ATEZOLIZUMAB

Atezolizumab is an option for untreated, locally advanced or metastatic urothelial carcinoma, in adults for whom cisplatin-based chemotherapy is unsuitable
(reasons for unsuitability include: EDTA < 60ml/min (but > 30ml/min); hearing loss of 25dB; Grade 2+ neuropathy; performance status 2)

Blueteq registration is required before treatment may start

Drug/Dosage: **Atezolizumab** 1200 mg IV Day 1

Administration: All doses in 250ml 0.9% sodium chloride
Administer the first atezolizumab dose over 60 minutes
If the first dose is well tolerated, all subsequent doses to be given over 30 minutes

Infusion-related reaction	Management
Mild, Grade 1	Reduce infusion rate to half. Once the event has resolved, wait for 30 min while delivering the infusion at the reduced rate. If tolerated, the infusion rate may then be increased to original rate
Moderate (Grade 2)	Stop the infusion and manage symptomatically. Restart at half of the infusion rate only after the symptoms have resolved
Severe (Grade 3 or 4)	Atezolizumab must be permanently discontinued.

Frequency: every 3 weeks until disease progression, or unacceptable toxicity*.

*Atezolizumab may be restarted within 12 weeks after last dose, if an adverse reaction remains at Grade ≤ 1 and corticosteroid dose has been reduced to ≤ 10 mg prednisone or equivalent per day.

Review for toxicities before each dose is due.
In addition, it is very important that the patient is educated to immediately report any key signs or symptoms to the treating oncology team (see Comments)

Main Toxicities: immune-related toxicities (colitis, pneumonitis, hepatitis, etc)
The most common symptoms reported by patients are fatigue, decreased appetite, nausea, dyspnoea, diarrhoea, pyrexia, rash, vomiting, arthralgia, asthenia and pruritus

Anti- emetics: mildly emetogenic

Regular Investigations:

FBC	before each dose
U&Es	before each dose
LFTs	before each dose, and as indicated
Random blood glucose	before each dose
Thyroid function*	every 3 - 6 weeks, according to clinician preference
Random cortisol	every 3 - 6 weeks, according to clinician preference

**to avoid treatment delays, use previous results for prescribing purposes, if previous result was within normal limits and no current concerns*

Reason for Update: available via CDF; removed toxicity management details; blood test cut-offs added	Approved by Consultant: Dr S Khaksar
Version: 2	Approved by Lead Chemotherapy Nurse: S Wills-Percy
Supersedes: Version 1	Date: 13.11.17
Prepared by: S Taylor	Checked by: C Tucker

Comments:	Patients may be given a supply of loperamide, along with counselling to contact the oncology team in the event of any diarrhoea. Each patient must be provided with a Patient Alert Card before they start treatment. Patients must be advised to contact the oncology team or the 24 hour hot-line immediately they experience any side effect, as some side effects worsen rapidly. Prompt management of side effects can ensure that the patient continues with treatment.
Dose Delays and Toxicity Management:	Dose reductions for toxicity management are not recommended. With regards to blood tests, proceed with next cycle of immunotherapy if: Platelets ≥ 75 x 10^9/l and Neutrophils ≥ 1.0 x 10^9/l and AST/ALT ≤ 3 x ULN and Serum creatinine ≤ 1.5 x baseline and TSH / free T_4 within range, or no change from baseline For detailed guidelines for the management of immune-related adverse events, refer to the Alliance "Guidelines for Management of Immunotherapy-Related Adverse Events" document. Atezolizumab may be restarted within 12 weeks after last dose, if an adverse reaction remains at Grade ≤ 1 and corticosteroid dose has been reduced to ≤ 10 mg prednisone or equivalent per day.
Renal Impairment:	No dose adjustment is needed for patients with renal impairment.
Hepatic Impairment:	No dose adjustment is needed for patients with mild hepatic impairment. Atezolizumab has not been studied in patients with moderate or severe hepatic impairment.
References:	NICE FAD : https://www.nice.org.uk/guidance/gid-ta10111/documents/final-appraisal-determination-document

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