



Clinical trial results:

A phase II open-label study of Atezolizumab in combination with bevacizumab as first line treatment for locally advanced or metastatic high-intermediate tumour mutation burden (TMB) selected non-squamous non-small cell lung cancer (NSCLC) patients

Summary

EudraCT number	2018-004654-17
Trial protocol	ES
Global end of trial date	16 October 2024

Results information

Result version number	v1 (current)
This version publication date	11 April 2026
First version publication date	11 April 2026
Summary attachment (see zip file)	CSR summary TELMA (Resumen informe final TELMA_v.1.0_06Jun2025.pdf)

Trial information

Trial identification

Sponsor protocol code	GECP18/03
-----------------------	-----------

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT03836066
WHO universal trial number (UTN)	-
Other trial identifiers	Roche Code: ML40237

Notes:

Sponsors

Sponsor organisation name	Fundación GECP
Sponsor organisation address	Avenida Meridiana 358 6º planta, Barcelona, Spain,
Public contact	Maria Fernández, Fundación GECP, +34 934302006, secretaria@gecp.org
Scientific contact	Mariano Provencio, Fundación GECP, +34 934302006, mprovencio@gecp.org

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	06 June 2025
Is this the analysis of the primary completion data?	Yes
Primary completion date	16 October 2024
Global end of trial reached?	Yes
Global end of trial date	16 October 2024
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

To evaluate the efficacy of Atezolizumab in combination with Bevacizumab as measured by Progression Free Survival (PFS) according to Response Evaluation Criteria in Solid Tumours (RECIST) Version 1.1

Protection of trial subjects:

Not applicable

Background therapy:

Atezolizumab is a humanized anti-PD-L1 monoclonal antibody that inhibits its interaction with its receptors, PD-1 and B7.1 (CD80, B7-1), reinvigorating anticancer immunity. The OAK study evaluated the efficacy of Atezolizumab compared to Docetaxel in 1.225 patients previously treated with locally-advanced or metastatic NSCLC. The PD-L1 targeted therapy by Atezolizumab resulted in a clinically relevant improvement of overall survival versus Docetaxel regardless of PD-L1 expression or histology, with a favourable safety profile. The median OS in this study was 13.8 months (95% CI 11.8-15.7) in the Atezolizumab arm compared to 9.6 months (95% CI 8.6-11.2) in the Docetaxel arm (HR=0.73, 95% CI 0.62-0.87; p=0.0003).

Bevacizumab is a recombinant, humanized therapeutic anti-VEGF antibody that inhibits tumor angiogenesis which may correct the immunosuppressive function exerted by VEGF, increasing the infiltration of T effector cells in cancer.

The phase 3 study of Atezolizumab in combination with Bevacizumab compared to Sunitinib single agent (IMmotion151), as first-line therapy in untreated metastatic Renal Cell Carcinoma (RCC) patients. This clinical trial showed a significant benefit of 3.5 months in the PFS favouring the CIT-Bevacizumab combination (11.2 m vs. 7.7 m) with a tolerable safety profile in PD-L1+ patients¹⁹.

These data confirm the role of Bevacizumab as an immune modulating agent that may provide a successful combination strategy in different tumor types.

Evidence for comparator:

Not applicable

Actual start date of recruitment	17 July 2019
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Spain: 38
Worldwide total number of subjects	38
EEA total number of subjects	38

Notes:

Subjects enrolled per age group	
In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	19
From 65 to 84 years	19
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

Population: stage IIIB - IV non-squamous selected high-intermediate tumor mutation burden (TMB) non-small cell lung cancer patients.

This is an open-label, non-randomized, phase II, multi-centre clinical trial.

Pre-assignment

Screening details:

Chemotherapy-naïve patients high-intermediate TMB (TMB \geq 10 mutations/MB analyzed in tumor or TMB \geq 16 mutations/MB analyzed in blood) and with locally advanced or metastatic non-squamous non-small cell lung cancer patients will be selected.

Period 1

Period 1 title	Overall trial (overall period)
Is this the baseline period?	Yes
Allocation method	Non-randomised - controlled
Blinding used	Not blinded

Blinding implementation details:

Not blinded

Arms

Arm title	One Arm
Arm description: -	
Arm type	Experimental
Investigational medicinal product name	Atezolizumab
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

see study protocol

Number of subjects in period 1	One Arm
Started	38
Completed	38

Baseline characteristics

Reporting groups

Reporting group title	Overall trial
Reporting group description: -	

Reporting group values	Overall trial	Total	
Number of subjects	38	38	
Age categorical			
Age groups < 55 years 5 (13.2%) 55 to 64 years 14 (36.8%) 65 to 74 years 14 (36.8%) ≥ 75 years 5 (13.2%)			
Units: Subjects			
In utero	0	0	
Preterm newborn infants (gestational age < 37 wks)	0	0	
Newborns (0-27 days)	0	0	
Infants and toddlers (28 days-23 months)	0	0	
Children (2-11 years)	0	0	
Adolescents (12-17 years)	0	0	
Adults (18-64 years)	19	19	
From 65-84 years	19	19	
85 years and over	0	0	
Age continuous			
Units: years			
median	64.5		
full range (min-max)	45 to 77	-	
Gender categorical			
Units: Subjects			
Female	10	10	
Male	28	28	
Race			
NA			
Units: Subjects			
Caucasian	38	38	
Smoking habit			
Units: Subjects			
Non-smoker	2	2	
Former smoker	21	21	
smoker	15	15	
ECOG at diagnosis			
Units: Subjects			
zero	16	16	
one	22	22	
Symptoms at baseline			
Units: Subjects			
No symptoms	3	3	

