5PSQ-002

L01-Cytostatics

ATEZOLIZUMAB PLUS CHEMOTHERAPY IN EXTENSIVE-STAGE SMALL-CELL LUNG CANCER

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BACKGROUND AND IMPORTANCE

Atezolizumab combined with carboplatin-etoposide is approved as a first-line treatment for ES-SCLC. Clinical trials have demonstrated its promising efficacy and safety, supported by real-world studies confirming these findings.

OBJECTIVES

Evaluate the effectiveness and safety of atezolizumab plus chemotherapy in ES-SCLC at a tertiary hospital and compare the results with the IMpower133 trial.

METHODS

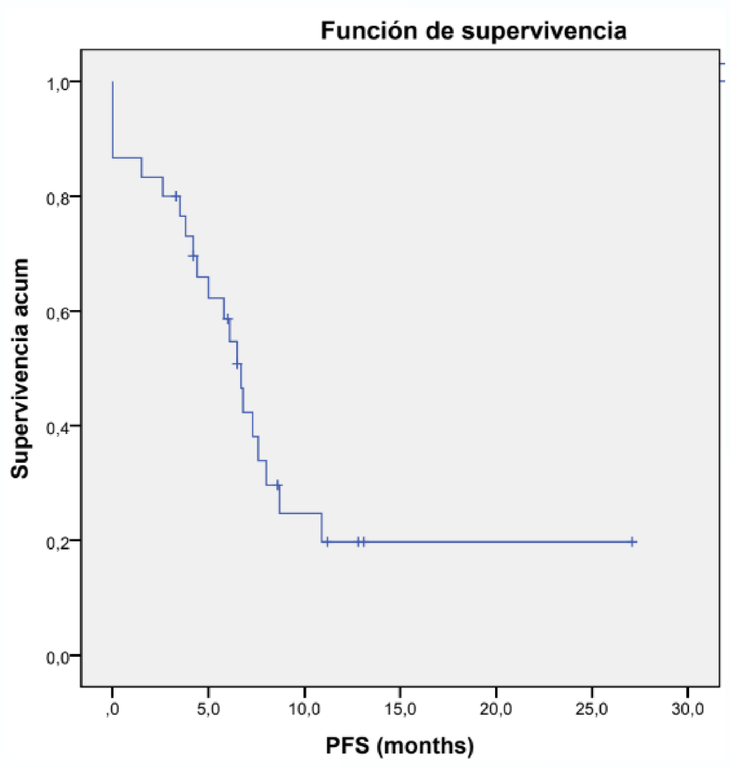
A retrospective observational study included patients treated with atezolizumab plus chemotherapy from January 2022 to July 2024. Data collected included demographics, ECOG status, metastases, comorbidities, treatment duration, ORR (RECIST v1.1), PFS, OS (Kaplan-Meier), treatment discontinuation causes, and AEs (CTCAE v5). Information was obtained from electronic medical records (Diraya®) and Farmis_Oncofarm® software, and analyzed using SPSS Statistics v21.

RESULTS

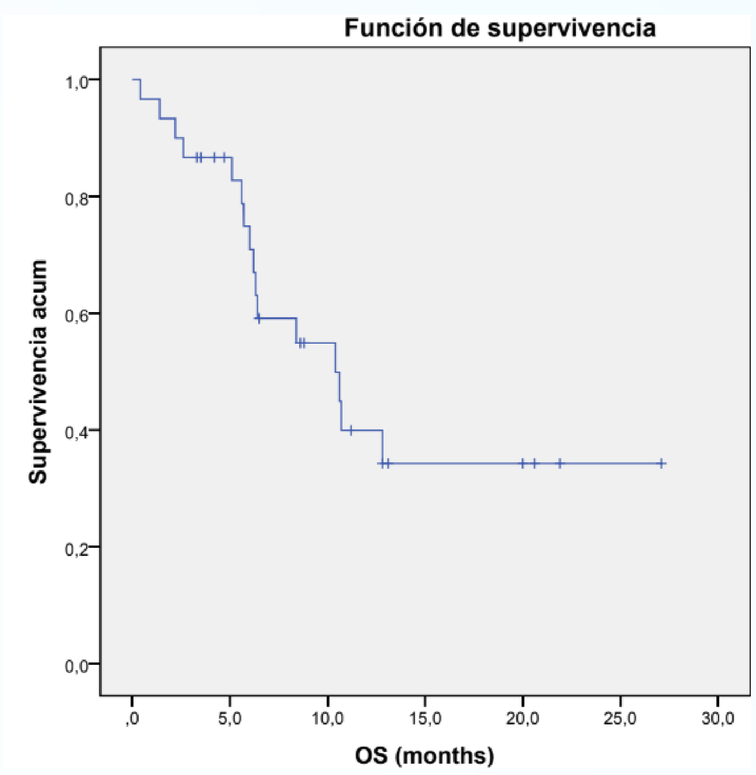
- Thirty patients were included
- Median age of 62 years (IQR 58-68)
- 80% smokers; 70% ECOG:1 at baseline (17% ECOG≥2; 13% ECOG:0); locations of metastases: hepatic (40%), bone (40%), renal (37%) and lung (20%)
- Median duration of treatment was 5.5 months (IQR:3.5-7.8)
- At the date of analysis (06/08/2024), 8 patients are still on treatment
- ORR was partial in 63% of patients (7% not evaluated)
- 87% of patients had some AE during treatment
- 3 patients discontinued treatment due to AEs

Adverse Events	
Neutropenia	73% (G3: 38.5%))
Anemia	61.5% (G3: 34.6%)
Asthenia	57.7% (G3: 3.8%)
Thrombocytopenia	38.5% (G3: 15.4%)
Elevated transaminases	23% (G3: 3.8%)
Nausea	19.2% (G3: 0%)
Diarrhea	11.5% (G3: 0%)

Median PFS: 6,7 months (IC95% 5.8-13.07)



Median OS: 10,4 months (IC95% 9.74-17.82)



CONCLUSION AND RELEVANCE

Median OS was lower than that observed in the pivotal IMpower133 trial, while PFS was higher.
Although the majority of patients presented some AE, in three patients were these AEs forced to discontinue treatment. Further studies with a larger sample size and longer follow-up period are needed to confirm these real-life results.