

## Supplementary material S1

### Case by case description as to why patients with a WHO-PS of 1 and 2 were managed with BSC

CASE	Reasons for BSC approach
Case 1: WHO-PS 1, Stage IV disease.	Extensive brain metastases Serum estimated glomerular filtration rate <30 No targetable mutations
Case 2: WHO PS-2, Stage IV disease.	Admitted with acute stroke during initial cancer workup. Background of Parkinson's Disease. WHO PS deteriorated rapidly
Case 3: WHO-PS1, Stage IV disease	Deteriorated rapidly following initial appointment and died before further investigation
Case 4: WHO-PS 1, Stage IV disease	Serum estimated glomerular filtration rate 20. No targetable mutations.
Case 5: WHO-PS 1, Stage IV disease	Myocardial infarction 2 weeks prior to diagnosis with severe left ventricular systolic dysfunction on echocardiogram
Case 6: WHO PS, Stage IV disease	Multiple brain metastases, Serum estimated glomerular filtration rate 25.
Case 7: WHO-PS 2, Stage 1 disease	Out of hospital cardiac arrest on day of MDT meeting. Treatment withdrawn on Intensive care unit.
Case 8: WHO-PS 2, Stage IV disease	Patient 91 with multiple comorbidities and, no targetable mutations.
Case 9: WHO-PS2, Stage IV disease	High volume brain metastases, rapidly declined on pathway
Case 10: WHO-PS2, Stage IV disease	Declined further investigation or treatment and did not attend follow ups
Case 11: WHO-PS2, Stage IV disease	No targetable mutations, patient 92, joint decision for BSC
Case 12: WHO-PS 2, Stage IV disease	No targetable mutations, patient 91, joint decision for BSC
Case 13: WHO -PS 2, Stage II disease	95 year old, offered assessment for more radical treatment but patient declined
Case 14: WHO-PS2, Stage IV disease	Severe emphysema and recurrent infections with multiple antibiotic courses
Case 15: WHO-PS2, Stage IV disease	Patient declined further investigations.