[NEW LANDMARK DATA]

IN UNRESECTABLE **STAGE III** NSCLC FOLLOWING CRT:

OVERALL SURVIVAL

IMFINZI FOLLOWING CRT OFFERS THE BEST CHANCE FOR LONG-TERM SURVIVAL IN A CURATIVE INTENT SETTING[1-5]

NSCLC=non-small cell lung cancer; CRT=chemoradiotherapy; mOS=median overall survival; HR=hazard ratio; OS=overall survival; CI=confidence interval; mPFS=median progression-free survival; PFS=progression-free survival; NR=not reached; RECIST=Response Evaluation Criteria in Solid Tumors; BICR=blinded independent central review.

*The primary 2-year OS analysis was conducted after 299 deaths for 42% maturity (61% of targeted events) with a median follow-up of 25.2 months. Reduction in the risk of death vs placebo was 32% (95% CI, 0.53-0.87). Median OS was NR with IMFINZI (95% CI, 34.7-NR) vs 28.7 months with placebo (95% CI, 22.9-NR).[1,2]

†The post-hoc 5-year OS analysis was conducted at ~5 years after last patient was randomized, and was not powered to show statistical significance. Median OS was 47.5 months with IMFINZI (95% CI, 38.1-52.9) vs 29.1 months with placebo (95% CI, 22.1-35.1). Reduction in the risk of death vs placebo was 28% (HR=0.72; 95% CI, 0.59-0.89). OS rates with IMFINZI vs placebo were: 83% (95% CI, 79.4-86.2) vs 75% (95% CI, 68.5-79.7) at 12 months, 66% (95% CI, 61.8-70.4) vs 55% (95% CI, 48.6-61.4) at 24 months, 57% (95% CI, 52.1-61.1) vs 44% (95% CI, 37.1-49.9) at 36 months, 50% (95% CI, 44.9-54.1) vs 36% (95% CI, 30.1-42.6) at 48 months, and 43% vs 33% at 60 months.[3,6]

‡Measured based on RECIST v1.1 criteria by BICR. The primary PFS analysis was conducted after 371 events (81% of targeted 458 events) with a median follow-up of 14.5 months. Reduction in risk of progression or death vs placebo was 48% (HR=0.52; 95% CI, 0.42-0.65). Median PFS was 16.8 months with IMFINZI (95% CI, 13.0-18.1) vs 5.6 months with placebo (95% CI, 4.6-7.8). The post-hoc 5-year PFS analysis was conducted at ~5 years after last patient was randomized and was not powered to show statistical significance.[1,3,7]

Indication

IMFINZI is indicated for the treatment of adult patients with unresectable Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy.

Select Safety Information

There are no contraindications for IMFINZI® (durvalumab).

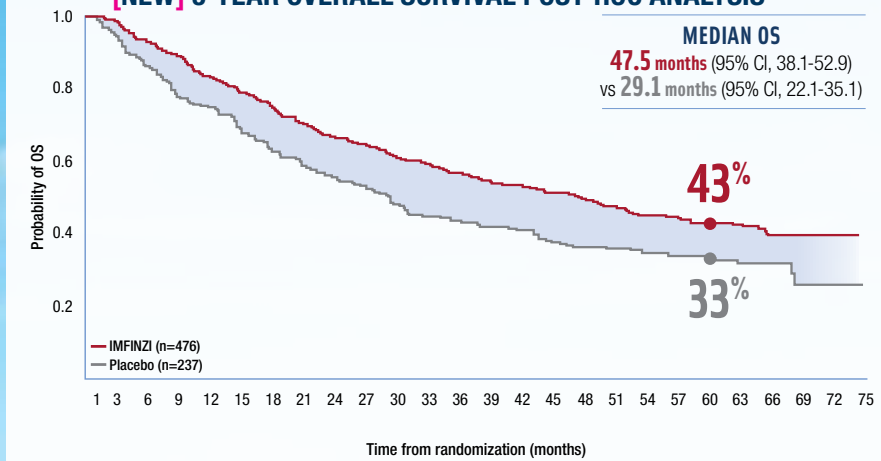
Immune-Mediated Adverse Reactions

Important immune-mediated adverse reactions listed under Warnings and Precautions may not include all possible severe and fatal immune-mediated reactions. Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue. Immune-mediated adverse reactions can occur at any time after starting treatment or after discontinuation. Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions.

