

I'M IN with IMFINZI

IMFINZI in combination with etoposide and either carboplatin or cisplatin is indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).

CASPIAN: UPDATED 3-Year OVERALL SURVIVAL (OS) DATA
(planned exploratory analysis with a median duration of follow-up of 39.4 months)

Pr IMFINZI®
durvalumab

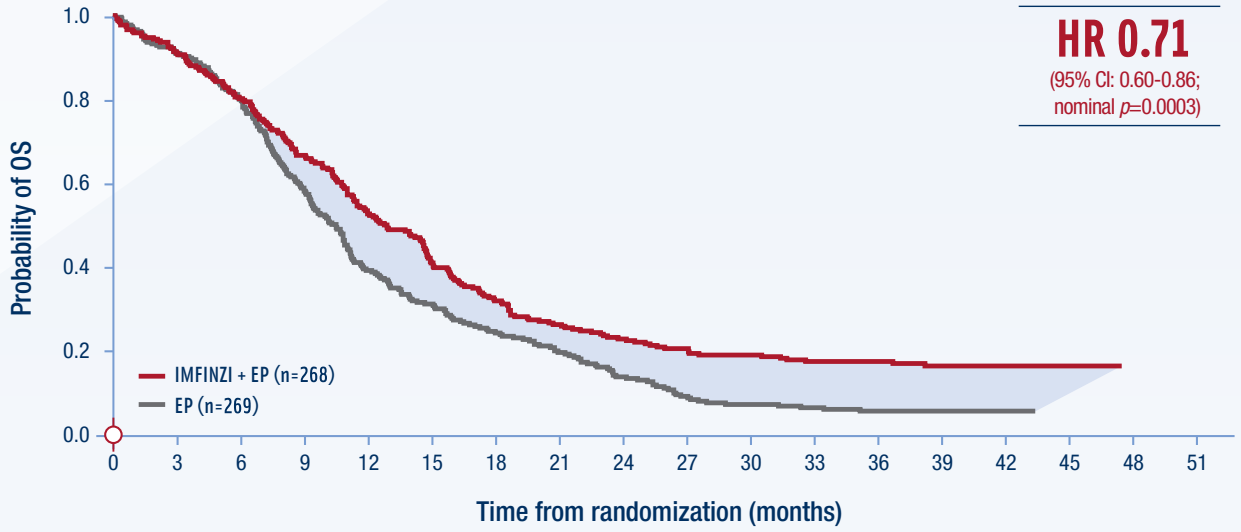
CASPIAN Trial

UPDATED 3 YEAR OS DATA

Consider IMFINZI + EP (etoposide and platinum-based chemotherapy) in the first line setting in ES-SCLC: Demonstrated overall survival benefit vs. EP alone (29% reduction in the instantaneous risk of death for IMFINZI + EP vs. EP alone (HR 0.71 [95% CI: 0.60-0.68] nominal *p*=0.0003)[1,2]

OS WITH IMFINZI + EP vs EP alone

(median duration of follow-up 39.4 [0.1 - 47.5] months)[1]*



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	269	243	212	156	104	82	64	51	36	24	19	17	13	10	3	0	0	0

OS Update

	Primary OS Analysis	3-Year Updated OS Analysis[1†]
mOS	**13.0** months (95% CI: 11.5, 14.8) for IMFINZI + EP vs. **10.3** months (95% CI: 9.3, 11.2) for EP alone[2]	**12.9** months (95% CI: 11.3, 14.7) with IMFINZI + EP vs. **10.5** months (95% CI: 9.3, 11.2) with EP alone
Risk of death	**27%** reduction in the instantaneous risk of death for IMFINZI + EP vs. EP (HR 0.73 [95% CI: 0.591, 0.909], *p*=0.0047)[2]	**29%** reduction in the instantaneous risk of death for IMFINZI + EP vs. EP (HR 0.71 [95% CI: 0.60, 0.86] nominal *p*=0.0003)
OS rate	At 18 months **34%** (95% CI: 26.9, 41.0) with IMFINZI + EP vs. **25%** (95% CI: 18.4, 31.6) with EP[3†]	At 3 years **17.6%** (95% CI: 13.3, 22.4) with IMFINZI + EP vs. **5.8%** (95% CI: 3.4, 9.1) with EP[1]

