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/) (DUR1) (DUR7)

1. The treatment of PD-L1 ≥1% positive locally advanced and unresectable **non-small-cell lung** cancer which has not progressed following completing treatment with 2 or more cycles concurrent platinum-based chemoradiotherapy with definitive radical radiotherapy (stage IIIA, IIIB or IIIC at the time of commencing concurrent chemoradiotherapy and re-staged since chemoradiotherapy was completed and does not have any evidence of disease progression or metastatic spread. PS 0 or 1. (TA798)
2. Durvalumab monotherapy for patients with limited-stage **small cell lung** cancer whose disease has not progressed following platinum-based (etoposide plus either cisplatin or carboplatin) chemoradiotherapy (concurrent or sequential). Has no symptomatically active brain metastases or leptomeningeal metastases. PS 0 or 1.

REGIMEN (28 day) (IV)

Day 1 DURVALUMAB 1500mg* in 250ml sodium chloride 0.9% IV infusion over 60 minutes.

*Patients ≤30kg use weight based dosing (see SPC)

CYCLE FREQUENCY AND NUMBER OF CYCLES

Must start within 42 days of the last active treatment date of chemoradiotherapy (in most cases this will be 42 days from the final dose of systemic chemotherapy).
NSCLC - every 28 days up to a maximum 12 months (maximum 13 doses) measured from the date of first durvalumab treatment.
SCLC – every 28 days up to a maximum 2 calendar years measured from the date of first durvalumab treatment.
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.

Can be given 2 weekly if necessary (see SPC for details)

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, LDH and LFTs every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Random blood glucose every cycle
Troponin-T and BNP baseline
Thyroid function baseline and every 1 to 2 cycles
Random cortisol baseline and every 1 to 2 cycles
ECG and cardiac assessment at baseline and as clinically indicated
Baseline weight and 3rd cycle (28 day 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

Durvalumab
Immune-related adverse reactions - refer to TV immune-oncology agent immune related adverse event clinical guideline.

Hepatic impairment

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

Renal impairment

Durvalumab
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