



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

Protocol-ID: 1238 V2.0 (Standard), 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	Fosaprepitant	150 mg	NaCl 0.9% 150 ml	i.v.	20 min	30 min before Atezolizumab (d1)
1	Dexamethasone	12 mg	NaCl 0.9% 50 ml	i.v.	5 min	30 min before Atezolizumab (d1)
1	Granisetron	1 mg	NaCl 0.9% 50 ml	i.v.	5 min	15 min before Atezolizumab (d1)
8,15	Granisetron	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	Atezolizumab	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	Nab-paclitaxel	100 mg/m ² BSA	none	i.v.	30 min	Sequence
1	Carboplatin	6 AUC	Dextrose 5% 250 ml	i.v.	30 min	Sequence

Substance linksLinks 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.

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⁺, K⁺, Ca²⁺, Mg²⁺
- 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 (HbA_{1c}) 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 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](#)

Important notice

The copyrighted protocols are treatment recommendations. The information contained in this compilation on cytostatic drugs, concomitant medication and other therapeutic procedures, as well as dosage and application information, is continuously reviewed with all due care by the authors and editors involved. Nevertheless, the publishers and authors do not assume any liability for the correctness - also with regard to possible printing errors.

The protocols may not be changed in terms of content.

Diagnosis, indication for therapy and treatment of malignant diseases must be carried out in each individual case by the hematologist and oncologist on his or her own responsibility. The treating physician is obligated to this personal responsibility to weigh in each case before a diagnostic or therapeutic measure, indication, contraindications, dosage and application under consideration of the specialized information or other documents of the manufacturers. This applies in particular to rarely used preparations or preparations that are new to the market.



The publishers and authors assume no liability for the accuracy of the contents. The application is at the own responsibility of the treating physician. ©Onkopti.