IMFINZI®
durvalumab
50 mg/mL concentrate for solution for infusion

Guide to support the management of immune-mediated adverse events with IMFINZI® (durvalumab)

This resource is intended for UK healthcare professionals involved in the care of patients with cholangiocarcinoma or advanced biliary tract cancer

Licensed Therapeutic Indication of IMFINZI® (durvalumab) for biliary tract cancer in the United Kingdom: IMFINZI® in combination with gemcitabine and cisplatin is indicated for the first line treatment of adults with locally advanced, unresectable, or metastatic biliary tract cancer

This document provides an overview on the management of imAEs; please consult the IMFINZI Summary of Product Characteristics for full guidance

---

Click the link below to access the Prescribing Information for IMFINZI in the United Kingdom

Click HERE

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to AstraZeneca by visiting https://contactazmedical.astrazeneca.com/ or by calling 0800 783 0033

imAE, immune-mediated adverse event; MHRA, Medicines and Healthcare products Regulatory Agency; SmPC, summary of product characteristics.
IMFINZI SmPC. United Kingdom.

This promotional material has been developed and funded by AstraZeneca
GB-63208 | February 2025

Management of imAEs associated with IMFINZI

KEY

Permanently discontinue | Withhold dose | No changes

These treatment modifications apply exclusively to the use of IMFINZI in combination with gemcitabine and cisplatin for patients with locally advanced, unresectable, or metastatic BTC[1]

Please refer to sections 4.2 and 4.4 of the IMFINZI SmPC for full information on the management of imAEs:[1]

Adverse event	Severity (CTCAE v4.03)	Treatment modification	Management
Pulmonary			
Immune-mediated pneumonitis/ILD Clinical features may include: non-productive cough, dyspnoea, and weight loss[2]	Grade 2	Withhold dose	Please refer to a **respiratory physician**[3,4]
	Grade 3 or 4	Permanently discontinue	
Hepatic			
Immune-mediated hepatitis Clinical features may include: fatigue, jaundice, abdominal pain, joint pain/swelling, flu-like symptoms, itching, dark urine, pale stool, loss of appetite, ascites, confusion, rectal bleeding and vomiting blood[5]	ALT or AST >3–≤5 x ULN or total bilirubin >1.5–≤3 x ULN	Withhold dose	Please refer to a a **hepatologist**. If a **hepatologist** is not available, consult a **gastroenterologist**, and consider discussing the case with the MDT as appropriate[6]
	ALT or AST >5–≤10 x ULN	Withhold dose	
	Concurrent ALT or AST >3 x ULN and total bilirubin >2 x ULN*	Permanently discontinue	
	ALT or AST >10 x ULN or total bilirubin >3 x ULN	Permanently discontinue	
Immune-mediated hepatitis in hepatocellular carcinoma (or secondary tumour involvement of the liver with abnormal baseline values)† For potential clinical features please see above (immune-mediated hepatitis)	ALT or AST >2.5–≤5 x BLV and ≤20 x ULN	Withhold dose	Please refer to a a **hepatologist**. If a **hepatologist** is not available, consult a **gastroenterologist**, and consider discussing the case with the MDT as appropriate[6]
	ALT or AST >5–7 x BLV and ≤20 x ULN or concurrent ALT or AST 2.5–5 x BLV and ≤20 x ULN and total bilirubin>1.5–<2 x ULN*	Withhold dose	
	ALT or AST >7 x BLV or >20 ULN whichever occurs first or bilirubin >3 x ULN	Permanently discontinue	
Renal			
Immune-mediated nephritis Clinical features may include: dark urine, blood in urine, urine that foams, swelling of the legs/other areas, rashes, joint pain, abdominal pain, high temperature, shortness of breath, jaundice, fatigue, loss of appetite and weight loss[7]	Grade 2 with serum creatinine >1.5–3 x (ULN or baseline)	Withhold dose	Please refer to a **nephrologist**[8,9]
	Grade 3 with serum creatinine >3 x baseline or >3–6 x ULN; Grade 4 with serum creatinine >6 x ULN	Permanently discontinue	
Dermatologic			
Immune-mediated rash or dermatitis (including pemphigoid) Clinical features may include: maculopapular, eczema or atopic dermatitis, lichenoid rash, blistering disorders, and pruritus or acneiform[10]	Grade 2 for >1 week	Withhold dose	Please refer to a **dermatologist**[8,10]
	Grade 3	Withhold dose	
	Grade 4	Permanently discontinue	

*For patients with alternative cause follow the recommendations for AST or ALT increases without concurrent bilirubin elevations.[1] †If AST and ALT are less than or equal to ULN at baseline in patients with liver involvement, withhold or permanently discontinue IMFINZI based on recommendations for hepatitis with no liver involvement.[1]
ALT, alanine aminotransferase; AST, aspartate aminotransferase; BLV, baseline value; BTC, biliary tract cancer; CTCAE v4.03, Common Terminology Criteria for Adverse Events, version 4.03; ILD, interstitial lung disease; imAE, immune-mediated adverse event; MDT, multidisciplinary team; SmPC, summary of product characteristics; ULN, upper limit of normal.