Please see complete Prescribing Information, including Medication Guide.

2-year primary mOS not reached with IMFINZI vs 28.7 months with placebo (HR=0.68; *P*=0.0025)[1]*

[NEW] 5-YEAR OVERALL SURVIVAL POST-HOC ANALYSIS[3]†

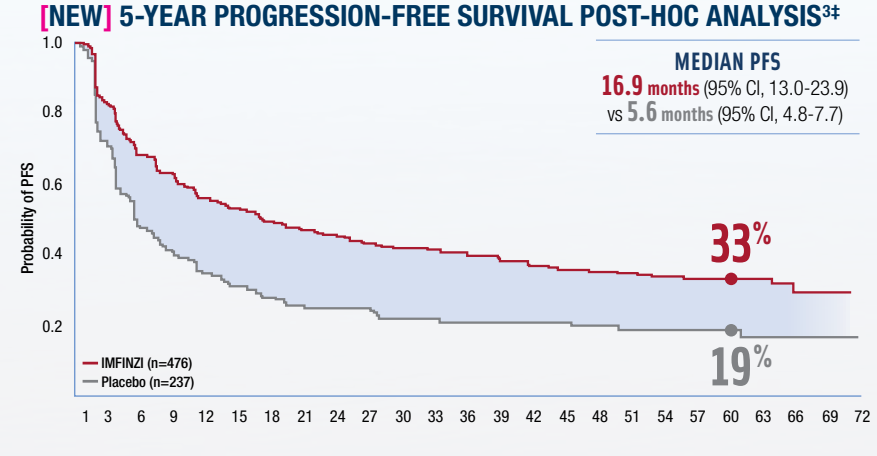


Number of patients at risk

IMFINZI	476	464	431	414	385	364	343	319	298	289	273	264	252	241	236	227	218	207	196	183	134	91	40	18	2	0
Placebo	237	220	199	179	171	156	143	133	123	116	107	99	97	93	91	83	78	77	74	72	56	33	16	7	2	0

1-year primary mPFS 16.8 months with IMFINZI vs 5.6 months with placebo (HR=0.52; *P*<0.0001)[1]‡

[NEW] 5-YEAR PROGRESSION-FREE SURVIVAL POST-HOC ANALYSIS[3]‡



Number of patients at risk

IMFINZI	476	377	301	267	215	190	165	147	137	128	119	110	103	97	92	85	81	78	67	57	34	22	11	5	0
Placebo	237	164	105	87	68	56	48	41	37	36	30	27	26	25	24	24	22	21	19	19	14	6	4	1	0

IMFINZI®
durvalumab
Injection for Intravenous Use 50 mg/mL

SELECT SAFETY INFORMATION (CONTINUED)

Immune-Mediated Adverse Reactions (continued)

Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment. In cases of suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate. Withhold or permanently discontinue IMFINZI depending on severity. See Dosing and Administration for specific details. In general, if IMFINZI requires interruption or discontinuation, administer systemic corticosteroid therapy (1 mg to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less. Upon improvement to Grade 1 or less, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reactions are not controlled with corticosteroid therapy.