Adapted from Paz-Ares and IMFINZI Product Monograph[1,2,3]

† Not formally statistically tested

CI = confidence interval; EP = etoposide protocol; HR = hazard ratio; mOS = median overall survival

Planned exploratory analysis from the CASPIAN trial showed sustained overall survival benefit at 3 years consistent with the primary analysis.[1]

Start with IMFINZI + EP in the first-line setting in your patients with ES-SCLC

Clinical use:

The safety and efficacy of IMFINZI in patients younger than 18 years of age have not been established. No overall differences in safety or efficacy were reported between elderly patients (≥65 years of age) and younger patients (<65 years of age).

Contraindications:

- Hypersensitivity to IMFINZI or any ingredient in the formulation or component of the container.

Most serious warnings and precautions:

Immune-mediated adverse reactions: pneumonitis or interstitial lung disease; radiation pneumonitis; hepatitis; colitis; endocrinopathies (hypothyroidism, hyperthyroidism, thyroiditis, adrenal insufficiency, hypophysitis/hypopituitarism, type 1 diabetes mellitus); nephritis; rash; myocarditis; other potential immune-mediated adverse reactions such as immune-related thrombocytopenia (fatal), pancreatitis, aseptic meningitis, uveitis, myositis and polymyositis (fatal); myasthenia gravis (in clinical studies outside the pooled data set); Stevens Johnson Syndrome/ toxic epidermal necrosis, rhabdomyolysis, encephalitis, demyelinating polyneuropathy, autoimmune hemolytic anemia, Guillain-Barré syndrome.

Other relevant warnings and precautions:

- Administer under the supervision of health care professionals experienced in the treatment of cancer
- Infections
- Infusion-related reactions
- Fertility
- Pregnant and nursing women
- Elderly
- Driving or operating machinery

For more information:

Please consult the IMFINZI Product Monograph at https://www.astrazeneca.ca/content/dam/az-ca/downloads/productinformation/imfinzi-product-monograph-en.pdf for important information relating to adverse reactions, drug interactions and dosing, which have not been discussed in this piece.

The Product Monograph is also available by calling us at 1-800-668-6000.

Q3W: every 3 weeks; Q4W: every 4 weeks.

† Not formally statistically tested

* CASPIAN was an open-label, phase III study in which patients with treatment-naïve ES-SCLC and World Health Organization performance status 0/1 were randomized 1:1 to IMFINZI + EP or EP. Patients in the immunotherapy arm received 4 cycles of EP + IMFINZI 1,500 mg Q3W, followed by maintenance IMFINZI 1,500 mg Q4W until disease progression or unacceptable toxicity. Patients in the EP arm received up to 6 cycles of EP and optional prophylactic cranial irradiation. Administration of IMFINZI monotherapy was permitted beyond disease progression if the patient was clinically stable and deriving clinical benefit as determined by the investigator (not recommended). In this planned exploratory analysis (data cut-off 22 March 2021), long-term follow-up for the primary endpoint of OS (time from randomization until death from any cause) for IMFINZI + EP vs EP are reported[1].

REFERENCES: 1. Paz-Ares L, *et al.* Durvalumab, with or without tremelimumab, plus platinum-etoposide in first-line treatment with extensive-stage small-cell lung cancer: 3-year overall survival update from CASPIAN. ESMO Open. 2022 Apr;7(2):100408.
2. PrIMFINZI® Product Monograph. AstraZeneca Canada Inc. September 28, 2022.
3. 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;394(10212):1929-1939.

REVIEWED BY PAAB

MEMBER OF INNOVATIVE MEDICINES CANADA

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PrIMFINZI® durvalumab

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