ATC code: 4. Historical research

EFFECTIVENESS AND SAFETY OF ATEZOLIZUMAB IN METASTATIC UROTHELIAL CARCINOMA

C.M. DOMINGUEZ SANTANA[1], C. MARTINEZ-DÍAZ[1], E.M. BARREIRO-FERNANDEZ[1], M.D. GIL-SIERRA[1], M. MORA-CORTES[1].
[1]HOSPITAL UNIVERSITARIO PUERTO REAL, PHARMACY, PUERTO REAL, SPAIN

BACKGROUND AND IMPORTANCE

Few options exist for patients with metastatic urothelial carcinoma (MUC)

Atezolizumab, an anti-PD-L1 immune checkpoint inhibitor, has been shown to reduce tumor size in patients who have been treated with platinum chemotherapy or who are not eligible for such treatment in MUC

AIM AND OBJECTIVES

To evaluate the effectiveness and safety of atezolizumab in MUC in real clinical practice, comparing the results with the pivotal clinical trial IMvigor211

MATERIALS AND METHODS

Study design: Retrospective observational study, between January 2018 and October 2021

Variables included: age, sex, smoking status, ECOG, line of treatment, cycles received, duration and causes of treatment discontinuation (progression, toxicity, death)

Effectiveness: was assessed by Kaplan-Meier method (SPSS programme v25.0) in terms of progression free survival (PFS) and overall survival (OS).

Adverse effects (AE): were collected and classified according CTCAE scale v5.0.

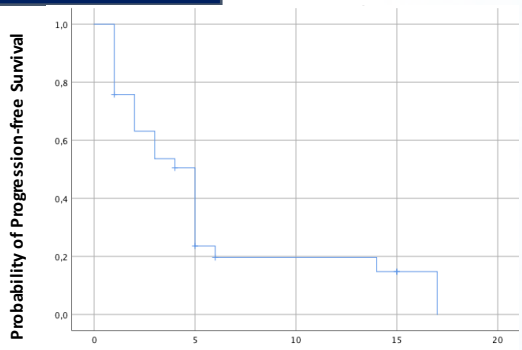
RESULTS

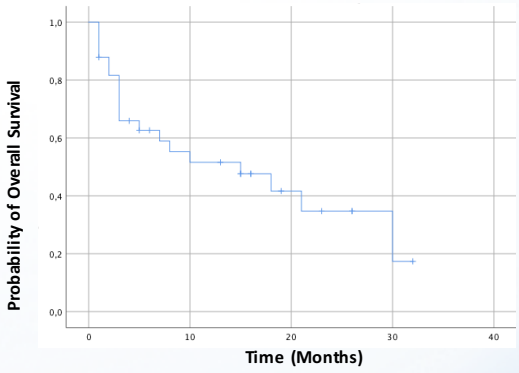
- 33 patients
- 87,9% men
- Median age: 67 years (53-85)
- Smokers: 24,2%
- 100% ECOG≤1 at the begining of treatment
- Treatment line of atezolizumab: firstline: 12,1%, secondline: 72,7%, thirdline: 12,1%, fourthline: 3%
- 87,9% received at least one previous platinum based line
- Median of cycles received: 5 (1-21)
- Median of duration of treatment: 4 months
- 81.8% of the patients discontinued therapy: 21.2% due to death and 60.6% due to progression

The most comon AE	Pruritus (n=6)	Asthenia (n=3)
Oedema (n=3)	Constipation (n=2)	neuropathy (n=2)

39.4% of patients had AE only grade 1-2

In IMvigor211 95% had AE (55,8%≥ grade 3) and the most common of any grade were fatigue, pruritus and asthenia





Median PFS and OS: 5 months (IC95%:3.9-6.1)
Median OS: 15 months (IC95%: 1,7-28,3)
In IMvigor211 median PFS and OS were 2.1 and 8.6 months, respectively.

CONCLUSION

The effectiveness results observed in real clinical practice appear to be superior to those obtained in the pivotal study, although our sample size and design are limited.
The safety profile appears to be better than IMvigor211 with a similar toxicity profile.

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