NEW

SCLC

LS-SCLC | ES-SCLC

IMFINZI®: The FIRST and ONLY* immunotherapy approved across LS-SCLC and ES-SCLC[1]

ADRIATIC: IMFINZI®

as first systemic treatment advancement in LS-SCLC in decades[2]

Biomarker independent- irrespective of PD-L1 status[1]

CASPIAN: IMFINZI®

as standard of care in ES-SCLC[3,4]

AstraZeneca

IMFINZI® durvalumab

CASPIAN: 1L standard of care in ES-SCLC with 3-year OS benefit[3–5]

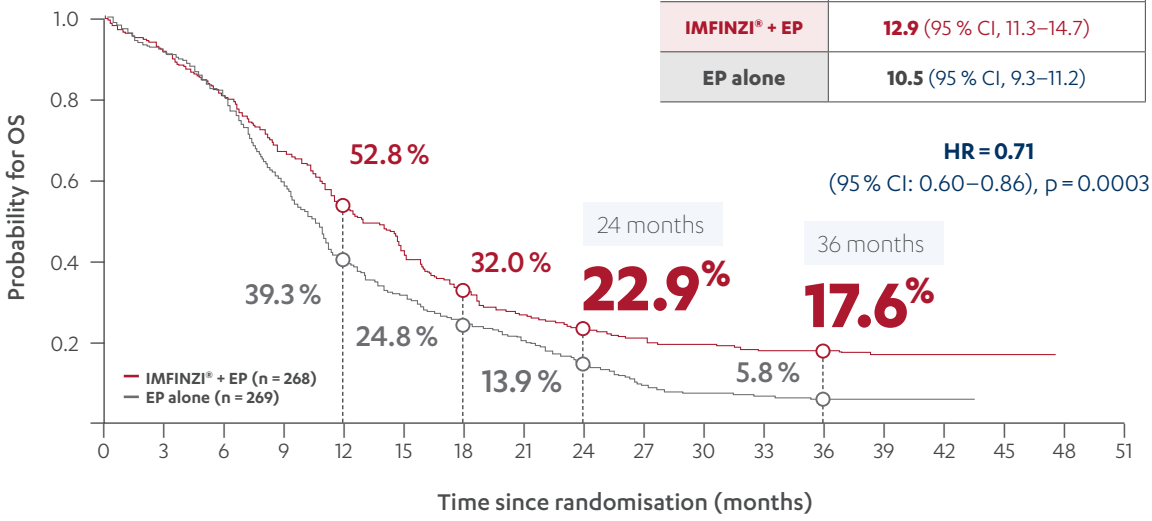
Study design:[6]

- **CASPIAN** is a controlled, randomised, open-label, multi-centre phase III study for IMFINZI® + EP vs EP alone as first-line treatment in patients with ES-SCLC
- The primary endpoint is overall survival

29% reduction in risk of mortality with IMFINZI® + EP

vs EP alone, even after 3 years of follow-up[5]

	MONTHS MEDIAN OS
IMFINZI® + EP	**12.9** (95 % CI, 11.3–14.7)
EP alone	**10.5** (95 % CI, 9.3–11.2)



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

Adapted according to Paz-Ares et al., 2021.[5]

- 3-fold survival benefit after 3 years: 17.6 % vs 5.8 % with IMFINZI® + EP vs EP alone[5]

CASPIAN: The only IO therapy + EP for ES-SCLC with free choice of platinum-based CT[1]

The CASPIAN regimen

IMFINZI® + EP Q3W, followed by only one administration of IMFINZI® per month[1]

INDUCTION - Q3W × 4 CYCLES

IMFINZI® 3 × 500 mg + **ETOPOSIDE#** + **CISPLATIN or CARBOPLATIN#**

Both reimbursed[7]

MAINTENANCE THERAPY 1× MONTHLY

IMFINZI® 3 × 500 mg

Until progression or intolerable toxicity

IMFINZI® 1500 mg fixed dose§ every 4 weeks, intravenous infusion[1]

ADRIATIC: The FIRST and ONLY* IO therapy in LS-SCLC with a significant OS benefit following CRT[1]