Immune-Mediated Pneumonitis

IMFINZI can cause immune-mediated pneumonitis. The incidence of pneumonitis is higher in patients who have received prior thoracic radiation. In patients who did not receive recent prior radiation, the incidence of immune-mediated pneumonitis was 2% (28/1414), including fatal (<0.1%), and Grade 3-4 (0.4%) adverse reactions. In patients who received recent prior radiation, the incidence of pneumonitis (including radiation pneumonitis) in patients with unresectable Stage III NSCLC following definitive chemoradiation within 42 days prior to initiation of IMFINZI in PACIFIC was 16.6% (79/475) in patients receiving IMFINZI and 13.2% (31/234) in patients receiving placebo. Of the 79 patients who received IMFINZI, 1.1% were fatal and 2.5% were Grade 3-4 adverse reactions. The frequency and severity of immune-mediated pneumonitis in patients who did not receive definitive chemoradiation prior to IMFINZI were similar in patients who received IMFINZI as a single agent or with ES-SCLC when in combination with chemotherapy.

Immune-Mediated Colitis

IMFINZI can cause immune-mediated colitis that is frequently associated with diarrhea. Cytomegalovirus (CMV) infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies. Immune-mediated colitis occurred in 1.6% (31/1889) of patients receiving IMFINZI, including Grade 4 (0.1%) and Grade 3 (0.3%) adverse reactions.

Immune-Mediated Hepatitis

IMFINZI can cause immune-mediated hepatitis. Immune-mediated hepatitis occurred in 1% (19/1889) of patients receiving IMFINZI, including fatal (<0.1%) and Grade 3 (0.6%) adverse reactions.

Immune-Mediated Endocrinopathies

- ***Adrenal Insufficiency***: IMFINZI can cause primary or secondary adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement as clinically indicated. Immune-mediated adrenal insufficiency occurred in 0.4% (7/1889) of patients receiving IMFINZI, including Grade 3 (<0.1%) adverse reactions.
- ***Hypophysitis***: IMFINZI can cause immune-mediated hypophysitis. Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field cuts. Hypophysitis can cause hypopituitarism. Initiate symptomatic treatment including hormone replacement as clinically indicated. Grade 3 hypophysitis/hypopituitarism occurred in <0.1% (1/1889) of patients who received IMFINZI.
- ***Thyroid Disorders***: IMFINZI can cause immune-mediated thyroid disorders. Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement therapy for hypothyroidism or institute medical management of hyperthyroidism as clinically indicated.
- ***Thyroiditis***: Immune-mediated thyroiditis occurred in 0.4% (7/1889) of patients receiving IMFINZI.
- ***Hyperthyroidism***: Immune-mediated hyperthyroidism occurred in 1.4% (27/1889) of patients receiving IMFINZI.
- ***Hypothyroidism***: Immune-mediated hypothyroidism occurred in 7.3% (137/1889) of patients receiving IMFINZI, including Grade 3 (<0.1%) adverse reactions.
- ***Type 1 Diabetes Mellitus, which can present with diabetic ketoacidosis***: Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated. Grade 3 immune-mediated type 1 diabetes mellitus occurred in <0.1% (1/1889) of patients receiving IMFINZI.

Immune-Mediated Nephritis with Renal Dysfunction

IMFINZI can cause immune-mediated nephritis. Immune-mediated nephritis occurred in 0.3% (5/1889) of patients receiving IMFINZI, including Grade 3 (0.1%) adverse reactions.

Immune-Mediated Dermatology Reactions

IMFINZI can cause immune-mediated rash or dermatitis. Exfoliative dermatitis, including Stevens Johnson Syndrome (SJS), drug rash with eosinophilia and systemic symptoms (DRESS), and toxic epidermal necrolysis (TEN), have occurred with PD-1/L-1 blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-exfoliative rashes. Immune-mediated rash or dermatitis occurred in 1.6% (30/1889) of patients receiving IMFINZI, including Grade 3 (0.4%) adverse reactions.

Other Immune-Mediated Adverse Reactions

The following clinically significant, immune-mediated adverse reactions occurred at an incidence of less than 1% each in patients who received IMFINZI or were reported with the use of other PD-1/PD-L1 blocking antibodies.