Some symptoms	35	35	
Comorbidities			
Units: Subjects			
some	2	2	
none	36	36	
Histology			
Units: Subjects			
Adenocarcinoma	35	35	
Squamous	1	1	
NOS	2	2	
Laarge cell carcinoma	0	0	

End points

End points reporting groups

Reporting group title	One Arm
Reporting group description: -	

Primary: Progression Free Survival (PFS) at 12 months

End point title	Progression Free Survival (PFS) at 12 months ^[1]
-----------------	---

End point description:

To evaluate the efficacy of Atezolizumab in combination with Bevacizumab as measured by Progression Free Survival (PFS) at 12 months according to Response Evaluation Criteria in Solid Tumors (RECIST) Version 1.1

End point type	Primary
----------------	---------

End point timeframe:

From inclusion date to date of progression

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: The statistical analysis for an endpoint is not mandatory.

End point values	One Arm			
Subject group type	Reporting group			
Number of subjects analysed	38			
Units: %				
number (confidence interval 95%)	49.6 (35.5 to 69.2)			

Statistical analyses

No statistical analyses for this end point

Secondary: Overall Response Rate

End point title	Overall Response Rate
-----------------	-----------------------

End point description:

ORR results displays the best percentage change from baseline in the sum of target lesion diameters for each evaluable patient, categorized by radiological response

End point type	Secondary
----------------	-----------

End point timeframe:

at CT-scan evaluation

End point values	One Arm			
Subject group type	Reporting group			
Number of subjects analysed	38			
Units: %				
ORR (PR+CR)	18			

Statistical analyses

No statistical analyses for this end point

Secondary: Overall Survival

End point title	Overall Survival
End point description:	
NA	
End point type	Secondary
End point timeframe:	
From inclusion to last follow up or date of death	

End point values	One Arm			
Subject group type	Reporting group			
Number of subjects analysed	38			
Units: %				
median (confidence interval 95%)	19.9 (13.1 to 45.9)			

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

An AE is defined as any untoward medical occurrence that occurs from the subject's written consent to participate in the study through 30 days after the final administration of the IMP

Adverse event reporting additional description:

After informed consent has been obtained, but prior to initiation of study drug, only serious adverse events caused by a protocol-mandated intervention (e.g., invasive procedures such as biopsies, discontinuation of medications) should be reported.

Assessment type	Systematic
-----------------	------------

Dictionary used

Dictionary name	CTCAE
-----------------	-------

Dictionary version	5.0
--------------------	-----

Reporting groups

Reporting group title	Overall trial
-----------------------	---------------

Reporting group description:

All subjects

Serious adverse events	Overall trial		
Total subjects affected by serious adverse events			
subjects affected / exposed	5 / 38 (13.16%)		
number of deaths (all causes)	0		
number of deaths resulting from adverse events	0		
Gastrointestinal disorders			
Diarrhoea	Additional description: Grade 3 related to Atezolizumab		
subjects affected / exposed	1 / 38 (2.63%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		
Gastrointestinal disorder	Additional description: Gastrointestinal Toxicity grade 4 (related to Atezolizumab)		
subjects affected / exposed	1 / 38 (2.63%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		
Renal and urinary disorders			
Nephritis	Additional description: Grade 3 (related to Atezolizumab)		
subjects affected / exposed	1 / 38 (2.63%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		
Nephrotic syndrome	Additional description: Grade 3 (related to atezolizumab)		

subjects affected / exposed	1 / 38 (2.63%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		
Infections and infestations			
Respiratory tract infection	Additional description: Grade 3 (Related to Atezolizumab)		
subjects affected / exposed	1 / 38 (2.63%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		

Frequency threshold for reporting non-serious adverse events: 5 %

Non-serious adverse events	Overall trial		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	5 / 38 (13.16%)		
Investigations			
Alanine aminotransferase increased	Additional description: Grade 3		
subjects affected / exposed	1 / 38 (2.63%)		
occurrences (all)	0		
General disorders and administration site conditions			
Fatigue	Additional description: Grade 3		
subjects affected / exposed	1 / 38 (2.63%)		
occurrences (all)	0		
Renal and urinary disorders			
Proteinuria	Additional description: Grade 3		
subjects affected / exposed	5 / 38 (13.16%)		
occurrences (all)	1		
Renal disorder	Additional description: Grade 3		
subjects affected / exposed	1 / 38 (2.63%)		
occurrences (all)	0		
Infections and infestations			
Diverticulitis	Additional description: Grade 4		
subjects affected / exposed	1 / 38 (2.63%)		
occurrences (all)	0		

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
24 January 2020	Administrative changes in the protocol (correction of typos and a few wording corrections)
13 July 2020	Added in the protocol de determination of the TMB in blood per foundation One
14 December 2020	Update of the sample size
28 January 2022	Update of the pharmacogenomic studies in the study samples
08 July 2024	amendment to the protocol to transfer patients still on treatment to a PTAP program

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported

Online references

<http://www.ncbi.nlm.nih.gov/pubmed/36520426>