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

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**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

**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

**Conclusion and Relevances**

Median PFS : 3,2 months (95% CI 2,6-7,2)
Median OS: 6,3 months (95% CI 4,4-9,1)

Adverse Reactions

- ashenia G 2-3 23%
- arthralgia G 1-2 11%
- anorexia 10%
- hepatic toxicity 6%
- pneumonitis 2%
- gastrointestinal toxicity 21%
- rheumatologic al toxicity 10%
- neurological toxicity

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.