Protocol Contains CHECKPOINT INHIBITOR IMMUNOTHERAPY	
Indication	The treatment of locally advanced, stage III unresectable non-small cell lung cancer **(NSCLC)** in adults whose tumours express PD-L1 on ≥ 1% of tumour cells and whose disease has not progressed following platinum-based combination chemotherapy given concurrently with definitive radical radiotherapy. The patient has 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 the patient was treated with neoadjuvant nivolumab plus chemotherapy and failed to have progressive disease after nivolumab plus chemotherapy and did not proceed to a resection or the patient was treated with neoadjuvant and/or adjuvant checkpoint inhibitor immunotherapy containing therapy and such treatment was completed without disease progression and the patient had an isolated local recurrence at least 6 months after completing immunotherapy treatment. The treatment of limited- stage small cell lung cancer (**LS-SCLC**) that has not progressed following platinum-based chemoradiotherapy (etoposide plus either cisplatin or carboplatin). Patients must have had no prior treatment with anti-PD-L1/PD-1 therapy for small cell lung cancer, unless this was received for this indication via a company early access scheme.
Treatment Intent	Adjuvant
Frequency and number of cycles	**Schedule 1 NSCLC only** Every 2 weeks or alternatively **Schedule 2 NSCLC and LS-SCLC** Every 4 weeks **NSCLC:** Until disease progression or unacceptable toxicity, patient choice or a maximum of 12 months total active treatment (i.e. a maximum of 26 x 2-weekly cycle or 13 x 4 weekly cycles) whichever occurs first. **LS-SCLC:** Continue until disease progression or unacceptable toxicity or withdrawal of patient consent or for a maximum of 2 calendar years, whichever occurs first. The first dose of durvalumab will commence within 42 days of the last active treatment date of the concurrent chemoradiotherapy treatment program. 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 3 cycles of treatment.

Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion.
	• Monitor FBC, U&Es, LFTs, blood pressure and random blood glucose (BM) at each cycle.
	• If PLT <75 or neuts <1.0 d/w consultant.
	• **Pre-treatment cardiac assessment:**
	  ○ ECG baseline and as clinically indicated.
	  ○ Check BNP, and Troponin T prior to treatment.
	• **Thyroid function** must be assessed at baseline then every 8 weeks or as indicated based on clinical evaluation.

	• **Cortisol monitoring** should be undertaken in line with ESMO immunotherapy toxicity guidance available on KMCC website (see link below). Cortisol level should not be taken within 24hours of the last steroid dose. • **Infusion-related reactions:** In the event of grade 3 to 4 infusion-related reactions, discontinue durvalumab and administer appropriate treatment. In the event of a mild or moderate reaction, interrupt or slow the rate of the infusion. Pre-medication for prophylaxis of subsequent infusion reactions should be considered. • The use of systemic corticosteroids or immunosuppressants before starting durvalumab should be avoided. Systemic corticosteroids or other immunosuppressants can be used after starting durvalumab to treat immune-related adverse reactions. • **Renal impairment:** No dose adjustment is necessary in mild or moderate renal impairment. No data in severe impairment (<30ml/min). • **Hepatic impairment.** No dose adjustment is necessary. • **Dose modification**: *Patients with a body weight </=30 kg must receive weight-based dosing, either as 10mg/kg given every 2 weeks for NSCLC or as a dose of 20 mg/kg every 4 weeks for NSCLC or LS-SCLC. • **Adverse reactions** Dose escalation or reduction is not appropriate. Dosing delay or discontinuation may be required based on individual safety and tolerability. • **Immune-related reactions:** Immune related reactions include pneumonitis, colitis, nephritis, hepatitis, hyperthyroidism, hypothyroidism, hypophysitis / hypopituitarism, diabetes, immune-related rash. The following immune-related adverse reactions have also been observed with durvalumab treatment: myasthenia gravis, myelitis transverse, myositis, polymyositis, rhabdomyolysis, meningitis, encephalitis, Guillain-Barré syndrome, immune thrombocytopenia, immune-mediated arthritis, uveitis, cystitis noninfective, polymyalgia rheumatica and pancreatitis. • For suspected immune-mediated adverse reactions, based on the severity of the adverse reaction, treatment should be withheld or permanently discontinued (See table 1 for SPC *Recommended treatment modifications and management recommendations for immune related reactions*). • Treatment with corticosteroids or endocrine therapy should be initiated. For events requiring corticosteroid therapy, and upon improvement to ≤ Grade 1, corticosteroid taper should be initiated and continued over at least 1 month. Consider increasing dose of corticosteroids and/or using additional systemic immunosuppressants if there is worsening or no improvement. After withholding treatment, durvalumab can be resumed within 12 weeks if the adverse reactions improved to </= Grade 1 and the corticosteroid dose has been reduced to </=10 mg prednisone or equivalent per day. • Permanently discontinue for recurrent Grade 3 (severe) immune-mediated adverse reactions and for any Grade 4 (life-threatening) immune-mediated adverse reactions, except for endocrinopathies that are controlled with replacement hormones. • For guidance on managing immune-related adverse reactions, refer to SPC and guidelines available on KMCC website https://www.kmcc.nhs.uk/medicines-and-prescribing-incorporating-sact-pathways/immunotherapy/ • Non-immune-mediated adverse reactions, withhold treatment for Grade 2 and 3 adverse reactions until </= Grade 1 or baseline. Discontinue in the event of Grade 4 adverse reactions (with the exception of Grade 4 laboratory abnormalities, about which the decision to discontinue should be based on accompanying clinical signs/symptoms and clinical judgment). • Patients must be advised to contact the oncology team if they experience any side effect, as some side effects worsen rapidly. Prompt management of side effects can ensure that the patient continues with treatment. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** No interaction studies have been performed.