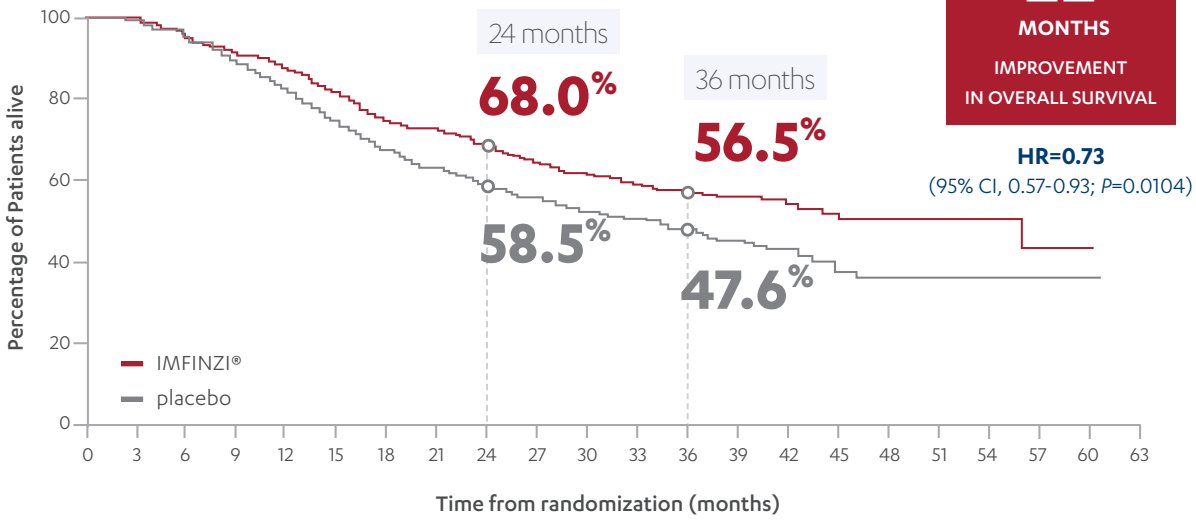
Study design:[2]

- **ADRIATIC** is a global, double-blind, placebo-controlled, randomized, phase III trial evaluating IMFINZI® following CRT in LS-SCLC
- Dual primary endpoints include OS and PFS (by BICR per RECIST v 1.1)

Overall survival

(median duration of follow-up: 37.2 months)

OVER 22 MONTHS IMPROVEMENT IN OVERALL SURVIVAL



Number of patients at risk

IMFINZI®	264	261	248	236	223	207	189	183	172	162	141	110	90	68	51	39	27	19	11	5	1	0
placebo	266	260	247	231	214	195	175	164	151	143	123	97	80	62	44	31	23	19	8	5	1	0

Adapted according to Cheng Y et al., 2024.[2]

- Unprecedented OS with IMFINZI® following CRT: Over 22 months improvement in median OS vs placebo[2]

ADRIATIC: ONE administration per month with IMFINZI® following CRT in LS-SCLC[1]

The ADRIATIC regimen

CONCURRENT PLATINUM-BASED CRT

Four 21- or 28-day cycles of platinum/etoposide CT, administered concurrently with a 3- or 6-week RT regimen (starting before end of Cycle 2)

IMFINZI®

Up to 24 months of fixed-dose IMFINZI® 1500 mg Q4W[†]

Initiate IMFINZI® within 42 days**

IMFINZI® offers Q4W fixed dosing[1,##]

IMFINZI® fixed 1500-mg dose — **Q4W** — until disease progression, unacceptable toxicity, or up to 24 months[##]

Your AZ contact persons

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* To date, status: 11/2024.
\# Administer IMFINZI® on the same day before chemotherapy. Please also refer to the Information for Healthcare Professionals for etoposide and carboplatin or cisplatin for information on the dosage.
§ The dosage must be adjusted to body weight in patients weighing 30 kg or less, equivalent to 20 mg/kg IMFINZI® in combination with chemotherapy every 3 weeks (21 days) for 4 cycles, followed by 20 mg/kg every 4 weeks as a monotherapy until body weight increases to above 30 kg.
** Patients must have achieved CR, PR, or SD, and have not progressed following CRT. PCI treatment is permitted.
† Infuse IMFINZI® for up to 24 months or until disease progression or unacceptable toxicity.
Patients with a body weight <30 kg must receive weight-based dosing, equivalent to IMFINZI® 10 mg/kg every 2 weeks. Refer to Prescribing Information for information on dosage modifications.

1L: first line; **BICR:** blinded independent central review; **CI:** confidence interval; **CR:** complete response; **CRT:** chemoradiation therapy; **CT:** chemotherapy; **EP:** etoposide + platinum; **ES-SCLC:** extensive-stage small cell lung cancer; **HR:** hazard ratio; **IO:** immuno-oncology; **LS-SCLC:** limited-stage small cell lung cancer; **OS:** overall survival; **PCI:** prophylactic cranial irradiation; **PD-L1:** programmed cell death ligand 1; **PFS:** progression-free survival; **PR:** partial response; **Q3W:** every 3 weeks; **Q4W:** every 4 weeks; **RECIST:** Response Evaluation Criteria In Solid Tumors; **SD:** stable disease.

References:

1. IMFINZI® Information for Healthcare Professionals. www.swissmedicinfo.ch. **2.** Cheng Y, et al. Durvalumab after Chemoradiotherapy in Limited-Stage Small-Cell Lung Cancer. N Engl J Med. 2024 Oct 10;391(14):1313-1327. **3.** National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Small Cell Lung Cancer. Version 2.2024. **4.** Dingemans AC, et al. Small-cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2021 Jul;32(7):839-853. **5.** Paz-Ares L, 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. **6.** Paz-Ares L, et al. Durvalumab plus platinum-etoposide versus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer (CASPIAN): a randomised, controlled, open-label, phase 3 trial. Lancet. 2019 Nov 23;394(10212):1929-1939. **7.** List of specialities. www.spezialitätenliste.ch.

Scan the QRC to access the short prescribing information of IMFINZI®

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.

CH-10584_P0009619_11/2024