IMFINZI®

Intention to cure

The only approved immunotherapy for stage III unresectable NSCLC after CRT[1]

NSCLC

Stage III

Usage of IMFINZI® in **Stage III UR-NSCLC**[1]

SL[3]

Approval study	**PACIFIC**[2]
Indication	• Locally advanced, unresectable NSCLC (stage III A-III C)[1] • Independent of biomarkers[1]
Indication code	The following indication code must be sent to the health insurance company: **20791.01**
Study results	• **Sustained 5-year OS advantage**[2] • -28 % reduction in risk of death[2] • 47.5 months vs. 29.1 months median OS[2, †]
Initiierung[1]	Unmittelbar nach Abschluss der Chemoradiotherapie (CRT)[1] • Concurrent oder sequenzielle CRT möglich[1] • Platinbasierte Chemotherapie (Cis-/Carboplatin)[1]

DOSAGE[1]

➢ Patient-oriented treatment regimen: 1x monthly administration.
➢ Independent of PD-L1 status

START OF THERAPY

Concurrent CRT or sequential CRT

1x MONTHLY MAINTENANCE THERAPY

IMFINZI® for 12 months
IMFINZI for 12 months or until progression or intolerable toxicity

IMFINZI® 1500 mg fixed dose† every 4 weeks,
or 10 mg/kg every 2 weeks, intravenous infusion[1]

IMFINZI® durvalumab

- **Do not administer any further medication via the IMFINZI® infusion line[1]**
- **After preparation of IMFINZI® solution for infusion:[1]**
  - **Max. 24 hours at 2°C–8°C**
  - **Max. 12 hours at room temperature up to 25°C**

* IMFINZI® is indicated for the treatment of patients with locally advanced, unresectable NSCLC that has not progressed based on a definitive platinum-based CRT and for the first-line treatment of patients with advanced extensive-stage small cell lung cancer (ES-SCLC) in combination with etoposide and carboplatin or cisplatin.[1]
** Advanced small cell lung cancer (extensive stage); referred to in the SmPC as extensive-stage SCLC or ES-SCLC.[1]
† vs. placebo.
# Weight-related dosing is required for patients who weigh 30 kg or less, equivalent to IMFINZI® 10 mg/kg every two weeks or 20 mg/kg every four weeks as monotherapy until the body weight is greater than 30 kg.[1]
§ Patients who weigh 30 kg or less must receive a weight-related dose equivalent to IMFINZI® 20 mg/kg in combination with chemotherapy every three weeks (21 days) for four cycles, followed by 20 mg/kg every four weeks as monotherapy until the body weight has increased to over 30 kg.[1]
ᵃ Administer IMFINZI® on the same day before chemotherapy. Please also read the Summary of Product Characteristics for etoposide and carboplatin or cisplatin for information on the dosage.[1]

CRT: chemo radio therapy, **EP:** Etoposide + Carboplatin or Cisplatin, **ES-SCLC:** extensive-stage small cell lung cancer, **NSCLC:** non-small cell lung cancer, **PD-L1:** Programmed Death Ligand 1, **OS:** overall survival, **Q2W:** every 2 weeks, **Q3W:** every 3 weeks, **Q4W:** every 4 weeks, **SL:** list of specialities

1. IMFINZI® Information for Healthcare Professionals www.swissmedicinfo.ch **2.** Spigel DR. et al., Five-year survival outcomes with durvalumab after chemoradiotherapy in unresectablestage III NSCLC: An update from the PACIFIC trial. J Clin Oncol 39, 2021 (suppl 15; abstr 8511). DOI: 10.1200/JCO.2021.39.15_suppl.8511. **3.** Specialities list (SL). www.spezialitätenliste.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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