

SUMMARY

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SUMMARY OF A RECOMMENDATION BY COHERE FINLAND ON COMBINATION THERAPY WITH ATEZOLIZUMAB, ETOPOSIDE AND CARBOPLATIN IN THE FIRST-LINE TREATMENT OF ADVANCED SMALL-CELL LUNG CANCER

The Council for Choices in Health Care in Finland (COHERE Finland) adopted the recommendation at its meeting on 17 June 2021.

According to the recommendation, combination therapy with atezolizumab, etoposide and carboplatin is not included in the national range of services for the first-line treatment of advanced small-cell lung cancer. According to the Council for Choices in Health Care in Finland, the efficacy of the combination therapy is slight, and the costs are high in relation to its therapeutic value.

Atezolizumab combination therapy is indicated as first-line treatment of advanced small-cell lung cancer. Atezolizumab is an anti-PD-L1 antibody that enhances the ability of the immune system to attack cancer cells and slows down the progression of the disease. The recommendation is based on the double-blind, phase III IMpower133 study where patients were randomised to the atezolizumab group (atezolizumab + etoposide + carboplatin, n = 201) or the placebo group (placebo + etoposide + carboplatin, n = 202).

In patients treated with the combination of atezolizumab, etoposide and carboplatin, the median overall survival was two months longer than in patients who received placebo instead of atezolizumab (12.3 vs. 10.3 months), with an average follow-up time of 14 months. The one-year survival rates were 52% in the atezolizumab group and 38% in the placebo group. Two-year survival rates were 22% and 17 %, respectively. The progression-free survival was also slightly longer in patients in the atezolizumab group. The difference between the study groups only appeared in the maintenance stage, so atezolizumab

may offer additional benefit to patients whose treatment continues to the maintenance stage. For the time being, no clear markers predictive of therapeutic efficacy have been identified. The patients in the study were young (median age 64 years) and in better health compared to Finnish lung cancer patients.

The additional costs of the therapy compared to the combination of etoposide and carboplatin currently in use are considerable, around EUR 50,000. Fimea estimates that the number of patients eligible for treatment in Finland is 114–145 per year.

Small-cell lung cancer is a rapidly progressing subtype of lung cancer that develops metastases at an early stage. In nearly half of patients, the disease has already spread at the detection stage. Around 370 new disease cases are annually diagnosed in Finland. According to the Finnish Cancer Registry, the median survival time was 4.5 months for patients diagnosed with small-cell lung cancer in 2014–2018.

This is a summary of a recommendation adopted by the Council for Choices in Health Care in Finland (COHERE Finland). The actual recommendation and the related background material are available in Finnish on the COHERE Finland website under [Recommendations](#).

The summary of the recommendation is also available on the website in [Swedish](#) and [Finnish](#).

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information about service choices in healthcare is available on the [COHERE Finland website](#).