1. IMFINZI SmPC. United Kingdom; 2. Zhong L, et al. *Adv Exp Med Biol*. 2020;1244:255–269; 3. UKNOS. Acute Oncology Initial Management Guidelines. Available at: https://www.ukacuteoncology.co.uk/application/files/9116/9082/2886/UKONS_AO_initial_management_Guidelines_FINAL_VERSION_2023.pdf. Accessed February 2025; 4. Delaunay M, et al. *Eur Respir Rev*. 2019;28(154):190012; 5. Johns Hopkins Medicine. Autoimmune Hepatitis. Available at: https://www.hopkinsmedicine.org/health/conditions-and-diseases/hepatitis/autoimmune-hepatitis. Accessed February 2025; 6. Lasagna A, Sacchi P. *Cancers (Basel)*. 2024;16(4):795; 7. NHS. Glomerulonephritis. Available at: https://www.nhs.uk/conditions/glomerulonephritis. Accessed February 2025; 8. Schneider BJ, et al. *J Clin Oncol*. 2021;39(36):4073–4126; 9. Zheng K, et al. *Thorac Cancer*. 2020;11(6):1746–1751; 10. Brahmer JR, et al. *J Immunother Cancer*. 2021;9(6):e002435.

IMFINZI® durvalumab
50 mg/mL concentrate for solution for infusion

Management of imAEs associated with IMFINZI

KEY

Permanently discontinue | Withhold dose | No changes

These treatment modifications apply exclusively to the use of IMFINZI in combination with gemcitabine and cisplatin for patients with locally advanced, unresectable, or metastatic BTC[1]

Please refer to sections 4.2 and 4.4 of the IMFINZI SmPC for full information on the management of imAEs:[1]

Adverse event	Severity (CTCAE v4.03)	Treatment modification	Management
Endocrine			
Immune-mediated type 1 diabetes mellitus Clinical features may include: fatigue, nausea, vomiting, weight loss, polyuria or polydipsia[2]	Grade 2–4		Initiate treatment with insulin as clinically indicated[1] Please refer to an **endocrinologist**[3]
Immune-mediated hyperthyroidism, thyroiditis Clinical features may include: nervousness, anxiety, irritability, hyperactivity, insomnia, fatigue, heat sensitivity, diarrhoea, itchiness and persistent thirst[4,5]	Grade 2–4	Until clinically stable	Symptomatic treatment, see Section 4.8 of the SmPC[1] Please refer to an **endocrinologist**[3]
Immune-mediated hypothyroidism Clinical features may include: fatigue, cold sensitivity, weight gain, constipation, depression and brittle hair and nails[6]	Grade 2–4		Initiate thyroid hormone replacement as clinically indicated[1] Please refer to an **endocrinologist**†[3]
Immune-mediated adrenal insufficiency or hypophysitis/hypopituitarism Clinical features may include: fatigue, nausea, vomiting, weakness, headache and gonadotrophic deficiency[2]	Grade 2–4	Until clinically stable	Hormone replacement as indicated[1] Please refer to an **endocrinologist** for investigations and hormone replacement therapy (based on clinical indications)[3,7]
Musculoskeletal			
Immune-mediated myositis/ polymyositis/rhabdomyolysis Clinical features may include: ocular, bulbar, axial, respiratory pattern of weakness, muscle weakness‡, myalgia‡ and dark urine‡[2,8]	Grade 2 or 3* Grade 4		Please refer to a **rheumatologist** or **neurologist**[9,10]
Immune-mediated myasthenia gravis For potential clinical features please see above (immune-mediated myositis/polymyositis)	Grade 2–4		Please refer to a **neurologist**[2,11]

*Permanently discontinue IMFINZI if adverse event does not resolve to ≤Grade 1 within 30 days or if there are signs of respiratory insufficiency.[1]
†Primary hypothyroidism can be managed by other medical professionals such as primary care or the treating oncologist.[3]
‡Symptoms for rhabdomyolysis only.[8]
BTC, biliary tract cancer; CTCAE v4.03, Common Terminology Criteria for Adverse Events, version 4.03; imAE, immune-mediated adverse event; SmPC, summary of product characteristics.

