

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 | | | | | | | |
| Hydra | 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.

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

ΑE

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/m² BSA | none | i.v. | 30 min | Sequence | | | |

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
- 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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