmaceutically acceptable salt thereof, if the patient exhibits the DLT, wherein the second dose is reduced as compared to the first dose.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with one or more of a second therapeutic agent. In an example the second therapeutic agent is selected from the group consisting of: one or more of a PD-1 inhibitor, or a pharmaceutically acceptable salt thereof, a PD-L1 inhibitor, or a pharmaceutically acceptable salt thereof, a CDK4/CDK6 inhibitor, or a pharmaceutically acceptable salt thereof, an EGFR inhibitor, or a pharmaceutically acceptable salt thereof, an ERK inhibitor, or a pharmaceutically acceptable salt thereof, a platinum agent, or a pharmaceutically acceptable salt thereof, an antifolate, or a pharmaceutically acceptable salt thereof, an Aurora A inhibitor, or a pharmaceutically acceptable salt thereof, and a SHP2 inhibitor, or pharmaceutically acceptable salts thereof.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable

salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of

the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with abemaciclib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with abemaciclib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with abemaciclib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in

simultaneous, separate or sequential combination with abemaciclib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with erlotinib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with erlotinib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with erlotinib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with erlotinib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced NSCLC or CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with (2R,4R)-1-[(3-chloro-2-fluoro-phenyl)methyl]-4-[[3-fluoro-6-[(5-methyl-1H-pyrazol-3-yl)amino]-2-pyridyl]methyl]-2-methyl-piperidine-4-carboxylic acid : 2-methylpropan-2-amine (1:1) salt in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with (2R,4R)-1-[(3-chloro-2-fluoro-phenyl)methyl]-4-[[3-fluoro-6-[(5-methyl-1H-pyrazol-3-yl)amino]-2-pyridyl]methyl]-2-methyl-piperidine-4-carboxylic acid : 2-methylpropan-2-amine (1:1) salt in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with (2R,4R)-1-[(3-chloro-2-fluoro-phenyl)methyl]-4-[[3-fluoro-6-[(5-methyl-1H-pyrazol-3-yl)amino]-2-pyridyl]methyl]-2-methyl-piperidine-4-carboxylic acid : 2-methylpropan-2-amine (1:1) salt in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with (2R,4R)-1-[(3-chloro-2-fluoro-phenyl)methyl]-4-[[3-fluoro-6-[(5-methyl-1H-pyrazol-3-yl)amino]-2-pyridyl]methyl]-2-methyl-piperidine-4-carboxylic acid : 2-methylpropan-2-amine (1:1) salt in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced NSCLC or CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with cetuximab in the treatment of *KRAS* G12C-mutant advanced CRC.

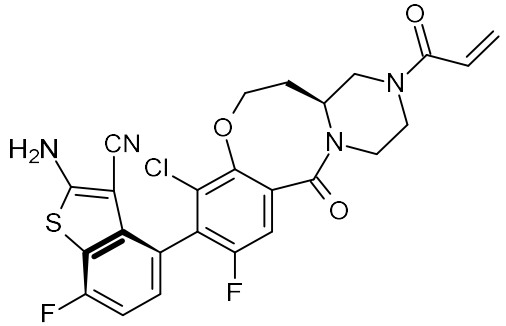
In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of

the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with cetuximab in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with cetuximab in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with cetuximab in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a compound of Formula I:



(Formula I), or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, wherein the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a dose between about 50 mg and about 200 mg.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, wherein the compound, is administered at a dose of about 150 mg.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, wherein the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a dose of about 100 mg.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the

patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet

another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between of 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS*

G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant

cancer, administering to a patient in need thereof, a dose of 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another

example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example,

the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a

tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between of 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an

example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at

least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score

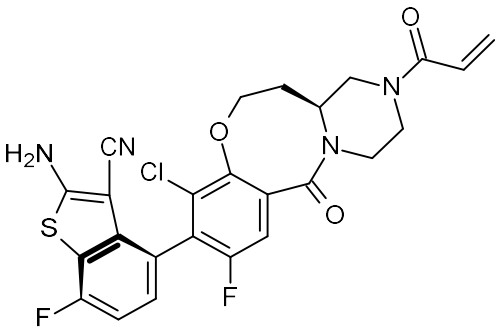
(TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS*

G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of a compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a dose between about 50 mg and about 200 mg.

