DURVALUMAB (Imfinzi)

INDICATION (ICD10) C34

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/)

The treatment of PD-L1 ≥1% positive locally advanced and unresectable non-small-cell lung cancer which has not progressed following concurrent platinum-based chemoradiotherapy where all the following criteria are met:

2. The prescribing clinician is fully aware of the management of and the treatment modifications that may be required for immune-related adverse reactions due to anti-PD-L1 treatments including pneumonitis, colitis, nephritis, endocrinopathies and hepatitis.
3. Histologically- or cytologically-confirmed diagnosis of non-small cell lung cancer.
4. PD-L1 testing with an approved and validated test to determine the PD-L1 Tumour Proportion Score (TPS) has been done prior to this application and the result either demonstrates a PD-L1 score of ≥1% and the result is set out below or the PD-L1 TPS cannot be ascertained despite a clear intent and a reasonable attempt to do so. Note: durvalumab is not approved for use if the PD-L1 result is <1% or negative.
5. Locally advanced and unresectable non small cell lung cancer which is either stage IIIA or stage IIIB or stage IIIC at the time of commencing concurrent chemoradiotherapy.
6. Recently completed treatment with 2 or more cycles (defined according to local practice) of platinum-based combination chemotherapy given concurrently with definitive radical radiotherapy which must have been at a dose of 54-66Gy (or a biologically equivalent dose of 54-66Gy).Note: durvalumab is not approved by NICE for use after sequential chemotherapy and radiotherapy.
7. Re-staged since chemoradiotherapy was completed and does not have any evidence of disease progression or metastatic spread.
8. Will start first treatment with durvalumab within 42 days of the last active treatment date of the concurrent chemoradiotherapy treatment program. If the patient has been treated with concurrent chemoradiotherapy as detailed above, has a PD-L1 TPS of ≥1% and has been receiving durvalumab as part of AstraZeneca's early access program (see criterion 12),
9. ECOG performance status (PS) of 0 or 1.
10. Maximum treatment duration with durvalumab will be 12 months, this being measured from the date of first durvalumab treatment. Note: the total active treatment period is a maximum of 12 months ie in those patients who have toxicity and thus have dose interruptions, the maximum number of treatment cycles is 26 2-weekly cycles.
11. Treatment with durvalumab will continue until loss of clinical benefit or excessive toxicity or the patient decision to stop therapy or the treatment duration of 12 months has been completed, whichever is the sooner. Note: no re-treatment with durvalumab is allowed.
12. Not received prior treatment with an anti-PD-1, anti-PD-L1, anti-PD-L2, anti-CD137, or anti-Cytotoxic T-lymphocyte-associated antigen-4 (CTLA-4) antibody unless durvalumab has been received as part of AstraZeneca's early access program for durvalumab after concurrent chemoradiotherapy. Note: patients treated in the AZ early access program with sequential chemotherapy and radiotherapy or any patient with PD-L1 TPS <1% or PD-L1 negative disease are not eligible for durvalumab from the CDF. For such patients who have already started durvalumab, AstraZeneca will continue to supply durvalumab as a consequence of its commitment in its expanded access program.
13. A formal medical review as to whether treatment with durvalumab should continue or not will be scheduled to occur at least by the end of the first 6 weeks of treatment.
14. Treatment breaks of up to 12 weeks beyond the expected 2-weekly cycle length are allowed but solely to allow any immune toxicities to settle.
15. The licensed dose and frequency of durvalumab will be used, either 10mg/kg every 2 weeks or 1500mg every 4 weeks.

REGIMEN (14 day)
Day 1 DURVALUMAB 10mg/kg in 250ml sodium chloride 0.9% IV infusion over 60 minutes.

CYCLE FREQUENCY AND NUMBER OF CYCLES
Must start within 42 days of the last active treatment date of chemoradiotherapy
Every 14 days up to a maximum 12 months (maximum 26 doses)

REGIMEN (28 day)
Day 1 DURVALUMAB 1500mg in 250ml sodium chloride 0.9% IV infusion over 60 minutes.

CYCLE FREQUENCY AND NUMBER OF CYCLES
Must start within 42 days of the last active treatment date of chemoradiotherapy
Every 28 days up to a maximum 12 months (maximum 13 doses)

ANTI-EMETICS
Minimal risk

CONCURRENT MEDICATION REQUIRED
None required

EXTRAVASATION AND TYPE OF LINE / FILTERS
Durvalumab – neutral

Administer with low-protein binding 0.2 or 0.22 micron in-line filter.
Peripheral line

INVESTIGATIONS
Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Random blood glucose every cycle
Thyroid function baseline and every 1 to 2 cycles
Random cortisol baseline and every 1 to 2 cycles
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Durvalumab	Immune mediated pneumonitis Immune mediated hepatitis Immune mediated colitis Immune mediated endocrinopathies

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Durvalumab	-

DOSE MODIFICATIONS
Non-haematological
Immune-related adverse reactions - refer to TV immune-oncology agent immune related adverse event clinical guideline

Hepatic impairment
No dose adjustment is needed for patients with hepatic impairment.

Renal impairment
No dose adjustment is required in mild or moderate renal impairment. There is insufficient data from patients with severe renal impairment (CrCl <30ml/min) for dosing recommendations.

REFERENCES
1. Antonia, S et al; NEJM 2017; 377: 1919-1929