Transcript Details
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Investigating At-Home Subcutaneous Atezolizumab for NSCLC: An Ongoing Study

Announcer:

This is *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Jorge Nivea, who's an Associate Professor of Clinical Medicine at the University of Southern California's Keck School of Medicine. He'll be discussing his ongoing study, which is exploring whether subcutaneous atezolizumab can be administered at home for patients with non-small cell lung cancer. Here's Dr. Nivea now.

Dr. Nieva:

We have a study ongoing to administer subcutaneous atezolizumab at home for patients with non-small cell lung cancer who are receiving atezolizumab for routine indications. There's a number of different indications, of course, for atezolizumab. It can be given for patients in the first-line setting for patients with a high PD-L1 score; it can be given in the second-line setting; and it can also be given in combination with chemotherapy. In our study, we're testing whether or not this can feasibly be delivered at home.

Therapeutic proteins have been delivered in patients' homes for a number of indications for years. So I don't think there's any a priori reason that we can't administer drugs like immune checkpoint inhibitors, such as atezolizumab, at home. And there's an increasing interest by pharmaceutical partners to try to develop these medications in a formulation that is acceptable for home use. So in our clinical trial, we are testing the feasibility of this approach and looking at ways that we can deliver care to patients at home without forcing them to come into the office for care.

Patients like to have treatments at home. It's more convenient for them. There's less issues around transportation. And I think for many of these therapeutic proteins, there's lots of safety in home administration, and so our clinical trial is really trying to get an understanding of what's involved with this. In addition to administering the drug, we're also giving patients a number of remote home monitoring tools and using wearable sensors, such as Fitbits, scales, and smartphone-based applications, to administer patient-reported outcome surveys and vital signs to try to collect as much data as we possibly can from the patients so that they can have really effective telemedicine visits while we're doing this home administration.

We're formally testing feasibility by looking at data collection and looking at the completeness of data collection. How often do we miss vital signs? How well do the patients do wearing their Fitbit? And how well does that data get transmitted to our system for their visits? So we have a number of formal statistical tests built into the clinical trial, which is based on understanding our completeness of data collection. We're also collecting information about drug delivery. Is it given on time? We're also measuring things like patient satisfaction as well as provider satisfaction and satisfaction of the home nurse who is delivering the therapy to the patient in their house.

Really, we're hoping to see that this is safe and this is feasible. We want to be sure that patients aren't having problems associated with home delivery. We want to understand what the challenges are if we try to do this on a larger scale across a large geographic area. Some of the things, of course, that are important is the drug delivery—it's physical, courier-based delivery—because immune checkpoint inhibitors, like many other drugs that we give to patients, are exorbitantly expensive, and we don't want any of those vials of very expensive medications to expire, be left in the hot sun and have their temperature go out of range, and we certainly don't want them stolen by porch pirates or something like that. So we want to be sure that we have a delivery method where we don't dispense the drug until we know that we're going to use it and that we can get it to the patients in a rapid way. We want to be sure that the nurse has a mechanism for being sure that the drug that's delivered to the patient is safe to administer. So all these sorts of fundamental feasibility issues are things that we're looking at.

Announcer:

That was Dr. Jorge Nivea talking about his research focusing on the at-home administration of subcutaneous atezolizumab for non-small cell lung cancer patients. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!