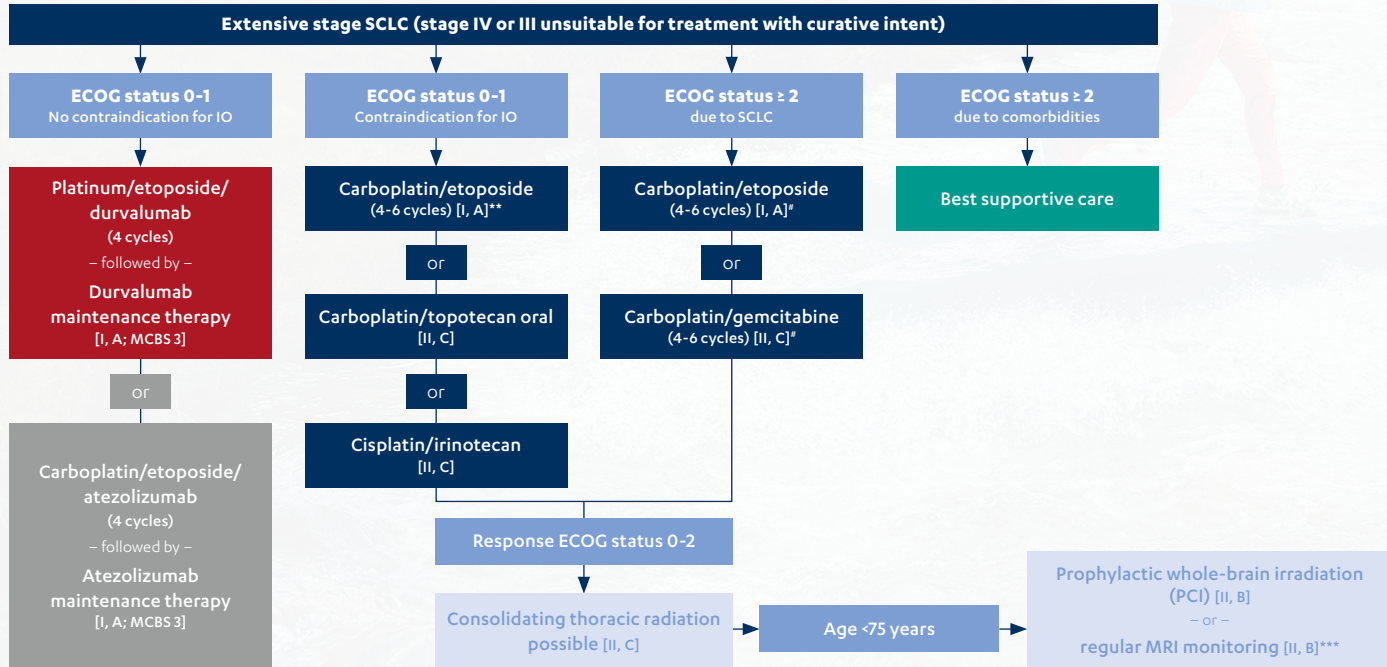


ESMO Guidelines Update ES-SCLC¹

IMFINZI® with free platinum choice recommended



Advanced stage



** Carboplatin may be replaced by cisplatin in patients < 70 years of age or based on toxicity profile [II, C].

*** No brain metastases on MRI before PCI

For patients with ECOG status ≥ 2 consider dose reduction of chemotherapy and/or G-CSF prophylaxis

Recommendations are labeled according to their level of evidence [I to V] and grade of recommendation [A to E].

I, A, corresponds to the highest evidence and the strongest recommendation.



ESMO Clinical Practice Guidelines for Small-Cell Lung Cancer¹

Summarized, what's most important to you



In the ES-SCLC, therapy with durvalumab in combination with platinum and etoposide should be offered to all eligible patients with ECOG status 0-1 who have not received prior chemotherapy.

- Efficacy endpoints from the CASPIAN study:²
 - Statistically significant improvement in overall survival (OS) by adding durvalumab to chemotherapy: mOS 12.9 months with durvalumab + chemotherapy vs 10.5 months with chemotherapy alone (HR 0.71; 95% CI 0.60–0.86, p=0.0003)
 - 36-month OS was 17.6% with durvalumab + chemotherapy vs 5.8% with chemotherapy alone
- The guideline confirms: In the CASPIAN study, the overall survival benefit was consistent across all patient subgroups with durvalumab, and quality of life was maintained.^{1,3}

