



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

Protocol-ID: 1238 V1.2 (Standard), ATEZ1200/CRBP6/NPAC100, NSCLC

Indication(s)

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

Protocol classification

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

Cycles

Cycle length 21 days, recommended cycles: 6

Protocol sequences

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

Risks

- Emetogenicity (MASCC/ESMO): high (>90%) Carboplatinkombination
- Emetogenicity (MASCC/ESMO): low (10-30%) Nab-paclitaxel
- 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)

Medical tumor therapy: ATEZ1200/CRBP6/NPAC100**CTX**

Access: peripheral venous

Atezolizumab, carboplatin, and nab-paclitaxel 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
If the first infusion was well tolerated, the second infusion can be given over 30 minutes.						
1	Carboplatin	6 AUC	Dextrose 5% 250 ml	i.v.	30 min	Sequence
1,8,15	Nab-paclitaxel	100 mg/m ² BSA	none	i.v.	30 min	Sequence

Concomitant therapy supplements

Granisetron in place of Dexamethasone for antiemesis on days 8 and 15 to avoid immunosuppression and the risk of infection from 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
- Echocardiography, ECG Nab-paclitaxel: monitoring for cardiac events, cases of left ventricular dysfunction and congestive heart failure occurred.
- Day 1: TSH, fT3, fT4 Monitor for changes in thyroid function and signs of thyroid disease. Monitor for immune-mediated endocrinopathies at baseline and during therapy.
- Day 1: GOT, GPT, GGT, Bilirubin, AP, Cholinesterase Nab-paclitaxel: Liver monitoring before and during therapy, dose adjustment if necessary. Impairment of liver function possible with carboplatin therapy.
- Day 1: Glomerular Filtration Rate (GFR) monitor immune-mediated nephritis, Carboplatin dose calculation according to AUC and Calvert's formula; in normal renal function, expect a maximum GFR of 125 ml/min to avoid overdoses.

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 May 20; [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 10 01;36(28):2872-2878 [PMID]

Recommendations

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

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