



## Tecentriq® (atezolizumab) – Expanded indication

- On October 15, 2021, [Roche announced](#) the FDA approval of [Tecentriq \(atezolizumab\)](#), as a single-agent, as adjuvant treatment following resection and platinum-based chemotherapy for adult patients with stage II to IIIA non-small cell lung cancer (NSCLC) whose tumors have PD-L1 expression on  $\geq 1\%$  of tumor cells, as determined by an FDA-approved test.
- Tecentriq was previously approved for various other uses in NSCLC and also approved for urothelial carcinoma, small cell lung cancer, hepatocellular carcinoma, and melanoma.
- The approval of Tecentriq for the expanded indication was based on IMpower010, a randomized, open-label study for the adjuvant treatment of patients with NSCLC who had complete tumor resection and were eligible to receive cisplatin-based adjuvant chemotherapy. Patients received Tecentriq every 3 weeks for 16 cycles, unless disease recurrence or unacceptable toxicity occurred, or best supportive care (BSC). The primary endpoint was disease-free survival (DFS). The primary efficacy analysis population (N = 476) was patients with stage II – IIIA NSCLC with PD-L1 expression on  $\geq 1\%$  of tumor cells.
  - In the efficacy analysis population, median DFS was not reached with Tecentriq vs. 35.3 months with BSC (hazard ratio 0.66, 95% CI: 0.50, 0.88; p = 0.004).
- The recommended intravenous dose of Tecentriq for adjuvant treatment of NSCLC is 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks for up to one year, unless there is disease recurrence or unacceptable toxicity.
  - Refer to the Tecentriq drug label for dosing for all its other uses and indications.



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