ECOG: Eastern Cooperative Oncology Group; **ES-SCLC:** Advanced-stage small cell lung cancer (extensive disease); **G-CSF:** Granulocyte colony-stimulating factor; **HR:** hazard ratio; **IO:** Immuno-oncology; **CI:** Confidence Interval; **MCBS:** ESMO-Magnitude of Clinical Benefit Scale; **MRI:** Magnetic resonance imaging; **OS:** Overall survival; **PCI:** Prophylactic whole-brain irradiation; **SCLC:** small-cell lung cancer

1. Dingemans AC, Früh M, Ardizzoni A, et al. Small-cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up[†]. *Ann Oncol.* 2021;32(7):839-853. doi:10.1016/j.annonc.2021.03.207 **2.** Paz-Ares L, Chen Y, Reinmuth N, Hotta K, Trukhin D, Statsenko G, et al. Durvalumab, with or without tremelimumab, plus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer: 3-year overall survival update from CASPIAN. *ESMO Open.* 2022; 7 (2): 100408. **3.** Goldman JW et al. Durvalumab, with or without tremelimumab, plus platinum-etoposide versus platinum-etoposide alone in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): updated results from a randomised, controlled, open-label, phase 3 trial. *Lancet Oncol.* 2021; 22(1): 51–65.

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Comp: Durvalumab; concentrate for solution for infusion; 50 mg/mL; List A. **Ind:** For the treatment of patients with locally advanced, unresectable non-small cell lung cancer (NSCLC) whose disease has not progressed following definitive platinum-based chemoradiation therapy. In combination with etoposide and either carboplatin or cisplatin for the first-line treatment of patients with extensive-stage small cell lung cancer (ES-SCLC). In combination with gemtacinibine and cisplatin for the first line treatment of adult patients with locally advanced or metastatic biliary tract cancer (BTC). **Dos:** NSCLC: 10 mg/kg every 2 weeks or 1500 mg every 4 weeks. ES-SCLC: 1500 mg every 3 weeks (21 days) for 4 cycles, followed by 1500 mg every 4 weeks. BTC: 1500 mg every 3 weeks (21 days) for up to 8 cycles, followed by 1500 mg every 4 weeks. **CI:** Hypersensitivity to the active substance or to any of the excipients.

W&P: Immune-mediated ADRs (pneumonitis, hepatitis, colitis, nephritis, rash, myocarditis, haemophagocytic lymphohistiocytosis (HLH)), immune-mediated endocrinopathies (hypothyroidism, hyperthyroidism, thyroiditis, adrenal insufficiency, type 1 diabetes mellitus, hypophysitis/hypopituitarism), aseptic meningitis, haemolytic anaemia, immune thrombocytopenia, cystitis noninfective, myositis, encephalitis, pancreatitis, ocular inflammatory toxicity, polymyositis, myasthenia gravis, infusion-related reactions, adverse reactions in transplant recipients, cerebrovascular events. **IA:** Corticosteroids and immunosuppressants before starting treatment. **ADRs:** Monotherapy: Very common: upper respiratory tract infections, hypothyroidism, cough/productive cough, diarrhoea, abdominal pain, rash, pruritus, pyrexia. Common: pneumonia, oral candidiasis, dental and oral soft tissue infections, influenza, hyperthyroidism, TSH increased, pneumonitis, dysphonia, aspartate aminotransferase increased or alanine aminotransferase increased, night sweats, myalgia, blood creatinine increased, dysuria, peripheral oedema, infusion related reaction. In combination with chemotherapy: Very common: neutropenia, anaemia, thrombocytopenia, leukopenia, decreased appetite, insomnia, cough/productive cough, nausea, constipation, vomiting, diarrhoea, abdominal pain, aspartate aminotransferase increased or alanine aminotransferase increase, alopecia, rash, fatigue, pyrexia. Common: upper respiratory tract infections, influenza, pneumonia, dental and oral soft tissue infections, sepsis, febrile neutropenia, pancytopenia, hypothyroidism, hyperthyroidism, adrenal insufficiency, hypomagnesaemia, hypokalaemia, hyponatraemia, dehydration, hypocalcaemia, cerebrovascular events, neuropathy peripheral, headache, tinnitus, hypotension, pneumonitis, dysphonia, dyspnoea, pulmonary embolism, hiccups, stomatitis, amylase increased, hepatitis, blood bilirubin increased, gamma-glutamyltransferase increased, blood creatinine increased, dysuria, acute kidney injury, proteinuria, pruritus, dermatitis, back pain, myalgia, muscle spasms, peripheral oedema, infusion related reaction, chills, oedema, malaise. Uncommon, rare, very rare: see www.swissmedicinfo.ch. Date of revision of the text: January 2023. **Further information:** www.swissmedicinfo.ch or AstraZeneca AG, Neuhofstrasse 34, 6340 Baar, Switzerland. www.astrazeneca.ch. Professionals can request the mentioned references to AstraZeneca AG.