- ***Cardiac/vascular***: Myocarditis, pericarditis, vasculitis.
- ***Nervous system***: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy.
- ***Ocular***: Uveitis, iritis, and other ocular inflammatory toxicities can occur. Some cases can be associated with retinal detachment. Various grades of visual impairment to include blindness can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada-like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss.
- ***Gastrointestinal***: Pancreatitis including increases in serum amylase and lipase levels, gastritis, duodenitis.
- ***Musculoskeletal and connective tissue disorders***: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatic.
- ***Endocrine***: Hypoparathyroidism
- ***Other (hematologic/immune)***: Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenia, solid organ transplant rejection.

Infusion-Related Reactions

IMFINZI can cause severe or life-threatening infusion-related reactions. Monitor for signs and symptoms of infusion-related reactions. Interrupt, slow the rate of, or permanently discontinue IMFINZI based on the severity. See Dosing and Administration for specific details. For Grade 1 or 2 infusion-related reactions, consider using pre-medications with subsequent doses. Infusion-related reactions occurred in 2.2% (42/1889) of patients receiving IMFINZI, including Grade 3 (0.3%) adverse reactions.

Complications of Allogeneic HSCT after IMFINZI

Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1/L-1 blocking antibody. Transplant-related complications include hyperacute graft-versus-host-disease (GVHD), acute GVHD, chronic GVHD, hepatic veno-occlusive disease (VOD) after reduced intensity conditioning, and steroid-requiring febrile syndrome (without an identified infectious cause). These complications may occur despite intervening therapy between PD-1/L-1 blockade and allogeneic HSCT. Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefit versus risks of treatment with a PD-1/L-1 blocking antibody prior to or after an allogeneic HSCT.

Embryo-Fetal Toxicity

Based on its mechanism of action and data from animal studies, IMFINZI can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with IMFINZI and for at least 3 months after the last dose of IMFINZI.

Lactation

There is no information regarding the presence of IMFINZI in human milk; however, because of the potential for adverse reactions in breastfed infants from IMFINZI, advise women not to breastfeed during treatment and for at least 3 months after the last dose.

Adverse Reactions

- In patients with Stage III NSCLC in the PACIFIC study receiving IMFINZI (n=475), the most common adverse reactions (≥20%) were cough (40%), fatigue (34%), pneumonitis or radiation pneumonitis (34%), upper respiratory tract infections (26%), dyspnea (25%), and rash (23%). The most common Grade 3 or 4 adverse reactions (≥3%) were pneumonitis/radiation pneumonitis (3.4%) and pneumonia (7%)
- In patients with Stage III NSCLC in the PACIFIC study receiving IMFINZI (n=475), discontinuation due to adverse reactions occurred in 15% of patients in the IMFINZI arm. Serious adverse reactions occurred in 29% of patients receiving IMFINZI. The most frequent serious adverse reactions (≥2%) were pneumonitis or radiation pneumonitis (7%) and pneumonia (6%). Fatal pneumonitis or radiation pneumonitis and fatal pneumonia occurred in <2% of patients and were similar across arms

The safety and effectiveness of IMFINZI have not been established in pediatric patients.

Please see complete Prescribing Information, including Medication Guide.

You may report side effects related to AstraZeneca products by clicking here.

Study design: The PACIFIC study was a large, Phase III, randomized, double-blind, placebo-controlled, international study of 713 patients with unresectable Stage III NSCLC who had not progressed following concurrent, platinum-based CRT. Patients had completed at least 2 cycles of concurrent CRT within 42 days prior to initiation of the study drug and had a WHO performance status of 0 or 1. Randomization at enrollment was stratified according to age, sex, and smoking history. Patients were randomized 2:1 to receive 10 mg/kg IMFINZI or placebo every 2 weeks for up to 12 months or until unacceptable toxicity or confirmed disease progression. Coprimary endpoints were PFS (measured based on RECIST v1.1 criteria by BICR) and OS.[1,7]

WHO=World Health Organization.

