MEDICINE INFORMATION

# ABCP for non-small-cell lung cancer

A patient guide to the four-medicine treatment for some people with lung cancer that has spread, including what happens at the day unit, which checks you may need and when to call for help.

## At a glance

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| **Treatment** | Atezolizumab + Bevacizumab + Carboplatin + Paclitaxel |
| **When it may be used** | For selected adults with non-squamous non-small-cell lung cancer that has spread. |
| **How it is given** | Atezolizumab, bevacizumab, carboplatin and paclitaxel are all given by drip into a vein in this regimen. |
| **Before you start** | Tell your team about any coughing up of blood, high blood pressure, immune conditions or planned procedures. Keep the hospital’s 24-hour number handy. |

## What this treatment is and how it works

ABCP combines medicines that work in three ways. Atezolizumab is immunotherapy. It blocks a protein called programmed death-ligand 1 (PD-L1), which can help cancer cells hide from the immune system. Bevacizumab is a targeted medicine that blocks a signal involved in growing new blood vessels. Carboplatin and paclitaxel are chemotherapy drugs that interfere with cancer cells as they grow and divide.

## When it may be used

ABCP is an option for selected adults with metastatic non-squamous non-small-cell lung cancer (NSCLC). Metastatic means the cancer has spread to distant parts of the body. Non-squamous describes a group of lung cancers that includes adenocarcinoma.

Your team considers the exact cancer type, tests for gene changes such as those in the epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genes, earlier treatments, your general health and whether bevacizumab is suitable. The US approval for this combination as first treatment for metastatic disease specifies tumours without EGFR or ALK gene changes. Other countries may allow different uses after targeted treatment. Ask how your test results affect the choice of treatment and what your team hopes this combination will achieve.

## Before treatment

Tell your team if you have recently coughed up blood, had a blood clot, stroke or heart problem, or have high blood pressure, an unhealed wound or a planned operation. Mention any autoimmune illness, in which the immune system attacks healthy parts of the body, any organ transplant, and past lung inflammation. Bring a list of medicines and supplements, including blood thinners and steroids. The team needs this information before deciding if the combination is suitable.

Your team usually checks your blood counts, kidney and liver function, blood pressure and urine protein. They may also check thyroid function and blood sugar. Tell them if you already have numbness, hearing changes, a cough or breathlessness so they have a record of what is usual for you.

## How treatment is given

You receive the medicines in a cancer day unit. In a common plan, you have all four once every three weeks for four or six cycles. If treatment is helping and side effects are manageable, the team may continue atezolizumab and bevacizumab. This next part is called maintenance treatment. Ask for a calendar showing which medicines are planned at each visit.

The first visit can take several hours. Before paclitaxel, the team usually gives medicines to reduce the chance of an allergic reaction. You will also be offered medicines to prevent nausea. While any medicine is being given, tell the nurse straight away if you have flushing, itching, chills, dizziness, chest tightness, breathing trouble or pain or swelling at the drip site.

## Tests and monitoring during treatment

Blood tests help your team decide whether it is safe to give the next treatment. Blood pressure and urine checks can pick up bevacizumab effects before you feel them. Liver, kidney and thyroid tests can pick up changes caused by immunotherapy. The team will also use scans and ask about your symptoms to assess how well treatment is working.

Keep reporting new symptoms during maintenance treatment and after it ends. Immune-related side effects can start after the last atezolizumab treatment. Show any clinician you see your immunotherapy alert card, if you have one, and tell them your most recent treatment date.

## Side effects

### Common side effects

- **Tiredness and changes in blood counts.** Chemotherapy can lower the cells that fight infection, carry oxygen or stop bleeding. Report fever, new breathlessness, unusual bruises or bleeding.
- **Feeling sick, reduced appetite and bowel changes.** Take your prescribed anti-sickness medicines as directed. Tell the team if you are eating less, losing weight or becoming constipated. Report new diarrhoea early because it can have more than one cause.
- **Tingling or numbness in hands and feet.** Paclitaxel can affect nerves. Tell the team if you drop things, have trouble with buttons or feel unsteady. They may adjust treatment to help prevent the problem from worsening.

- **Hair loss and muscle or joint aches.** Ask what to expect and what pain relief is suitable for you. Tell the team if aches interfere with sleep or daily activities.
- **Raised blood pressure.** Bevacizumab can raise it. If your team asks you to check it at home, ask which readings to report and how to contact them.

### Less common and important side effects

Atezolizumab can cause inflammation in healthy organs. A new cough or breathlessness may be a sign of lung inflammation. Repeated loose stools, blood in the stool or tummy pain may mean the bowel is inflamed. Yellowing of the eyes or skin can signal a liver problem. Unusual tiredness, dizziness, persistent headache, strong thirst or passing much more urine than usual may be clues that hormone levels or blood sugar have changed. Call your team when these symptoms start.

Bevacizumab can cause bleeding, make wounds heal more slowly and raise the risk of some blood clots. Rarely, it can cause a hole in the stomach or bowel. Sudden severe tummy pain, vomiting blood or passing black, tarry stools needs emergency assessment.

## When to seek urgent help

Call your hospital's 24-hour cancer care number straight away for fever, shaking chills, sudden illness, a new cough, repeated diarrhoea or vomiting, blood in the stool or difficulty drinking. Follow your hospital's temperature instructions. If you have no written threshold, call at 37.5°C (99.5°F) or above, or below 36°C (96.8°F). Call if you feel very unwell even with a normal temperature.

