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NCCN Guidelines Panel: Bladder Cancer

On behalf of Genentech, Inc., I respectfully request the NCCN Bladder Cancer Guideline Panel to review the enclosed recent information for:

- **Tecentriq™ (atezolizumab)**

Rosenberg JE, Hoffman-Censits J, Powles T et al. Atezolizumab in patients with locally advanced and metastatic urothelial carcinoma who have progressed following treatment with platinum-based chemotherapy: a single-arm, multicentre, phase 2 trial. Lancet. E-pub Date: [published online ahead of print Mar 4, 2016] 2016. [http://dx.doi.org/10.1016/S0140-6736\(16\)00561-4](http://dx.doi.org/10.1016/S0140-6736(16)00561-4).

Specific Changes:

- Please consider the available data on the use of Tecentriq for the treatment of patients with locally advanced or metastatic urothelial carcinoma for inclusion in the NCCN Guidelines.

FDA Clearance:

Tecentriq was recently approved by the FDA for the treatment of patients with locally advanced or metastatic urothelial carcinoma who:

- Have disease progression during or following platinum-containing chemotherapy
- Have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy

This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Please refer to the [Tecentriq prescribing information](#) for the full FDA-approved indication and safety information.

Rationale:

The FDA based its approval of Tecentriq on results from the IMvigor210 study. Background and results from the studies are as follows:

IMvigor210 trial:

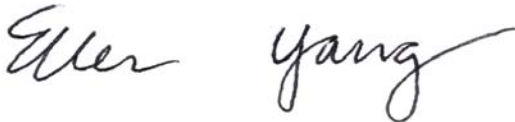
- This single-arm, two cohort, Phase II trial evaluated the efficacy and safety of Tecentriq 1200 mg given intravenously every 3 weeks in 310 patients with locally advanced or metastatic transitional cell carcinoma of the urothelium. FDA approval was based on patients in Cohort 2 who were previously treated with platinum-containing chemotherapy.
- Per the prescribing information, Tecentriq demonstrated a confirmed objective response rate (ORR) of 14.8%, complete response (CR) of 5.5%, and partial response (PR) of 9.4% for all patients after a median follow-up of 14.4 months. Median duration of response had not been reached.
- For adverse reactions that occurred in $\geq 10\%$ of patients, Grade 3-4 adverse reactions occurred in 50% of patients. The following occurred most frequently in $>1\%$ of patients: urinary tract

infections (9%), fatigue (6%) dyspnea (4%), abdominal pain (4%), hematuria (3%), nausea (2%), and back/neck pain (2%).

- Efficacy and safety results at the 11.7 month data cut-off have been published, and the full publication is included as an enclosure for your review.
- An [abstract](#) with additional data was recently publically released by the American Society of Clinical Oncology.

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Respectfully submitted,



Ellen Yang, Pharm.D.

References:

1. Tecentriq Prescribing Information
2. Rosenberg JE, Hoffman-Censits J, Powles T et al. Atezolizumab in patients with locally advanced and metastatic urothelial carcinoma who have progressed following treatment with platinum-based chemotherapy: a single-arm, multicentre, phase 2 trial. Lancet. E-pub Date: [published online ahead of print Mar 4, 2016] 2016. [http://dx.doi.org/10.1016/S0140-6736\(16\)00561-4](http://dx.doi.org/10.1016/S0140-6736(16)00561-4).
3. Dreicer R, Hoffman-Censits J, Flaig T et al. Updated efficacy and > 1-y follow up from IMvigor210: atezolizumab (atezo) in platinum (plat)-treated locally advanced/metastatic urothelial carcinoma (mUC). J Clin Oncol 34, 2016 (suppl; abstr 4515).

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