References: 1. IMFINZI® (durvalumab) [Prescribing Information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2021. **2.** Antonia SJ, Villegas A, Daniel D, et al. Overall survival with durvalumab after chemoradiotherapy in stage III NSCLC. *N Engl J* Med. 2018;379(24):2342-2350. **3.** Spigel DR, Faivre-Finn C, Gray JE, et al. 5-year survival outcomes with durvalumab after chemoradiotherapy in unresectable stage III NSCLC—an update from the PACIFIC trial. Poster presented at: 2021 ASCO Virtual Annual Meeting; June 4-8, 2021. Poster 8511. **4.** Ramnath N, Dilling TJ, Harris LJ, et al. Treatment of stage III non-small cell lung cancer: diagnosis and management of lung cancer, 3rd ed: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest*. 2013;143(5 suppl):e314S-e340S. **5.** Cheema PK, Rothenstein J, Melosky B, Brade A, Hirsh V. Perspectives on treatment advances for stage III locally advanced unresectable non-small-cell lung cancer. *Curr Oncol*. 2019;26(1):37-42. **6.** Faivre-Finn C, Vicente D, Kurata T, et al. Four-year survival with durvalumab after chemoradiotherapy in Stage III NSCLC—an update from the PACIFIC trial. *J Thorac Oncol*. 2021;16(5):860-867. **7.** Antonia SJ, Villegas A, Daniel D, et al. Durvalumab after chemoradiotherapy in stage III non–small-cell lung cancer. *N Engl J Med*. 2017;377(20):1919-1929.

STAGE III NSCLC

IMFINZI®
durvalumab
Injection for Intravenous Use 50 mg/mL

STAGE III NSCLC

Q2W WEIGHT-BASED OR Q4W FIXED DOSING WITH IMFINZI[1]

IMFINZI is administered as a 60-minute IV infusion with no premedication required[1]

For patients with body weight ≥30 kg IMFINZI 10 mg/kg dosing		For patients with body weight ≥30 kg IMFINZI fixed 1500-mg dose
Q2W	OR	**Q4W**
 IMFINZI		 IMFINZI
until disease progression, unacceptable toxicity, or up to 12 months[1]*		until disease progression, unacceptable toxicity, or up to 12 months[1]*

- Patients with a body weight <30 kg must receive weight-based dosing, equivalent to IMFINZI 10 mg/kg every 2 weeks[1]
- IMFINZI is supplied as single-use vials that contain either 120 mg/2.4 mL or 500 mg/10 mL[1]
- **There are no anticipated clinically meaningful differences in efficacy and safety between Q2W and Q4W dosing with IMFINZI[1†]**

Safety and tolerability

- Serious, potentially fatal risks were seen with IMFINZI; serious adverse reactions occurred in 29% of patients receiving IMFINZI and 23% receiving placebo[7]
- The most frequent serious adverse reactions (≥2%) with IMFINZI were pneumonitis or radiation pneumonitis (7%) and pneumonia (6%). Fatal pneumonitis was <2% and was similar across arms[1]
- The most common adverse reactions (≥20%) with IMFINZI were cough, fatigue, pneumonitis or radiation pneumonitis, upper respiratory tract infections, dyspnea, and rash[1]
- Fatal pneumonitis or radiation pneumonitis and fatal pneumonia occurred in <2% of patients and were similar across arms[1]
- Discontinuation rates due to adverse events (regardless of causality) were 15% in patients receiving IMFINZI and 10% in patients receiving placebo[7]

Q2W=once every 2 weeks; Q4W=once every 4 weeks; IV=intravenous; AUC=area under the curve.
*Refer to Prescribing Information for information on dosage modifications.
†Based on the modeling of pharmacokinetic data and exposure relationships for safety in patients weighing >30 kg with NSCLC. The steady state AUC is 6% higher, the C_{trough} is 19% lower, and C_{max} is 55% higher in those who received 1500 mg Q4W compared with those who received 10 mg/kg Q2W.[1]

Indication

IMFINZI is indicated for the treatment of adult patients with unresectable Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy.

Please see Important Safety Information throughout and complete Prescribing Information, including Medication Guide.

AstraZeneca

IMFINZI® durvalumab
Injection for Intravenous Use 50 mg/mL