In an aspect, disclosed herein is use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating a KRAS G12C mutant cancer, wherein a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered twice a day to a patient.

In another example, disclosed herein is a use of a compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a dose of about 150 mg.

In another example, disclosed herein is a use of a compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a dose of about 100 mg.

In another example, disclosed herein is a use of a compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein

the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a first dose selected from the group consisting of about 50 mg, about 100 mg, about 150 mg, and about 200 mg;

the patient is monitored for DLT; and

if the patient exhibits DLT, a second dose of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered, wherein the second dose is reduced as compared to the first dose.

In another example, disclosed herein is a use of a compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein

the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a first dose of about 150 mg;

the patient is monitored for DLT; and

if the patient exhibits DLT, a second dose of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered, wherein the second dose is reduced as compared to the first dose.

In another example, disclosed herein is a use of a compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein

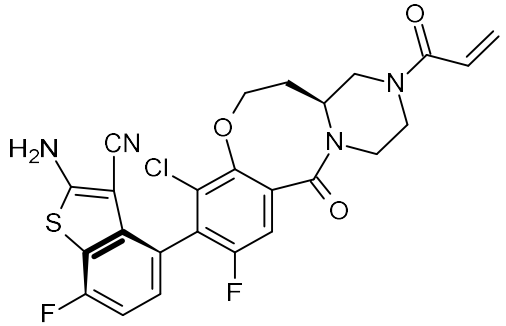
the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a first dose of about 100 mg;

the patient is monitored for DLT; and

if the patient exhibits DLT, a second dose of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered, wherein the second dose is reduced as compared to the first dose.

In still another example, disclosed herein is a use of the compound of Formula I or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein a dose between about 50 mg and about 200 mg of a compound of Formula I or a pharmaceutically acceptable salt thereof is administered to a patient in need thereof, wherein the KRAS G12C mutant cancer is *KRAS* G12C-mutant advanced NSCLC.

In still another example, disclosed herein is a use of the compound of Formula I:



(Formula I),

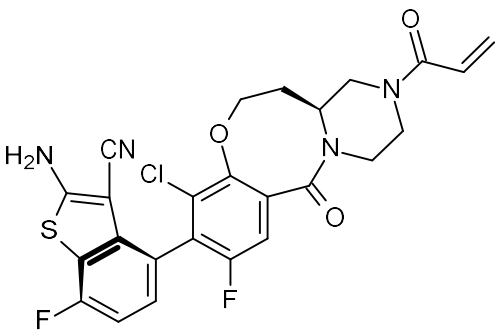
or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein a dose of about 150 mg of a compound of Formula I or a pharmaceutically acceptable salt thereof is administered to a patient in need thereof, wherein the KRAS G12C mutant cancer is *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, wherein the compound, is administered at a first dose selected from the group consisting of about 50 mg, about 100 mg, about 150 mg, and about 200 mg; the patient is monitored for DLT; and if the patient exhibits DLT, a second dose of the compoundof Formula I, or a pharmaceutically acceptable salt thereof, is administered, wherein the second dose is reduced as compared to the first dose.

