



## Atezolizumab 1200 / Nab-Paclitaxel 100 / Carboplatin 6, Non-Small Cell Lung Cancer

Protocol-ID: 1238 V2.0 (Complete), ATEZ1200/NPAC100/CRBP6, NSCLC

### Indication(s)

- Lung Carcinoma, Non-Small Cell; ICD-10 C34.-non-squamous

### Protocol classification

- Classification: current standard
- Intensity: Standard dose
- Therapy mode: First line
- Therapy intention: palliative

### Cycles

Cycle length 21 days, recommended cycles: 6

### Protocol sequences

- [IMpower130: ATEZ1200/NPAC100/CRBP6, NSCLC \(PID1238\) -|- ATEZ1200 Erh. \(PID1272\)](#)

### Risks

- Emetogenicity (MASCC/ESMO): low (10-30%) Nab-paclitaxel
- Emetogenicity (MASCC/ESMO): high (>90%) Carboplatin combination
- Neutropenia: very high (>41%) °3-4: 44%
- Thrombocytopenia below 50 000/μl: very high (>41%) °3-4: 45%
- Anemia Hb below 8g/dl: high (16-30%) °3-4: 29%
- Diarrhea: CTC AE °3-4: 5%
- Fatigue: CTC AE °3-4: 6%
- Nausea: CTC AE °3-4: 3%

### Therapy

#### Hydration: Balanced Crystalloid Solution

HYD

Access: peripheral venous

Hydration before, during, or after antitumor therapy

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1	Balanced Crystalloid Solution	500 ml		i.v.	60 min	60 min before Atezolizumab (d1)
8,15	Balanced Crystalloid Solution	500 ml		i.v.	60 min	60 min before Nab-paclitaxel (d8,15)

**Antiemesis: Emetogenicity high (CRBP), FOSAP, GRAN i.v., DEXA i.v.**

AE

Access: peripheral venous

DGHO 2016, DKG 2016, MASCC/ESMO 2016, carboplatin-containing combination therapies

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1	<b>Fosaprepitant</b>	150 mg	NaCl 0.9% 150 ml	i.v.	20 min	30 min before Atezolizumab (d1)
1	<b>Dexamethasone</b>	12 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Atezolizumab (d1)
1	<b>Granisetron</b>	1 mg	NaCl 0.9% 50 ml	i.v.	5 min	15 min before Atezolizumab (d1)
8,15	<b>Granisetron</b>	1 mg	NaCl 0.9% 50 ml	i.v.	5 min	15 min before Nab-paclitaxel (d8,15)

**Antineoplastic therapy: ATEZ1200/NPAC100/CRBP6**

CTX

Access: peripheral venous

Atezolizumab, Nab-Paclitaxel, Carboplatin in Non-Small Cell Lung Cancer

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1	<b>Atezolizumab</b>	1200 mg	NaCl 0.9% 250 ml	i.v.	60 min	Sequence
If the first infusion was well tolerated, the second infusion can be given over 30 minutes.						
1,8,15	<b>Nab-paclitaxel</b>	100 mg/m <sup>2</sup> BSA	none	i.v.	30 min	Sequence
1	<b>Carboplatin</b>	6 AUC	Dextrose 5% 250 ml	i.v.	30 min	Sequence

**Substance links**Links to substances are found [here](#).**Concomitant therapy supplements**

For highly emetogenic chemotherapy, additional olanzapine is recommended in the acute (day 1) and delayed phases (days 2-4) at a dosing of 5-10 mg per day (NCCN, ESMO, ASCO, Onkopedia; as of 6/24).

Granisetron instead of Dexamethasone for antiemesis on days 8 and 15 to avoid immunosuppression and the risk of infection due to Dexamethasone exposure.

**Notes**

4 or 6 induction cycles were administered, after which patients received atezolizumab as maintenance therapy. Therapy is continued until reduction of clinical benefit or the occurrence of undesirable side effects.

