Dear NCCN Guidelines Panel for Non-Small Cell Lung Cancer,

**Request:**
Please consider the following Food and Drug Administration (FDA) approval for Tecentriq® (atezolizumab) for inclusion into the guideline.

Based on the IMpower110 trial, Tecentriq received FDA approval on May 18, 2020 for first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have high PD-L1 expression (PD-L1 stained ≥ 50% of tumor cells [TC ≥ 50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥ 10% of the tumor area [IC ≥ 10%]), as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.

The IMpower110 interim analysis presented at the 2019 European Society for Medical Oncology (ESMO) Congress was previously submitted to NCCN in September 2019. Outcomes in patients with high PD-L1 expression (TC ≥ 50% or IC ≥ 10%) were considered final at the time of interim analysis.

**Rationale:**
IMpower110 was a Phase 3 trial conducted to evaluate the efficacy and safety of Tecentriq monotherapy compared with platinum-based chemotherapy as first-line treatment for patients with chemotherapy-naïve, PD-L1-selected, metastatic NSCLC, independent of tumor histology. The primary endpoint was overall survival (OS), sequentially tested in the following subgroups of patients, excluding those with EGFR or ALK genomic tumor aberrations: TC ≥ 50% or IC ≥ 10%; TC ≥ 5% or IC ≥ 5%; and TC ≥ 1% or IC ≥ 1%.

- At the time of interim analysis, median survival follow-up time was 15.7 months. Tecentriq monotherapy (n=107) demonstrated a statistically significant improvement in OS for patients with high PD-L1 expression (TC ≥ 50% or IC ≥ 10%), showing prolonged median OS compared to chemotherapy (n=98; 20.2 vs. 13.1 months, respectively; HR=0.59 [95% CI, 0.40-0.89], p=0.0106).
- There was no statistically significant difference in OS for the TC ≥ 5% or IC ≥ 5% and TC ≥ 1% or IC ≥ 1% subgroups at the interim or final analyses.

In a pre-specified, exploratory analysis, consistency in efficacy outcomes were observed across high PD-L1 expression subgroups regardless of assay used (VENTANA PD-L1 (SP142) and (SP263) Assays, and the Dako PD-L1 22C3 pharmDx). Median OS in the high PD-L1 expression subgroups favored treatment with Tecentriq regardless of assay used. Please refer to the enclosed presentation from the 2019 ESMO Immuno-Oncology Congress for additional details.

Overall, the safety profile for Tecentriq was consistent with prior observations, with no new safety signals identified. Fatal adverse reactions occurred in 3.8% of patients receiving Tecentriq; these included death (reported as unexplained death and death of unknown cause), aspiration, chronic obstructive pulmonary disease, pulmonary embolism, acute myocardial infarction, cardiac arrest, mechanical ileus, sepsis, cerebral infraction, and device occlusion (1 patient each). Serious adverse reactions occurred in 28% of patients receiving Tecentriq, with the most frequent serious adverse reactions (>2%) being pneumonia (2.8%), chronic obstructive pulmonary disease (2.1%) and pneumonitis (2.1%). Tecentriq was
discontinued due to adverse reactions in 6% of patients, of which the most common (≥2 patients) leading to Tecentriq discontinuation were peripheral neuropathy and pneumonitis.

**FDA Clearance:**

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Thank you for your consideration and I hope this information is helpful to you. If you have any questions, please contact us at the phone number and email provided above.

Respectfully submitted,
Neda Nguyen, PharmD

**References:**