Seek emergency care for severe breathing difficulty, chest pain, coughing up more than a few spots or streaks of blood, heavy bleeding, sudden severe tummy pain, collapse, seizures or signs of a stroke. Tell staff the four medicines you are receiving and when you last had them.

## Practical advice for this treatment

### Keep track of what changes after initial treatment

Atezolizumab, bevacizumab, carboplatin and paclitaxel are used together for some people with advanced non-squamous non-small-cell lung cancer. Ask which infusions are planned after the initial chemotherapy and what side-effect checks continue.

### Check bleeding and wound concerns before each visit

Tell your team about coughing up blood, persistent nosebleeds, anticoagulants, surgery or an unhealed wound. Bevacizumab can increase bleeding and affect healing. Ask about blood pressure and urine protein checks.

### Carry details of the immunotherapy

Atezolizumab can cause inflammation in organs even after the last treatment. Tell your team promptly about a new cough, worsening breathlessness, watery diarrhoea or unusual fatigue. If you attend another emergency department, give it the names and dates of your treatment.

## Medicines, interactions and vaccinations

Ask your cancer team before starting new medicines, supplements or vaccines. Ask specifically what to do if another clinician prescribes a steroid, blood thinner or anti-inflammatory pain medicine. Keep taking your prescribed medicines unless your treating team advises a change. Check with the team before using medicines for diarrhoea because new diarrhoea may need assessment.

## Everyday life

Arrange transport or help for the first visit if it will make the day easier. Note changes in breathing, bowel habits, bleeding or tingling and when they began. Tell your dentist and any surgical team about bevacizumab in advance so they can coordinate with oncology. Ask the team what to do if a wound opens or is slow to heal.

## Pregnancy, fertility and breastfeeding

Before treatment, discuss fertility preservation if it matters to you. Ask which contraception to use, how long you need it after the final treatment, and when breastfeeding can safely resume. Your team will consider all four medicines and the dates they finish.

## After treatment

Ask for the dates of your follow-up scans and blood tests and keep your contact instructions. Tell your team if numbness persists or if new symptoms appear after you finish, even when the last chemotherapy or immunotherapy visit was some time ago.

## Frequently asked questions

### Does ABCP contain four different medicines?

Yes. It combines one immunotherapy, one targeted medicine and two chemotherapy medicines. Ask your team to show you the names on your treatment plan.

### Will I have all four at every visit?

The first part may include all four medicines. After the carboplatin and paclitaxel part ends, atezolizumab and bevacizumab may continue. Ask which medicines are due next and keep the contact details for reporting new symptoms during and after treatment.

### Does this treatment suit all lung cancers?

It is used for selected non-squamous lung cancers that have spread. The cancer type, molecular test results, previous treatment and your health help determine your options.

### Why does the team need my molecular test results?

Some gene changes can make a targeted medicine a suitable choice. Your team can explain how your results and any previous targeted treatment affect the decision.

### Why does the team test my urine?

Bevacizumab can cause protein to leak into the urine. Testing can detect it before you notice any symptoms.

### What if I cough up a little blood?

Tell your cancer team promptly, even if you see only a few spots or streaks. Seek emergency care if you cough up more blood or also have chest pain or trouble breathing.

### Can I have an operation or dental procedure during treatment?

Ask the oncology team and the clinician doing the procedure to plan it together. Bevacizumab can affect wound healing and may need to be paused around surgery.

### Should I report mild tingling?

Yes. Tell the team about new tingling, numbness or pain, especially if it changes how you walk or use your hands.

### Can I treat diarrhoea at home?

Contact the cancer team for advice and follow the plan they gave you. They may want to check for bowel inflammation or infection before recommending a medicine.

### What should I do if my home blood pressure rises?

Follow the threshold and contact instructions your team gave you. Seek urgent help if you develop severe headache, confusion, chest pain or sudden trouble with vision or speech.

### Why might my next treatment be delayed?

Low blood counts, blood pressure, urine or blood test changes, or new symptoms may need attention first. Ask what will be rechecked and when you should call again.

### Can side effects start once treatment has stopped?

Yes. Immune-related side effects can start after the last dose. Tell clinicians you have had atezolizumab and when you received it.

### Can I take vitamins or herbal products during ABCP?

Show the cancer pharmacist the product names and doses before starting them. Some products may affect bleeding or interact with other medicines you take.

### What should I bring to an emergency visit?

If you can, bring your treatment list, the last treatment date, your allergy list and any immunotherapy alert card. Get help first if symptoms are severe.

### How will the team tell whether a cough comes from treatment?

It may need to check for infection, effects of the cancer and inflammation from immunotherapy. Call about a new or worsening cough promptly rather than waiting for your scan or infusion.

## Individual medicine guides

- Atezolizumab
- Bevacizumab
- Carboplatin
- Paclitaxel

## Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

### Summary of Product Characteristics (SmPC) and prescribing information

- Atezolizumab (Tecentriq) - EU SmPC
- Bevacizumab (Avastin) - EU SmPC
- Carboplatin infusion - UK SmPC
- Conventional paclitaxel infusion - UK SmPC

### Clinical protocols and other references

- eviQ metastatic non-squamous lung cancer ABCP protocol
- IMpower150 trial, including the ABCP combination

### Additional sources

- eviQ, patient information on the four-medicine lung cancer regimen
- FDA approval summary for ABCP in non-squamous lung cancer
- Cancer Research UK, targeted treatment and immunotherapy for lung cancer
- NHS, when to get help for coughing up blood

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