National Community Oncology Dispensing Association, Inc.
PASSION FOR PATIENTS

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Positive Quality Intervention: Non-Small Cell Lung Cancer Stage III Overview and Patient Eligibility of Durvalumab (Imfinzi)

Description: The purpose of this PQI is to discuss Stage III Non-small cell lung cancer (NSCLC) and patient eligibility.

Background: Within the category of Lung Cancer, approximately 80% to 85% of lung cancers are NSCLC.[3,5] Treatment for stage III NSCLC may include combinations of radiation, chemotherapy, and/or surgery, which requires input from the medically integrated team, including medical and radiation oncologists along with thoracic surgeons. Concurrent chemoradiation therapy (CRT) is often utilized when patients with Stage III NSCLC either decline or are ineligible for surgical options.[4] Immunotherapy is possible to be given at this stage with durvalumab being the standard of care in patients who have not progressed after 2 or more cycles of definitive concurrent CRT. Meta-analysis has shown that concurrent CRT confers significant benefit when it comes to long-term survival of patients with for NSCLC (2,3,4, and 5-year survival rates).[6] NCCN guidelines suggest use of durvalumab as the Category 1 recommendation in unresectable Stage III NSCLC following definitive CRT.[2] Initiation of durvalumab following CRT may also elicit a synergistic antitumor immune response, given the mechanism of durvalumab as a monoclonal antibody that binds to programmed cell death ligand-1 (PD-L1), thereby blocking the PD-L1/PD-1 immune checkpoint signaling cascade.[8-13] Based on the PACIFIC study criteria approximately 70% of patients with unresectable stage III NSCLC would be eligible to receive durvalumab following CRT.[7] If initiating durvalumab, therapy care teams are instructed to begin therapy within 42 days after CRT completion.[1]

PQI Process:

- Consider durvalumab for Non-small Cell Lung Cancer (NSCLC) if ALL of the following criteria are met:
    - Individual is 18 years of age or older
    - Individual has not received previous therapy with a programmed death receptor-1 (PD-1) or PD-L1 -directed therapy (ex. nivolumab, pembrolizumab, atezolizumab, avelumab, cemiplimab, etc.) unless otherwise specified
    - Confirmed diagnosis of any ONE of the following:
        - NSCLC if ALL of the following:
            - Used as a single agent
            - Used as consolidation therapy
            - Disease is unresectable stage III without progression after 2 or more cycles of definitive CRT
            - Individual has performance status (PS) 0-1 (World Health Organization grading)
                - 0-1 performance status is when individual is able to perform all pre-disease activities without restriction or restricted when engaging in physical activity but able to carry out light work
- If durvalumab is a potential option post-CRT, especially with concurrent CRT, plan to initiate durvalumab within **42 days** of CRT based on clinical appropriateness and discretion

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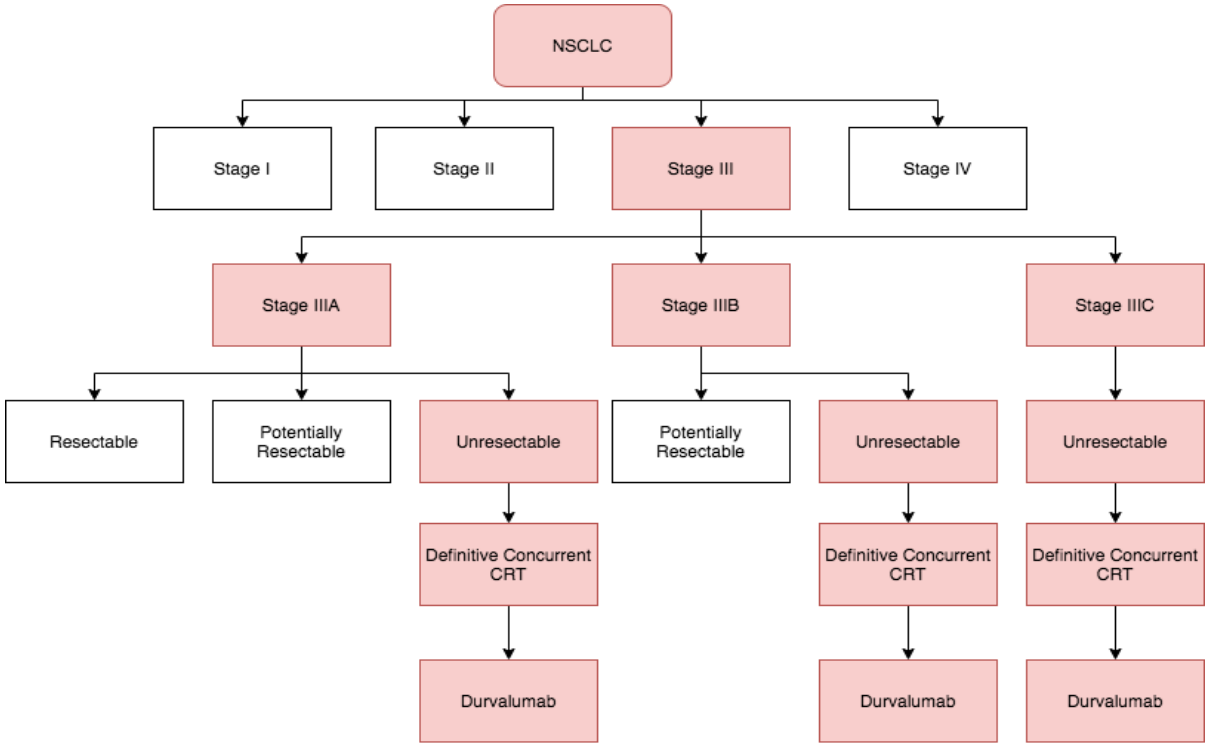
Patient Centered Activities:

- Review with patient potential options for stage III NSCLC
  - For durvalumab therapy: review **PQI Durvalumab (Imfinzi) Therapy Overview** for management guidance
- When administering immunotherapy
  - Counsel patient on immune-mediated adverse event (imAE) symptoms and when to report symptoms to oncologist
  - Schedule regular visits for blood tests (CBC, renal, hepatic, pancreatic, thyroid) and monitoring
  - Consider early initiation of steroids as necessary

Supplemental Information:

Diagram of durvalumab's current place in therapy for NSCLC[2]



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