# Bevacizumab plus Atezolizumab and chemotherapy in NSCLC harbouring EGFR mutation previously treated with EGFR Tyrosine Kinase Inhibitor: the BACH-NET study.

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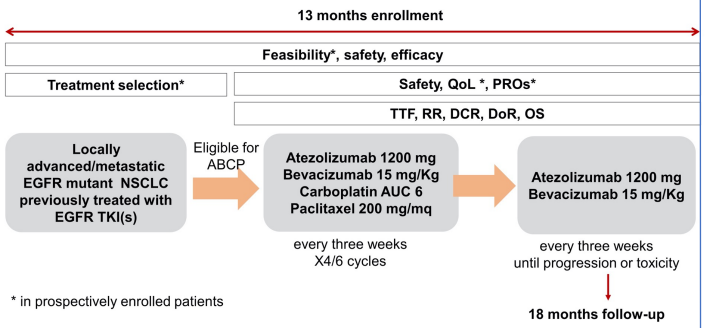
## Background

The combination of Atezolizumab (A), Bevacizumab (B) and Carboplatin/Paclitaxel (CP) has been proposed as a second line option in EGFR mutant (EGFRm) Non-Small Lung Cancer (NSCLC) patients (pts) progressing to EGFR tyrosine kinase inhibitors (TKIs) without acquired druggable targets on the basis of the exploratory efficacy analysis of the phase III trial IMpower150. A named used program has been open in Italy (June 2019-July 2020), nevertheless, this treatment regimen has been not approved in Italy, and a real-world study has been designed in order to acquire more solid data about its feasibility.

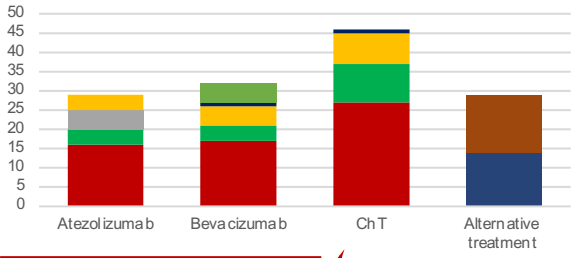
## Methods

This is a retrospective-prospective observational multicenter study with the primary aim to assess the feasibility of the ABCP regimen (rate of ineligible patients/potentially candidate) according to clinicians' selection criteria, in the real-world practice of 11 Italian centres. Secondary endpoints are overall survival (OS), progression free survival (PFS), response rate (RR), disease control rate (DCR), duration of response (DoR), time to treatment failure and discontinuation (TTF and TTD), safety and quality of life (QOL).




## Results

### 1. Feasibility




Overall, 22 pts received the ABCP regimen, with a **ineligibility rate of 80%,** mostly because of poor performance status and age.

### 2. Patients' features

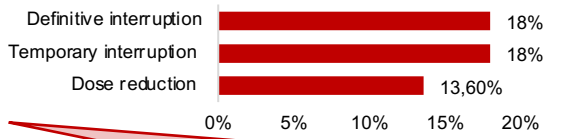
| Variable | N (%) | Variable | N (%) |
|---|---|---|---|
| **Number of cases** | 20 (100) | **PD-L1 TPS** | |
| **Age (yrs), median** | 62 (40-80) | <1% | 2 (17) |
| **Gender** | | 1-50% | 8 (67) |
| Male | 14 (64) | >50% | 2 (17) |
| Female | 8 (36) | **First line treatment** | |
| **Smoking status** | | First-gen TKI | 10 (45) |
| Never smokers | 10 (45 | Afatinib | 8 (36) |
| Former smokers | 9 (41) | Osimertinib | 2 (9) |
| Smokers | 3 (14) | Other | 2 (9) |
| **EGFR status** | | **Second line EGFR TKI** | |
| Exon 19 del | 12 (55) | Yes | 11 (50) |
| Exon 21 L858R | 7 (32) | No | 11 (50) |
| Rare and com | 3 (14) | **CNS met** | |
| **ECOG PS** | | Present | 6 (27) |
| 0 | 8 (36) | Absent | 14 (64) |
| ≥1 | 14 (64) | Unknown | 2 (9) |

