**Background**

Immune checkpoint inhibitors (ICI), with or without chemotherapy, have become the standard of care for advanced or metastatic non-small cell lung cancer (NSCLC).

**Methods**

Study design and Patients

- Randomized, open-label, multicenter study
- patients with advanced NSCLC and ≥2 prior lines of systemic therapy
- Eligible patients had metastatic disease, an Eastern Cooperative Oncology Group (ECOG) performance status of 0-2, and at least measurable disease according to RECIST v1.1

**Key Inclusion Criteria**

- Histology of adenocarcinoma with activating mutations or ALK-positive tumor mutations
- Received targeted therapy after or before chemotherapy
- Progression of disease, no decline in Eastern Cooperative Oncology Group (ECOG) performance status (PS), and no more than 3 prior lines of systemic therapy

**Key Exclusion Criteria**

- Patients enrolled in a prior clinical study of atezolizumab
- Brain metastases
- Prior systemic treatment with a fluoropyrimidine, platinum, or irinotecan within the past 4 weeks

**Endpoints**

- Objective response rate
- Median progression-free survival (PFS)
- Median overall survival (OS)
- Safety profile

**Data Collection and Analysis**

- Predefined interim analyses
- Tumor assessments performed every 6 weeks
- Statistical methods: descriptive analysis

**Results**

- Among all patients included in the second interim analysis, 566 (60.4%) died during the study: 505 (53.9%) due to disease progression and 61 (6.7%) due to treatment-related adverse events (AEs)

**Discussion**

- The safety profile of atezolizumab monotherapy and/or in combination with chemotherapy was consistent with the known safety profile of atezolizumab.

**Conclusion**

- Atezolizumab monotherapy and/or in combination with chemotherapy demonstrated clinical activity and manageable safety in patients with advanced NSCLC who were progressing on one or more prior lines of systemic therapy.

**References**


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**Conflicts of Interest**

- Dr Girard has the following relationships to disclose:
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**Disclosure**

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