In another example, disclosed herein is the compound of Formula I, or a pharmaceutically acceptable salt thereof, for use in treatment of a KRAS G12C mutant cancer, wherein the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered at a first dose of about 150 mg; the patient is monitored for DLT; and if the patient exhibits DLT, a second dose of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is administered, wherein the second dose is reduced as compared to the first dose. In one example, the KRAS G12C mutant cancer is selected from the group consisting of KRAS G12C-mutant advanced NSCLC, KRAS G12C-mutant lung cancer, KRAS G12C-mutant colorectal cancer, KRAS G12C-mutant pancreatic cancer, KRAS G12C-mutant bladder cancer, KRAS G12C-mutant cervical cancer, KRAS G12C-mutant endometrial cancer, KRAS G12C-mutant ovarian cancer, KRAS G12C-mutant cholangiocarcinoma, and KRAS G12C-mutant esophageal cancer. In another example, the KRAS G12C mutant cancer is selected from the group consisting of KRAS G12C-mutant non-small cell lung cancer, KRAS G12C-mutant pancreatic cancer, or KRAS G12C-mutant colorectal cancer. In another example, the KRAS G12C mutant cancer is KRAS G12C-mutant non-small cell lung cancer. In another example, the KRAS G12C mutant cancer is KRAS G12C-mutant pancreatic cancer. In another example, the KRAS G12C mutant cancer is KRAS G12C-mutant colorectal cancer.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another aspect, disclosed herein is use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating a KRAS G12C mutant cancer, wherein a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered twice a day to a patient in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

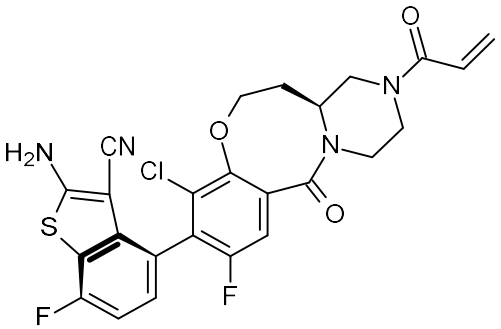
In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with a second therapeutic agent.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in

need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another aspect, disclosed herein is use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating KRAS G12C-mutant advanced NSCLC, wherein a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered twice a day to a patient in simultaneous, separate or sequential combination with pembrolizumab.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has

received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another

example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with abemaciclib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with abemaciclib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

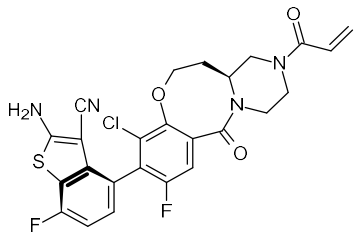
In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with abemaciclib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with abemaciclib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between of 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another aspect, disclosed herein is use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating *KRAS* G12C-mutant advanced NSCLC, wherein a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three

weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

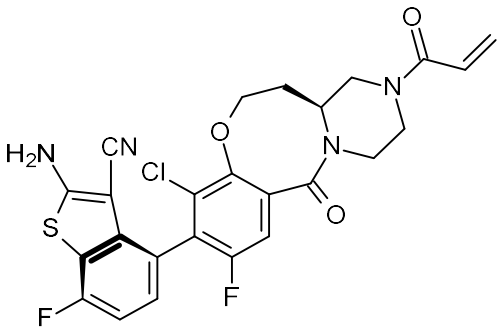
In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at

least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion

score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another aspect, disclosed herein is use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating *KRAS* G12C-mutant advanced NSCLC, wherein a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need

thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS*

G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between of 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab,

pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another

example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In an example, pembrolizumab is administered for up to thirty-five cycles. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status

of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another

example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and

cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In an example, pemetrexed and cisplatin are administered on the same day. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, cisplatin is administered for up to four cycles. In another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In yet another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In an example, pemetrexed and cisplatin are administered on the same day. In an example, pembrolizumab is administered for up to thirty-five

cycles. In an example, cisplatin is administered for up to four cycles. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, cisplatin is dosed (or administered) 75 mg/m2 once every three weeks. In an example, pemetrexed and cisplatin are administered on the same day. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, cisplatin is administered for up to four cycles. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score

(TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, carboplatin is administered for up to four cycles. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant

advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, carboplatin is administered for up to four cycles. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a method of treating a KRAS G12C mutant cancer, comprising administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin in the treatment of *KRAS* G12C-mutant advanced non-squamous NSCLC. In an example, pembrolizumab is dosed (or administered) 200 mg once every three weeks. In another example, pemetrexed is dosed (or administered) 500 mg/m2 once every three weeks. In yet another example, carboplatin is dosed (or administered) area under the curve (AUC) 5 mg/ml/minute once every three weeks for a maximum dose of 750 mg. In an example, pemetrexed and carboplatin are administered on the same day. In an example, pembrolizumab is administered for up to thirty-five cycles. In an example, carboplatin is administered for up to four cycles. In yet another example, the patient in need thereof is treatment naïve to KRAS G12Ci, PD-1, or PD-L1 therapy. In another example, the patient in need thereof has received at least one treatment, including prior KRAS G12C inhibitor. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 100%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 0% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of 1% to 49%. In yet another example, the patient in need thereof has a tumor proportion score (TPS) status of greater than or equal to 50%. In yet another example, the *KRAS* G12C-mutant advanced NSCLC has a tumor proportion score (TPS) status of greater than or equal to 50%.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a

pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with erlotinib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with erlotinib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with erlotinib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with erlotinib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced NSCLC or CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 150 mg of the compound of Formula I, or a pharmaceutically

acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with Temuterkib in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with (2R,4R)-1-[(3-chloro-2-fluoro-phenyl)methyl]-4-[[3-fluoro-6-[(5-methyl-1h-pyrazol-3-yl)amino]-2-pyridyl]methyl]-2-methyl-piperidine-4-carboxylic acid : 2-methylpropan-2-amine (1:1) salt in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with (2R,4R)-1-[(3-chloro-2-fluoro-phenyl)methyl]-4-[[3-fluoro-6-[(5-methyl-1h-pyrazol-3-yl)amino]-2-pyridyl]methyl]-2-methyl-piperidine-4-carboxylic acid : 2-methylpropan-2-amine (1:1) salt in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with (2R,4R)-1-[(3-chloro-2-fluoro-phenyl)methyl]-4-[[3-fluoro-6-[(5-methyl-1h-pyrazol-3-yl)amino]-2-pyridyl]methyl]-2-methyl-piperidine-4-carboxylic acid : 2-methylpropan-2-amine (1:1) salt in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with (2R,4R)-1-[(3-chloro-2-fluoro-phenyl)methyl]-4-[[3-fluoro-6-[(5-methyl-1h-pyrazol-3-yl)amino]-2-

pyridyl]methyl]-2-methyl-piperidine-4-carboxylic acid : 2-methylpropan-2-amine (1:1) salt in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced NSCLC or CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced NSCLC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable

salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with TNO155 in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with cetuximab in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 150 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with cetuximab in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with cetuximab in the treatment of *KRAS* G12C-mutant advanced CRC.

In another example, disclosed herein is a use of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treatment of a KRAS G12C mutant cancer, administering to a patient in need thereof, a dose of about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, in simultaneous, separate or sequential combination with cetuximab in the treatment of *KRAS* G12C-mutant advanced CRC.

BRIEF DESCRIPTION OF THE FIGURES

FIG 1 is KRAS G12C Background.

FIG 2 is LOXO-RAS-20001 Study Eligibility, Design, Objectives.

FIG 3 is Patient and Disease Characteristics – Monotherapy.

FIG 4 is LY3537982 Pharmacokinetics.

FIG 5 is Safety Profile – Monotherapy Escalation.

FIG 5A is Safety Profile – Monotherapy Escalation. 50 mg BID has the lowest LY3537982 concentration in plasma. 100 mg BID is the second lowest. 150 mg BID is the second highest. 200 mg BID has the highest LY3537982 concentration in plasma.

FIG 6 is Efficacy of LY3537982 – Monotherapy Escalation.

FIG 7 is NSCLC Patient and Disease Characteristics, LY3537982 + Pembrolizumab Combination (Cohort B4).

FIG 8 is Safety Profile in NSCLC LY3537982 + Pembrolizumab Combination (Cohort B4).

FIG 8A is Safety Profile in NSCLC LY3537982 + Pembrolizumab Combination (Cohort B4).