### 3. Safety

| | Any G | G5 | G3/G4 | G1/G2 |
|---|---|---|---|---|
| | N (%) | N (%) | N (%) | N (%) |
| **Any AEs** | 15 (68) | 1 (5) | 6 (27) | 8 (36) |
| **Fatigue** | 8 (36,4) | 0 (0,0) | 0 (0,0) | 8 (36,4) |
| **AST/ALT increased** | 2 (9,1) | 0 (0,0) | 1 (4,5) | 1 (4,5) |
| **Proteinuria** | 2 (9,1) | 0 (0,0) | 0 (0,0) | 0 (0,0) |
| **Infusion reaction** | 2 (9,1) | 0 (0,0) | 0 (0,0) | 2 (9,1) |
| **Fever** | 3 (13,6) | 0 (0,0) | 0 (0,0) | 2 (9,1) |
| **Peripheral neurophaty** | 3 (13,6) | 0 (0,0) | 0 (0,0) | 3 (13,6) |
| **Hypertension** | 4 (18,2) | 0 (0,0) | 1 (4,5) | 2 (9,1) |
| **Rash** | 3 (13,6) | 0 (0,0) | 0 (0,0) | 3 (13,6) |
| **Pneumonitis** | 1 (4,5) | 1 (4,5) | 0 (0,0) | 0 (0,0) |
| **Arthralgia** | 3 (13,6) | 0 (0,0) | 0 (0,0) | 3 (13,6) |
| **Vomiting** | 1 (4,5) | 0 (0,0) | 0 (0,0) | 1 (4,5) |
| **Nausea** | 2 (9,1) | 0 (0,0) | 0 (0,0) | 2 (9,1) |
| **Paresthesias** | 2 (9,1) | 0 (0,0) | 0 (0,0) | 2 (9,1) |
| **Stipsis** | 2 (9,1) | 0 (0,0) | 0 (0,0) | 2 (9,1) |
| **Neutropenia** | 4 (18,2) | 0 (0,0) | 1 (4,5) | 3 (13,6) |
| **Febril neutropenia** | 1 (4,5) | 0 (0,0) | 1 (4,5) | 0 (0,0) |
| **Pulmunary embolism** | 1 (4,5) | 0 (0,0) | 1 (4,5) | 0 (0,0) |
| **Deep vein thrombosis** | 1 (4,5) | 0 (0,0) | 0 (0,0) | 1 (4,5) |

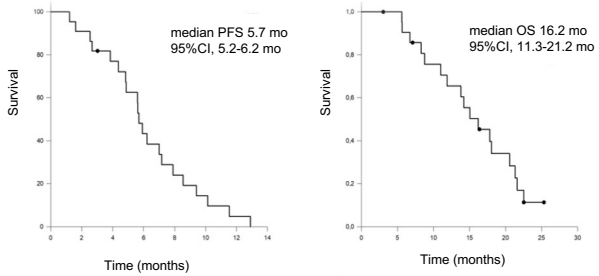
Adverse events (AEs) occurred in 15 (68%) patients: one(5%) G5, and 6(27%) G3/G4. The most frequent AEs were: fatigue (36.4%), hypertension (18.2%), non-febrile neutropenia (18.2%), fever (13.6%).

### 4. Toxicity management

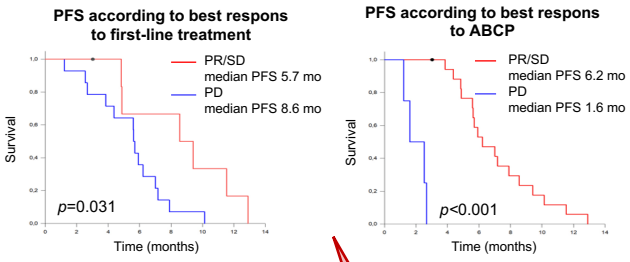


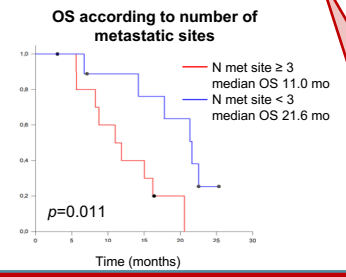

The QOL assessment through EORTC, QLQ-C30 e QLQ-LC13 scales, showed a worsening of the global health, the person's ability and the symptoms after the first or second cycle of treatment.

### 5. Outcome




After a median follow-up of 14.2 months (mo), median TTD and TTF of 8.0 and 8.7 mo, respectively, were observed. The RR was 32% and DCR was 82%, with a median DoR of 3.9 mos. The median PFS was 5.7 mo and the OS was 16.2 mo.




Multivariate analysis for PFS and OS, confirmed best response to study treatment and number of metastatic site as independent factors for PFS and OS, respectively.

## Conclusions

This observational study showed a more representative sample of the population of the clinical practice, including patients with a poor PS and with comorbidities. The high rate of ineligibility confirms this combination regimen as not feasible for most patient. Median OS, PFS and the incidence of AEs are lower than in the IMpower150 trial.

## Contacts and disclosure

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Authors of this poster have no COI to declare.