SCLC

Extensive stage

IMFINZI®
Established SoC in ES-SCLC[1|2]

Sustained survival benefit[3]

with CASPIAN as the only[#] positive study with 3-year-OS data vs control[3]

3x more patients alive after 3 years

17.6% vs. 5.8% ES-SCLC patients alive with IMFINZI® vs. control and 29% reduction in mortality risk[3]

1x monthly administration

Reducing visits relieves your patients, your staff and you[3|4|5*]

Established SoC

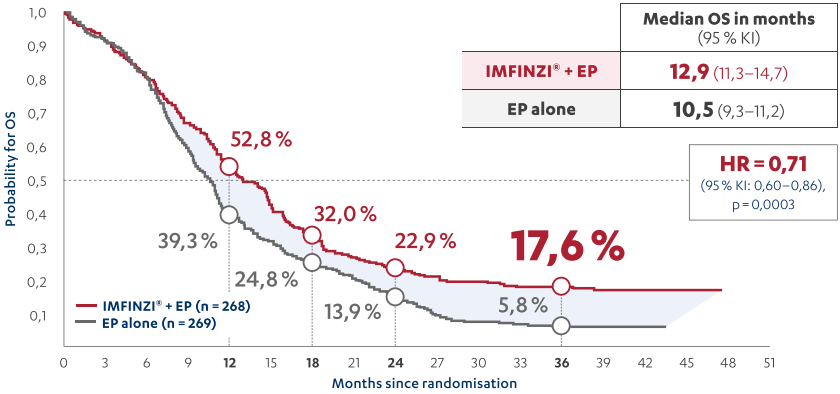
Recommended by ESMO and NCCN guidelines for 1L ES-SCLC[1|2]

- Rapid start to therapy without cost approval necessary[4]
- 1x monthly IMFINZI® administration relieves your patients, your staff and you[3|4|5*]
- The only approved therapy in combination with cis- or carboplatin[3|5]
- Sustained QoL and good tolerability confirmed[3|5]

AstraZeneca

IMFINZI® durvalumab

Overall survival with IMFINZI + EP vs. EP alone (39 months follow-up[3])



	Median OS in months (95 % KI)
IMFINZI® + EP	**12,9** (11,3–14,7)
EP alone	**10,5** (9,3–11,2)

HR = 0,71
(95 % KI: 0,60–0,86),
p = 0,0003

Number of patients at risk

IMFINZI® + EP	268	244	214	177	140	109	85	70	60	54	50	46	39	25	13	3	0	0
EP alone	269	243	212	156	104	82	64	51	36	24	19	17	13	10	3	0	0	0

RAPID START TO THERAPY:
NO COST APPROVAL NECESSARY[4]

Dosage[3|5]

INDUCTION - Q3W × 4 CYCLES

IMFINZI® 3 × 500 mg + **ETOPOSID** + **CISPLATIN or CARBOPLATIN**

MAINTENANCE THERAPY 1× MONTHLY

IMFINZI® 3 × 500 mg — Until progression or intolerable toxicity

Note: The dosing regimen follows the protocol for the CASPIAN study. Please also note the relevant Information for Healthcare Professionals[5].

to date (status: Oct. 2023) ***in** maintenance phase **QoL** = Quality of Life; **SoC** = Standard of Care; **Q3w** = Every three weeks; **EP** = Etoposid; **OS** = Overall survival; **HR** = Hazard ratio; **ES-SCLC** = Extensive stage small cell lung cancer **1.** ESMO. First-Line Combination Treatment with Durvalumab Plus Platinum and Etoposide Has Manageable Safety in ES-SCLC. Results from analyses of safety, pharmacokinetics and immunogenecity in the CASPIAN trial. Available from: https://www.esmo.org/meetingcalendar/past-meetings/esmo-immuno-oncology-congress-2019/congress-coverage/newspress-releases/first-line-combination-treatment-with-durvalumab-plus-platinum-and-etoposidehas-manageable-safety-in-es-sclc **2.** NCCN Guidelines, online available: https://www.nccn.org/professionals/physician_gls/pdf/sclc.pdf (last access: 12.10.2023) **3.** Paz-Ares, L., Chen, Y., Reinmuth, N., Hotta, K., Trukhin, D., Statsenko, G., ... & Goldman, J. W. (2022). 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, 7(2), 100408. https://doi.org/10.1016/j.esmoop.2022.100408 **4.** List of specialities. www.spezialitätenliste.ch **5.** IMFINZI® Information for Healthcare Professionals. www.swissmedicinfo.ch.

Imfinzi®
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 gemcitabine 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, tachycardia, 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.

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