**Cycle diagram****Hydration: Balanced Crystalloid Solution**

	Week 1 / d							Week 2 / d							Week 3 / d						
Substance	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Balanced Crystalloid Solution (i.v.)																					
Balanced Crystalloid Solution (i.v.)																					

**Antiemesis: Emetogenicity high (CRBP), FOSAP, GRAN i.v., DEXA i.v.**

	Week 1 / d							Week 2 / d							Week 3 / d						
Substance	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Fosaprepitant (i.v.)																					
Dexamethasone (i.v.)																					
Granisetron (i.v.)																					
Granisetron (i.v.)																					

**Antineoplastic therapy: ATEZ1200/NPAC100/CRBP6**

Substance	Week 1 / d							Week 2 / d							Week 3 / d						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Atezolizumab (i.v.)																					
Nab-paclitaxel (i.v.)																					
Carboplatin (i.v.)																					

**Cycles**

Cycle length 21 days, recommended cycles: 6

**Controls:**

- Blood count: on day 1 and subsequently weekly
- Oxygen saturation at rest and under stress In high-risk patients, lung function, CO2 diffusion capacity, CT thorax if necessary
- Hepatitis (A,B,C) screening: anti-HAV IgM, HBs-Ag, anti-HBc, anti-HCV
- CMV, EBV, HIV, tuberculosis screening
- ECG Risk of developing a conduction disorder under Nab-Paclitaxel therapy, ECG check every 3 cycles
- Day 1: Na<sup>+</sup>, K<sup>+</sup>, Ca<sup>2+</sup>, Mg<sup>2+</sup>
- Day 1: Creatinine, glomerular filtration rate (GFR) Carboplatin dose calculation according to AUC and Calvert's formula; for normal renal function, expect a maximum GFR of 125 ml/min to avoid overdoses.
- Day 1: GOT, GPT, GGT, Bilirubin, AP, Cholinesterase
- Day 1: Lipase
- Day 1: Troponin T, CK, LDH
- Day 1: TSH, fT4, cortisol basal, blood glucose (HbA1c) optional and especially if clinically suspected: fT3, ACTH, DHEA-S, IGF1, prolactin, LH/FSH, estradiol (in women), every 6 weeks to 3 months after the end of immunotherapy and every 3 months thereafter.
- Day 1: Urine status

**Original indication**

non-small cell lung cancer, adeno-, stage IV, first line, ECOG 0-1

**Original author**

West H (2019)

**Origin**

Thoracic Oncology Program, Swedish Cancer Institute, Seattle, USA, IMpower130

**References**

- West H, Atezolizumab in combination with carboplatin plus nab-paclitaxel chemotherapy compared with chemotherapy alone as first-line treatment for metastatic non-squamous non-small-cell lung cancer (IMpower130): a multicentre, randomised, open-label, phase 3 trial. Lancet Oncol 2019 Jul;20(7):924-937. doi: 10.1016/S1470-2045(19)30167-6. PMID: 31122901. [PMID]
- Arbour KC, Impact of Baseline Steroids on Efficacy of Programmed Cell Death-1 and Programmed Death-Ligand 1 Blockade in Patients With Non-Small-Cell Lung Cancer. J Clin Oncol 2018 Oct 01;36(28):2872-2878. doi: 10.1200/JCO.2018.79.0006. PMID: 30125216. [PMID]

**Recommendations**

- 01/2023: [European Society for Medical Oncology](#)
- 02/2024: [National Comprehensive Cancer Network](#)

**Status**

**Valid** since 2025-07-08, Version 2.0, last updated 2025-07-08

Last modification: V2.0: Correction of the Nab-Paclitaxel-Carboplatin sequence according to the approval. V1.2: Addition of the corticosteroid under immunotherapy V1.1: Cato test done. Removal of corticosteroid according to Della Corte 2019 /

Arbour 2018, replacement of Granisetron with Palonosetron during immunotherapy. V1.0: Cato test done. V0.1: Runtimes according to summary of product characteristics.

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