4CPS-276

ATEZOLIZUMAB IN NON-SMALL CELL LUNG CANCER: EFFECTIVENESS AND SAFETY REAL WORLD DATA STUDY

Alcaraz Sanchez J.J.(1), Pintado Álvarez A.(2) , Del Río Valencia J.C (3) , Mora Rodriguez B. (2) , Muñoz Castillo I.(2)

(1) H.U. Infanta Cristina (Madrid); (2) H.R.U Malaga; (3)Hospital Xanit (Benalmadena)

L01 - Cytostatics

Background and Importance

Atezolizumab as monotherapy is indicated for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after prior chemotherapy. Patients with EGFR mutant or ALK positive NSCLC should also have received targeted therapies before receiving immunotherapy.

Aim and Objectives

Analyse the effectiveness and safety of treated patients with atezolizumab in the usual clinical practice.

Material and methods

- Observational, retrospective study
- Study period: April 2018- August 2020
- Inclusion criteria: squamous and nonsquamous NSCLC in treatment with atezolizumab as monotherapy

Variables:

- Age and sex
- Diagnosis and Stage
- Line of treatment and dose
- Performance status (PS): ECOG
- Progression-free survival (PFS) and overall survival (OS): iRECIST criteria
- Adverse reactions (AR)

Results

- N= 35 (all stage IV)
- Average age: 63,52±11,25 years
- n= 3 ECOG 2 and n=32 ECOG 0-1

- Dose: 1200 mg/ 3 weeks

Line of treatment
- n=24 second-line
- n=5 third-line
- n= 6 fourth/fifth-line

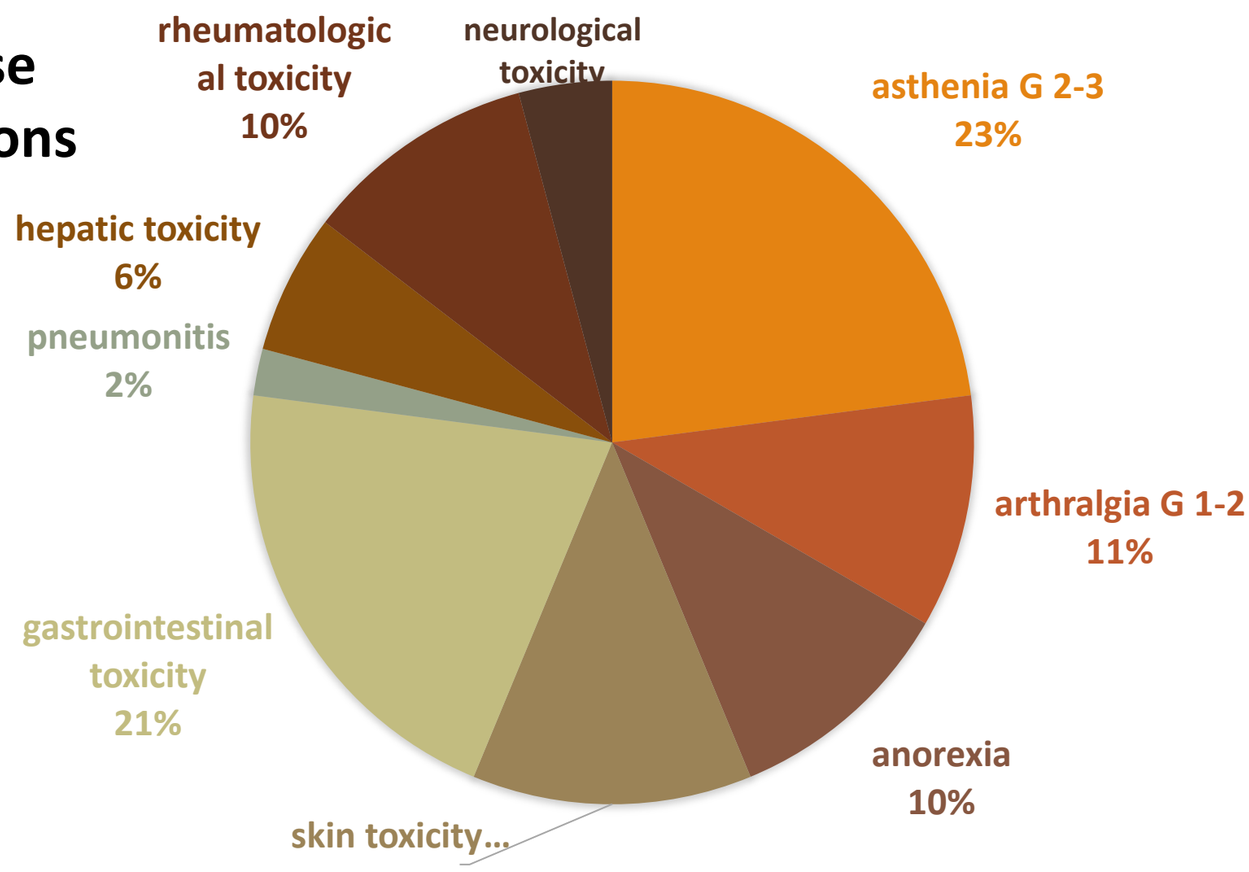
Causes of treatment suspension
- n=26 progression
- n=4 exitus
- n=1 toxicity

40% of patients received ≤ 3 cycles

Median PFS : 3,2 months (95 % CI 2,6-7,2)

Median OS: 6,3 months (95% CI 4,4-9,1)

Adverse Reactions



Conclusion and Relevances

Median PFS in our study was similar to the OAK phase III trial (2.8 months). Atezolizumab was safe and well tolerated, similar to that described in clinical trials. 40% patients receiving ≤ 3 cycles suggest hyperprogression in a high group of patients. Chemotherapy associated with immunotherapy needed to be studied in this no-benefit subgroup of patients