



Atezolizumab 1200 Maintenance, Non-Small Cell Lung Cancer

Protocol-ID: 1272 V1.1 (Complete), ATEZ1200 maint., 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: 10

Protocol sequences

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

Risks

- Emetogenicity (MASCC/ESMO): minimal (<10%)
- Neutropenia: high (21-40%) °3-4: 32%
- 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)

Antineoplastic therapy: ATEZ1200

CTX

Access: peripheral venous

Atezolizumab in non-small cell, non-plate epithelial lung cancer

Day	Substance	Dosage	Solution	Appl.	Inf. time	Procedure
1	Atezolizumab	1200 mg	NaCl 0.9% 250 ml	i.v.	60 min	Sequence

Substance links

Links to substances are found [here](#).

Notes

Therapy is provided until clinical benefit is diminished or undesirable side effects occur.
The risk data refer to the overall protocol.

Cycle diagram

Hydration: Balanced Crystalloid Solution

Substance	Week 1 / d						
	1	2	3	4	5	6	7
Balanced Crystalloid Solution (i.v.)							

Antineoplastic therapy: ATEZ1200

Substance	Week 1 / d						
	1	2	3	4	5	6	7
Atezolizumab (i.v.)							

Cycles

Cycle length 21 days, recommended cycles: 10

Controls:

- Blood count: before next cycle
- ECG
- Day 1: Na⁺, K⁺, Ca²⁺, Mg²⁺
- Day 1: Creatinine, glomerular filtration rate (GFR)
- 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]

Recommendations

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

Status

Valid since 2025-07-08, Version 1.1, last updated 2025-07-08

characteristics.

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.