1. IMFINZI SmPC. United Kingdom; 2. Brahmer JR, et al. *J Immunother Cancer*. 2021;9(6):e002435; 3. Husebye ES, et al. *Eur J Endocrinol.* 2022;187(6):G1–G21; 4. NHS. Symptoms-Overactive thyroid (hyperthyroidism). Available at: https://www.nhs.uk/conditions/overactive-thyroid-hyperthyroidism/symptoms/. Accessed February 2025; 5. HSE. Symptoms-Overactive thyroid (hyperthyroidism). Available at: https://www2.hse.ie/conditions/overactive-thyroid-hyperthyroidism/symptoms/. Accessed February 2025; 6. NHS. Symptoms-Underactive thyroid (hypothyroidism) Available at: https://www.nhs.uk/conditions/underactive-thyroid-hypothyroidism/symptoms/. Accessed February 2025; 7. Del Rivero J, et al. *Oncologist.* 2020;25(4):290–300; 8. Willard J, et al. *Cureus*. 2024;16(11):e73545; 9. Sarwar A, et al. In: StatPearls Publishing; 2025. Available at: https://www.ncbi.nlm.nih.gov/books/NBK563129/. Accessed February 2025;
10. Brahmer JR, et al. *J Immunother Cancer*. 2021;9(6):e002435; 11. Marco C, et al. *J Clin Med.* 2022;12(1):130.

IMFINZI® durvalumab
50 mg/mL concentrate for solution for infusion

Management of imAEs associated with IMFINZI

KEY

Permanently discontinue | Withhold dose | No changes

These treatment modifications apply exclusively to the use of IMFINZI in combination with gemcitabine and cisplatin for patients with locally advanced, unresectable, or metastatic BTC[1]

Please refer to sections 4.2 and 4.4 of the IMFINZI SmPC for full information on the management of imAEs:[1]

Adverse event	Severity (CTCAE v4.03)	Treatment modification	Management
Gastrointestinal			
Immune-mediated colitis or diarrhoea Clinical features may include: abdominal pain, mucus or blood in stool, fever and increases in the number of bowel movements per day[2]	Grade 2	Withhold dose	Please refer to a **gastroenterologist**[2,3]
	Grade 3	Withhold dose	
	Grade 4	Permanently discontinue	
Cardiovascular			
Immune-mediated myocarditis Clinical features may include: elevated troponins, abnormal ECG, ventricular arrythmias and complete heart block, cardiogenic shock or cardiac arrest[4]	Grade 2–4	Permanently discontinue	Please refer to a **cardiologist**[4]
Neurological			
Immune-mediated transverse myelitis Clinical features may include: weakness of the legs and arms, pain, sensory alterations, bowel and bladder dysfunction[5]	Any Grade	Permanently discontinue	Please refer to a **neurologist**[6]
Immune-mediated meningitis Clinical features may include: headache, neck stiffness, photophobia, low-grade fever and nausea[4]	Grade 2	Withhold dose	Please refer to a **neurologist**[4,7]
	Grade 3 or 4	Permanently discontinue	
Immune-mediated encephalitis Clinical features may include: altered behaviour, confusion, short-term memory impairment, agitation, speech abnormality, and seizures[4]	Grade 2–4	Permanently discontinue	Please refer to a **neurologist**[4,7]
Immune-mediated Guillain-Barré syndrome Clinical features may include: early lower back or thigh pain followed by ascending weakness, sensory loss, areflexia, facial weakness, and extraocular movement impairment[4]	Grade 2–4	Permanently discontinue	Please refer to a **neurologist**[4,7]
Other immune-related adverse events			
Other immune-related adverse events*	Grade 2 or 3	Withhold dose	Please refer to a **specialist**[4]
	Grade 4	Permanently discontinue	

*Includes immune thrombocytopenia, pancreatitis, immune-mediated arthritis, uveitis and cystitis noninfective and polymyalgia rheumatica.[1]

BTC, biliary tract cancer; CTCAE v4.03, Common Terminology Criteria for Adverse Events, version 4.03; ECG, electrocardiogram; imAE, immune-mediated adverse event; SmPC, summary of product characteristics.

1. IMFINZI SmPC. United Kingdom; 2. Som A, et al. *World J Clin Cases*. 2019;7(4):405–418; 3. Powell N, et al. *Lancet Gastroenterol Hepatol.* 2020;5(7):679–697; 4. Brahmer JR, et al. *J Immunother Cancer*. 2021;9(6):e002435; 5. NINDS. Transverse Myelitis. Available at: https://www.ninds.nih.gov/health-information/disorders/transverse-myelitis. Accessed February 2025; 6. NHS. Transverse myelitis. Available at: https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/transverse-myelitis/. Accessed February 2025; 7. Seki M, et al. *Cancer Immunol Immunother.* 2021;71(4):769–775.

IMFINZI® durvalumab
50 mg/mL concentrate for solution for infusion