



Submitted by:
Jordana Wollmann, PharmD
U.S. Medical Affairs
Genentech, Inc.
1 DNA Way
South San Francisco, CA 94080
Phone: (800) 821-8590
Email: genentechmedinfo-d@gene.com
Date of request: August 27, 2019
NCCN Guidelines Panel: Bladder Cancer

Dear NCCN Bladder Cancer Panel:

Request:

We respectfully request you to consider the inclusion of Tecentriq® (atezolizumab), in combination with carboplatin and etoposide, for the treatment of patients with small cell urothelial carcinoma (SCUC) in the NCCN Guidelines® for Bladder Cancer (page BL-D 1 of 2).

Rationale:

SCUC is a rare cancer that is estimated to account for <1% of all bladder cancers.¹⁻³

NCCN Guidelines® for Bladder Cancer list the following two chemotherapy regimens as options for the treatment of bladder cancer with any small-cell component in the neoadjuvant and metastatic settings (page BL-D 1 of 2):⁴

- Etoposide + cisplatin
- Etoposide + carboplatin

To support the above chemotherapy options for the treatment of SCUC, NCCN Guidelines® cites clinical trials conducted in patients with small cell lung cancer (SCLC).⁴⁻⁶ Thus, we respectfully request you to evaluate the results from the IMpower133 trial in Extensive-Stage SCLC for extrapolation of use in patients with SCUC.

IMpower133 was a Phase 3 trial designed to evaluate the use of Tecentriq® (atezolizumab) + carboplatin + etoposide versus placebo + carboplatin + etoposide as first-line treatment for patients with Extensive-Stage SCLC. The trial met both co-primary endpoints of improvement in overall survival (OS) and investigator-assessed progression-free survival (PFS).⁷

- At a median follow-up of 13.9 months, the median OS was 12.3 months in the Tecentriq group and 10.3 months in the placebo group (HR 0.70; 95% CI, 0.54 to 0.91; P=0.007).
- The median PFS was 5.2 months and 4.3 months, respectively (HR for disease progression or death, 0.77; 95% CI, 0.62 to 0.96; P=0.02).
- Adverse events (AEs) occurred in 95% of patients in the Tecentriq group and 92% of patients in the chemotherapy group. Grade 3 or 4 AEs occurred in 57% and 56% respectively, and Grade 5 AEs occurred in 1.5% of patients in each group. Immune-related AEs occurred in 40% of patients in the Tecentriq group and 25% of patients in the placebo group. The safety profile of Tecentriq plus carboplatin and etoposide was consistent with the previously reported safety profile of the individual medicines with no new findings observed.

Please refer to the enclosed publication for full study results.

FDA Clearance:⁸

- Tecentriq, in combination with carboplatin and etoposide, is not FDA-approved for the treatment of patients with SCUC. Please refer to the product prescribing information for the full FDA-approved indications and safety information, available at: http://www.gene.com/download/pdf/tecentriq_prescribing.pdf

Any references supplied to you are protected under U.S. Copyright Law (Title 17, U.S. Code). No further reproduction is permitted.

© Genentech, Inc. All rights reserved.

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,
Jordana Wollmann, PharmD

References

1. Ismaili N. A rare bladder cancer--small cell carcinoma: review and update. *Orphanet J Rare Dis.* 2011 Nov;94(1):6-75. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/22078012>. doi: 10.1186/1750-1172-6-75.
2. Sved P, Gomez P, Manoharan M et al. Small cell carcinoma of the bladder. *BJU Int.* 2004 Jul;94(1):12-7. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/15217423>.
3. Ghervan L, Zaharie A, Ene B et al. Small-cell carcinoma of the urinary bladder: where do we stand? *Clujul Med.* 2017; 90(1): 13–17. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5305081/>. doi: 10.15386/cjmed-673.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology. Bladder Cancer Version 4.2019. https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed August 20, 2019.
5. Roth BJ, Johnson DH, Einhorn LH et al. Randomized study of cyclophosphamide, doxorubicin, and vincristine versus etoposide and cisplatin versus alternation of these two regimens in extensive small-cell lung cancer: a phase III trial of the Southeastern Cancer Study Group. *J Clin Oncol.* 1992 Feb;10(2):282-91. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/1310103>. doi: 10.1200/JCO.1992.10.2.282.
6. Okamoto H, Watanabe K, Nishiwaki Y et al. Phase II study of area under the plasma-concentration-versus-time curve-based carboplatin plus standard-dose intravenous etoposide in elderly patients with small-cell lung cancer. *J Clin Oncol.* 1999 Nov;17(11):3540-5. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/10550152>. doi: 10.1200/JCO.1999.17.11.3540.
7. Horn L, Mansfield A, Szczesna A, et al. Atezolizumab plus Chemotherapy in First-Line Extensive-Stage Small-Cell Lung Cancer. *N Engl J Med.* 2018 Dec 6;379(23):2220-2229. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/30280641>. doi: 10.1056/NEJMoa1809064.
8. Tecentriq® [package insert]. South San Francisco, CA: Genentech, Inc.; 2019.