FIG 9 is Safety Profile in NSCLC LY3537982 + Pembrolizumab Combination (Cohort B4).

FIG 10 is Efficacy and Treatment Duration in NSCLC LY3537982 + Pembrolizumab Combination (Cohort B4).

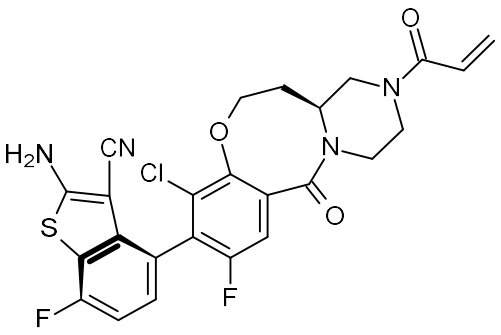
FIG 11 is CRC Patient and Disease Characteristics, LY3537982 + Cetuximab Combination (Cohort C2).

FIG 12 is Safety Profile in CRC LY3537982 + Cetuximab Combination (Cohort C2).

FIG 13 is Efficacy and Treatment Duration in CRC LY3537982 + Cetuximab Combination (Cohort C2).

Claims

1. Use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating a KRAS G12C mutant cancer, wherein a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered twice a day to a patient.

2. The use of claim 1, wherein the dose to be administered is 100 mg twice a day.

3. The use of claim 1, wherein the dose to be administered is a maximum daily dose selected from the group consisting of about 50 mg, about 100 mg, about 150 mg, about 200 mg, about 300 mg, and about 400 mg.

4. The use of claim 3, wherein the maximum daily dose is about 50 mg.

5. The use of claim 3, wherein the maximum daily dose is about 100 mg.

6. The use of claim 3, wherein the maximum daily dose is about 200 mg.

7. The use of claim 3, wherein the maximum daily dose is about 300 mg.

8. The use of any one of claims 1-7, wherein the KRAS G12C mutant cancer is selected from the group consisting of lung cancer, colorectal cancer, pancreatic cancer, bladder cancer, cervical cancer, endometrial cancer, ovarian cancer, cholangiocarcinoma, and esophageal cancer.

9. The use of any one of claims 1-8, wherein the KRAS G12C mutant cancer is non-small cell lung cancer.

10. The use of any one of claims 1-8, wherein the KRAS G12C mutant cancer is pancreatic cancer.

11. The use of any one of claims 1-10, wherein the dose is in a capsule.

12. The use of claim 11 wherein the capsule contains about 25 mg or about 50 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof.

13. The use of any one of claims 1-12, wherein:

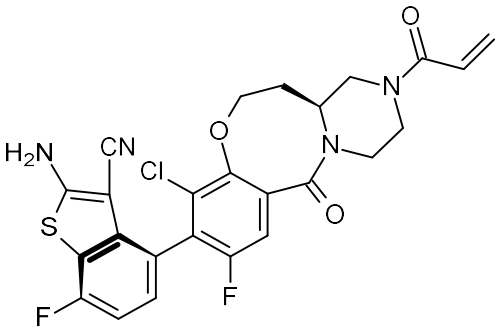
the patient is monitored for a dose limiting toxicity (DLT); and

a second dose of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered if the patient exhibits the DLT, wherein the second dose is to be reduced as compared to a first dose.

14. The use of claim 13, wherein the first dose is selected from the group consisting of about 50 mg, about 100 mg, about 150 mg, and about 200 mg.

15. The use of claim 13 or 14, wherein the second dose is selected from the group consisting of 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 45 mg, 50 mg, 55 mg, 60 mg, 65 mg, 70 mg, 75 mg, 80 mg, 85 mg, 90 mg, 95 mg, 100 mg, 110 mg, 120 mg, 130 mg, 140 mg, and about 150 mg.

16. Use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating a KRAS G12C mutant cancer, wherein a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered twice a day to a patient in simultaneous, separate or sequential combination with a second therapeutic agent.

