

Lancashire & South Cumbria Cancer Network

Systemic Anticancer Treatment Protocol

Etoposide/Carboplatin/Atezolizumab

INDICATION:

Small Cell Lung Cancer Extensive stage PS0-1, no contraindications to immunotherapy, no active untreated brain disease

Prior to a course of chemotherapy

- Baseline bloods (FBC, U&E, LFT, LDH, Bone profile, TFT, cortisol)
- Calculated Creatinine clearance (Cockcroft-Gault formula)
- HIV, Hepatitis B and C serology if risk factors
- CT Thorax/Abdo, CT or MRI brain
- Written informed consent
- If appropriate discuss need for contraception/risk of infertility (consider sperm banking for males)

Prior to each cycle

- FBC, U&E, LFT – TFT alternate cycles unless clinically indicated
- Calculated Creatinine Clearance (Cockcroft-Gault formula)
- Consider imaging to document response to treatment
- Medical review for toxicities/fitness to proceed

Atezolizumab	1200 mg	250ml 0.9% sodium chloride over 1 hour iv***	day 1
Etoposide	100mg/m ² *	1litre 0.9% sodium chloride over 1 hour IV	day 1 –3*
Carboplatin	AUC5**	500ml Dextrose 5% 1hour	Day 1

Repeat every 21 days for 4 cycles, and then continue atezolizumab until disease progression, withdrawal of consent or intolerable toxicity.

*Oral Etoposide can be used on day 2+3 at dose of 200mg/m² (rounded to nearest 50mg)

**AUC 5 calculated according to Calvert formula (Creatinine Clearance + 25) x 5

***if cycle 1 infusion tolerated without problems Atezolizumab can be administered over 30 minutes for subsequent cycles

Expected toxicities:

Myelosuppression with febrile neutropenia and thrombocytopenia

Alopecia

Mucositis

Nausea/vomiting (moderate to severe)

Infusion reactions

Immune-related toxicities: hepatitis, colitis, pneumonitis, skin rash, nephritis, hypophysitis, hypo- or hyperthyroidism, diabetes, adrenal insufficiency, neuropathy, pancreatitis

Acceptable levels to proceed:

Neutrophils ≥ 1.5 and platelets ≥ 100

If neutrophils < 1.0 defer and consider GCSF prophylaxis and/or dose reduction for carboplatin and etoposide by 20%

If neutrophils 1.0-1.5 – discuss with consultant oncologist

ALT $< 5 \times \text{ULN}$ at start of cycle 1 (otherwise omit Etoposide)

Immune-related adverse events – please see network [Immunotherapy guidelines](#)

Any Grade 2 immune-related event – withhold Atezolizumab, commence Prednisolone 1-2mg/kg (or equivalent) and consider re-starting immunotherapy once symptoms resolved to grade 1 or less on Pred<10mg

Any grade 4 immune-related event – permanently discontinue Atezolizumab (except endocrinopathies controlled with replacement hormones)

THIS PROTOCOL HAS BEEN DIRECTED BY DR APPEL, CLINICIAN FOR LUNG CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

DATE June 2019

REVIEW June 2021

Version 1