CO19

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

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OBJECTIVE

Atezolizumab in combination with carboplatin-etoposide is indicated for the first-line treatment of extensive-stage small-cell lung cancer (ES-SCLC).
The aim of our study is to analyze the effectiveness and safety of atezolizumab combined with chemotherapy in ES-SCLC in a tertiary hospital, and to compare with the pivotal IMpower133 trial.

METHODS

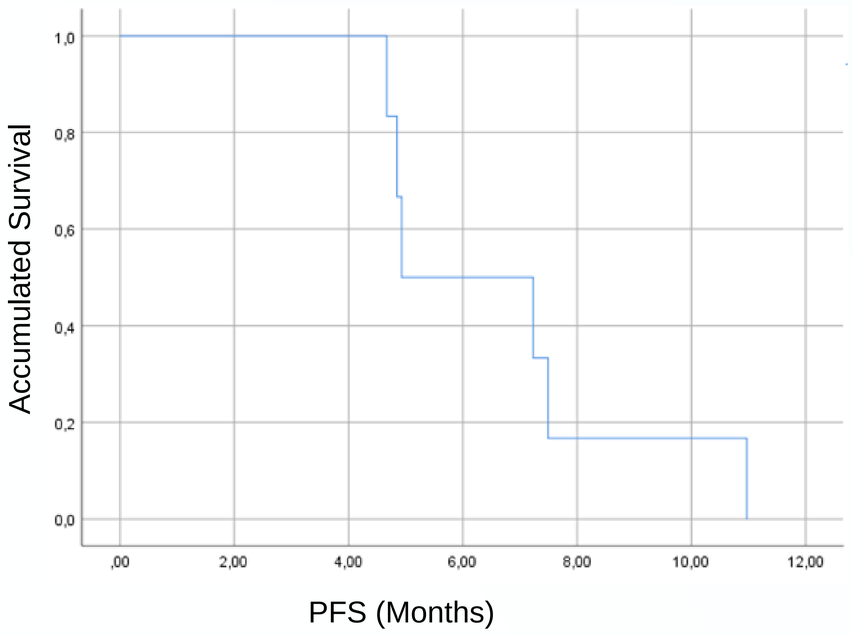
Retrospective observational study was conducted. We included patients treated with atezolizumab plus chemotherapy from January 2022-March 2023. Variables collected: sex, age, smoking-status, quality of life status according to the Eastern Cooperative Oncology Group (ECOG) scale, location of metastases, comorbidities, duration of treatment, objective response rate (ORR) according to RECIST-v1.1 criteria (Response Evaluation Criteria in Solid Tumors), progression-free survival (PFS) and overall survival (OS) calculated by Kaplan-Meier method, and adverse events (AEs) according to Common Terminology Criteria for Adverse Events v.5 (CTCAE). Data obtained from the electronic medical record (Diraya®) and software Farmis_Oncofarm®, and processed with SPSS-Statistics-v.21.

RESULTS

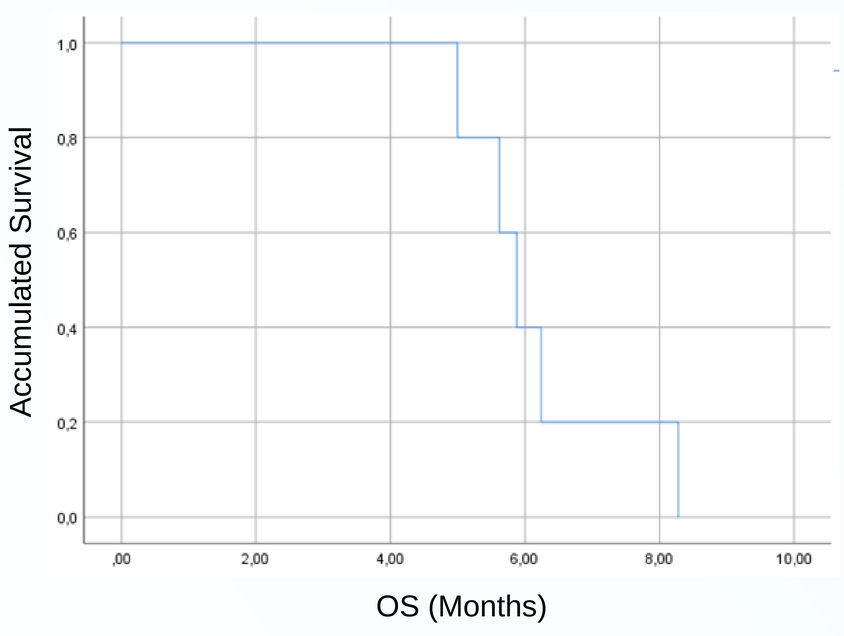
- 14 patients (100% male) were included. Median age was 62 years (IQR:57-64). 100% smokers.
- The most frequent comorbidities were: arterial hypertension (43%), dyslipidemia (21%) and diabetes mellitus II (14%).
- Median duration of treatment was 5.2 months (IQR:4-7). At the date of analysis (13/04/2023), 7 patients are still on treatment.
- ORR was partial in 64% of patients (36% not evaluated).
- 93% of patients had some AE during treatment. No patient discontinued treatment due to AEs.

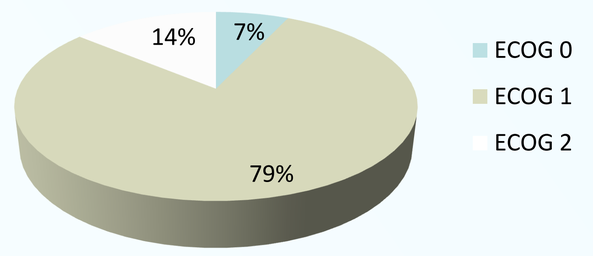
Most frequent AEs	
Our study	**% Patients**
anemia	77% (G3:38.5%)
neutropenia	77% (G3-4:38.5-15.4%)
asthenia	53.8% (G3:7.7%)
thrombocytopenia	53.8% (G3:15.4%)
elevated transaminases	30.8% (G3:0%)
nausea	23% (G3:0%)
diarrhea	15.4% (G3:0%)

Median PFS: 4.9 months (IC95% 2.1-7.8)

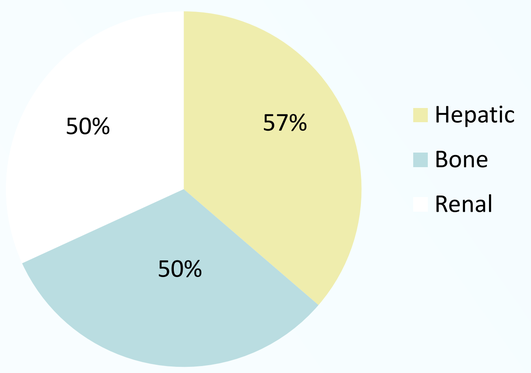


Median OS: 5.8 months (IC95% 5.3-6.4)





Most frequent locations of metastases



CONCLUSION

Median OS and PFS were lower than that obtained in the pivotal IMpower133 trial. Although the majority of patients presented some AE, in no case 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.

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