	• **Pregnancy and contraception:** Women of child bearing potential during treatment with durvalumab and for at least 3 months after the last dose of durvalumab.
References	SPC accessed online 23.09.2025 KMCC protocol LUN-035 V5 and V6 CDF list V1.374 Lung NOG 16.09.2025

NB For funding information, refer to CDF and NICE Drugs Funding List

Table 1 SPC Recommended treatment modifications and management recommendations for immune related reactions

Adverse reactions	**Severity**[a]	**Treatment modification**
Immune-mediated pneumonitis/ interstitial lung disease	Grade 2	Withhold dose
	Grade 3 or 4	Permanently discontinue
Immune-mediated hepatitis	ALT or AST > 3 - ≤ 5 x ULN or total bilirubin > 1.5 - ≤ 3 x ULN	Withhold dose
	ALT or AST > 5 - ≤ 10 x ULN	Withhold IMFINZI and permanently discontinue tremelimumab (where appropriate)
	Concurrent ALT or AST > 3 x ULN and total bilirubin > 2 x ULN[b]	Permanently discontinue
	ALT or AST > 10 x ULN or total bilirubin > 3 x ULN	
Immune-mediated colitis or diarrhoea	Grade 2	Withhold dose
	Grade 3 monotherapy	Withhold dose
	Grade 4	Permanently discontinue
Intestinal perforation[e]	Any grade	Permanently discontinue
Immune-mediated hyperthyroidism, thyroiditis	Grade 2-4	Withhold dose until clinically stable
Immune-mediated hypothyroidism	Grade 2-4	No changes
Immune-mediated adrenal insufficiency or hypophysitis/hypopituitarism	Grade 2-4	Withhold dose until clinically stable
Immune-mediated type 1 diabetes mellitus	Grade 2-4	No changes
Immune-mediated nephritis	Grade 2 with serum creatinine > 1.5 - 3 x (ULN or baseline)	Withhold dose
	Grade 3 with serum creatinine > 3 x baseline or > 3-6 x ULN; Grade 4 with serum creatinine > 6 x ULN	Permanently discontinue
Immune-mediated rash or dermatitis (including pemphigoid)	Grade 2 for > 1 week	Withhold dose
	Grade 3	
	Grade 4	Permanently discontinue
Immune-mediated myocarditis	Grade 2-4	Permanently discontinue
Immune-mediated myositis/ polymyositis/rhabdomyolysis	Grade 2 or 3	Withhold dose[f]
	Grade 4	Permanently discontinue
Infusion-related reactions	Grade 1 or 2	Interrupt or slow the rate of infusion
	Grade 3 or 4	Permanently discontinue
Infection	Grade 3 or 4	Withhold dose until clinically stable
Immune-mediated myasthenia gravis	Grade 2-4	Permanently discontinue
Immune-mediated Myelitis transverse	Any Grade	Permanently discontinue
Immune-mediated meningitis	Grade 2	Withhold dose
	Grade 3 or 4	Permanently discontinue

Immune-mediated encephalitis	Grade 2-4	Permanently discontinue
Immune-mediated Guillain-Barré syndrome	Grade 2-4	Permanently discontinue
Other immune-mediated adverse reactions[g]	Grade 2 or 3	Withhold dose
	Grade 4	Permanently discontinue

a Common Terminology Criteria for Adverse Events, version 4.03. ALT: alanine aminotransferase; AST: aspartate aminotransferase; ULN: upper limit of normal; BLV: baseline value.
b For patients with alternative cause follow the recommendations for AST or ALT increases without concurrent bilirubin elevations.
c If AST and ALT are less than or equal to ULN at baseline in patients with liver involvement, withhold or permanently discontinue durvalumab based on recommendations for hepatitis with no liver involvement.
d Permanently discontinue tremelimumab for Grade 3; however, treatment with durvalumab can be resumed once event has resolved.
e Adverse drug reaction is only associated with IMFINZI in combination with tremelimumab.
f Permanently discontinue IMFINZI if adverse reaction does not resolve to ≤ Grade 1 within 30 days or if there are signs of respiratory insufficiency.
g Includes immune thrombocytopenia, pancreatitis, immune-mediated arthritis, uveitis, cystitis noninfective, and polymyalgia rheumatica.

Schedule 1 NSCLC: Repeat every 2 weeks

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Metoclopramide	20mg	PO		stat
	DURVALUMAB	**10mg/kg**	IV	60 minutes	In 100ml sodium chloride 0.9% (final concentration 1-15 mg/mL) via in-line low-protein binding 0.22micron filter.
TTO	Drug	Dose	Route	Directions	
Day 1	Metoclopramide	10mg	PO	10mg up to 3 times a day as required (max. 30mg per day including 20mg pre-chemo dose) Do not take for more than 5 consecutive days.	

Schedule 2 NSCLC and LS-SCLC Repeat every 4 weeks

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Metoclopramide	20mg	PO		stat
	DURVALUMAB	**1500mg *(see notes above)**	IV	60 minutes	In 100ml sodium chloride 0.9% (final concentration 1-15 mg/mL) via in-line low-protein binding 0.22micron filter.
TTO	Drug	Dose	Route	Directions	
Day 1	Metoclopramide	10mg	PO	10mg up to 3 times a day as required (max. 30mg per day including 20mg pre-chemo dose) Do not take for more than 5 consecutive days.	