17. The use of claim 16, wherein the second therapeutic agent is selected from one or more of the group consisting of: a PD-1 inhibitor, or a pharmaceutically acceptable salt thereof, a PD-L1 inhibitor, or a pharmaceutically acceptable salt thereof, a CDK4/CDK6 inhibitor, or a pharmaceutically acceptable salt thereof, an EGFR inhibitor, or a pharmaceutically acceptable salt thereof, an ERK inhibitor, or a pharmaceutically acceptable salt thereof, a platinum agent, or a pharmaceutically acceptable salt thereof, an

antifolate, or a pharmaceutically acceptable salt thereof, an Aurora A inhibitor, or a pharmaceutically acceptable salt thereof, and a SHP2 inhibitor, or pharmaceutically acceptable salts thereof.

18. The use of claim 17, wherein the PD-1 or PD-L1 inhibitor is pembrolizumab.

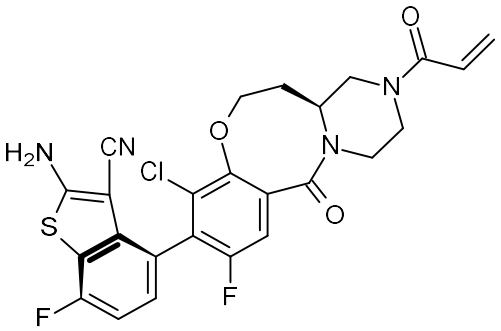
19. The use of claim 17, wherein the platinum agent is cisplatin.

20. The use of claim 17, wherein the platinum agent is carboplatin.

21. The use of claim 17, wherein the antifolate is pemetrexed.

22. The use of claim 17, wherein the PD-1 or PD-L1 inhibitor is durvalumab.

23. Use of a compound of Formula I:



(Formula I),

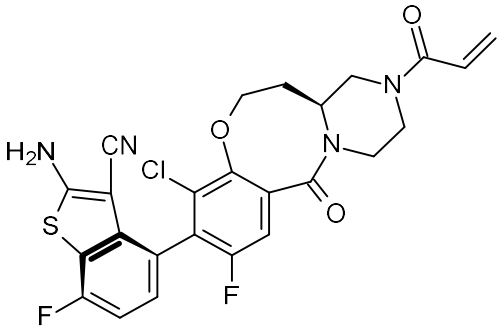
or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating KRAS G12C-mutant advanced NSCLC, wherein a dose between about 50 mg and about 200 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered twice a day to a patient in simultaneous, separate or sequential combination with pembrolizumab.

24. The use of claim 23, wherein the compound, or a pharmaceutically acceptable salt thereof, is to be administered at a dose of about 100 mg.

25. The use of claim 23, wherein pembrolizumab is to be administered at a dose of about 200 mg once every three weeks.

26. The use according to claim 1, wherein the compound, or a pharmaceutically acceptable salt thereof, is to be administered at a dose of about 150 mg.

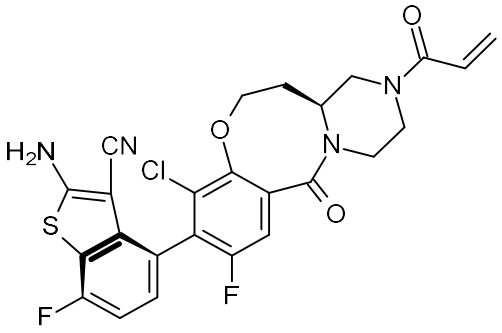
27. Use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating *KRAS* G12C-mutant advanced NSCLC, wherein a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and cisplatin.

28. Use of a compound of Formula I:



(Formula I),

or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating *KRAS* G12C-mutant advanced NSCLC, wherein a dose of about 100 mg of the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered in simultaneous, separate or sequential combination with pembrolizumab, pemetrexed, and carboplatin.

29. The use of claim 27 or 28, wherein the compound of Formula I, or a pharmaceutically acceptable salt thereof, is to be administered twice a day.