Tecentriq® (atezolizumab) – New Indication

- On October 18, 2016, Genentech announced the FDA approval of Tecentriq (atezolizumab) for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) who have disease progression during or following platinum-containing chemotherapy.
    - Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Tecentriq.
- Tecentriq is also approved for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy, or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
- According to the American Cancer Society, it is estimated that more than 224,000 Americans will be diagnosed with lung cancer in 2016, and NSCLC accounts for up to 85% of all lung cancers. It is estimated that approximately 60% of lung cancer diagnoses in the U.S. are made when the disease is in the most advanced stages.
- Tecentriq's new indication was evaluated in two clinical trials (OAK and POPLAR) comprising of 1,512 patients with metastatic NSCLC who progressed during or following a platinum-containing regimen. Patients were randomized to treatment with Tecentriq or docetaxel. The primary outcome in both studies was overall survival (OS).
    - OAK demonstrated a greater OS with Tecentriq vs. docetaxel (median OS: 13.8 vs. 9.6 months; hazard ratio = 0.74, 95% CI: 0.63, 0.87; p = 0.0004). The median follow up was 21 months.
    - POPLAR demonstrated a greater OS with Tecentriq vs. docetaxel (median OS: 12.6 vs. 9.7 months; hazard ratio = 0.69, 95% CI: 0.52, 0.92). The median follow up was 22 months.
- The most common adverse reactions (≥ 20%) with Tecentriq use in patients with metastatic NSCLC were fatigue, decreased appetite, dyspnea, cough, nausea, musculoskeletal pain, and constipation.
- Similar to the recommended dose of Tecentriq for urothelial carcinoma, the dose for metastatic NSCLC is 1200 mg administered as an intravenous infusion over 60 minutes every 3 weeks.