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QR codes to prescribing information and adverse event reporting information can be found on Page 2.

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

IMJUDO® tremelimumab 20 mg/mL concentrate for solution for infusion ▼

In 1L uHCC
Consider liver function in your treatment decisions

Patients with HCC often have underlying liver cirrhosis, leading to impaired liver function, poor prognosis, and challenges with tolerability following treatment[1]

Scan or click the QR code to visit the **IMFINZI STRIDE** website:

Relevant therapeutic indications:

- **IMFINZI** in combination with tremelimumab is indicated for the first line treatment of adults with advanced or unresectable hepatocellular carcinoma (HCC).[2]
- **IMJUDO** in combination with durvalumab is indicated for the first line treatment of adults with advanced or unresectable hepatocellular carcinoma (HCC).[3]

The HIMALAYA trial of the STRIDE regimen (IMFINZI + IMJUDO) vs. sorafenib included a diverse patient population that reflects advanced or unresectable HCC globally[4]

- Included adults with confirmed uHCC, BCLC B (ineligible for LRT) or C, ECOG PS 0–1, CP-A and no prior systemic therapy[4]
- Liver function was assessed using CP score and ALBI grade (exploratory).*[1,5] Exploratory subgroups by ALBI grade (1 vs. 2/3) were evaluated for efficacy and safety in both the primary analysis and long-term follow up†[1,5]
- In the STRIDE arm, 55.2% of patients had ALBI Grade 1 and 44.5% had ALBI Grade 2/3 at baseline*[5]

OS rate was numerically higher with IMFINZI + IMJUDO at 6 years vs. sorafenib (exploratory analysis; not formally tested for statistical significance)[6]

At the primary analysis of the HIMALAYA trial, OS (primary endpoint) was significantly higher with STRIDE (n=393) vs. sorafenib (n=389) (HR, 0.78 [96.02% CI 0.65–0.93; p=0.0035]), with a median follow up of 32–33 months.[4]

Exploratory long-term OS data from a Phase III study in 1L uHCC‡[6]	Fewer discontinuations due to TRAEs than sorafenib (8.2% vs. 11.0%)[4]	Generally consistent 5-year outcomes with STRIDE across baseline liver function by ALBI grade (exploratory analysis)‖[1]
17.1% 6-year OS rate with STRIDE vs. 8.9% with sorafenib (HR, 0.76 [95% CI 0.65–0.89])†§	Grade 3/4 TRAEs occurred in 25.8% of patients receiving STRIDE and 36.9% receiving sorafenib, and most imAEs with STRIDE were Grade 1 or 2 and generally manageable[4,8]	In a 5-year exploratory analysis, OS outcomes by ALBI grade were generally consistent with the primary analysis, and ALBI score generally remained stable over time with STRIDE

The most commonly reported AEs (in >10% of patients) with STRIDE in pooled safety data (n=462) were rash (32.5%), pruritus (25.5%), diarrhoea (25.3%), abdominal pain (19.7%), AST/ALT increased (18.0%), pyrexia (13.9%), hypothyroidism (13.0%), cough/productive cough (10.8%) and oedema peripheral (10.4%).[2,3]

Immune-mediated adverse events (imAEs) are special warnings for IMFINZI and IMJUDO. Routine monitoring for signs and symptoms is advised. Refer to the respective SmPCs for full information, including important safety information on imAE monitoring and management[2,3]

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 www.contactazmedical.astrazeneca.com or by calling 0800 783 0033

▼IMJUDO is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects your patients may get. See https://yellowcard.mhra.gov.uk/ for how to report side effects.

The STRIDE Regimen (Single Tremelimumab Regular Interval Durvalumab): A single priming dose of IMJUDO 300 mg followed by IMFINZI 1500 mg on Day 1 of Cycle 1; continue IMFINZI 1500 mg as a single agent every 4 weeks until disease progression or unacceptable toxicity. Patients with a body weight of ≤30 kg must receive weight-based dosing, equivalent to IMFINZI 20 mg/kg, until weight is >30 kg. Patients with a body weight of ≤40 kg must receive weight-based dosing, equivalent to IMJUDO 4 mg/kg, until weight is >40 kg.[2,3]

*ALBI score calculated as $\log_{10}$(bilirubin) × 0.66 – albumin × 0.085 (ALBI Grade 1=ALBI score ≤-2.60 [mild liver decompensation/dysfunction]; ALBI Grade 2=ALBI score >-2.60 to ≤-1.39 [moderate liver decompensation/dysfunction]; ALBI Grade 3=ALBI score >-1.39 [severe liver decompensation/dysfunction]). ALBI grade data were not available for one participant in the STRIDE arm. In the sorafenib arm, 52.2% had ALBI Grade 1 and 47.8% had ALBI Grade 2/3.[1,5] †Due to small sample size, the ALBI Grade 3 subgroup (IMFINZI + IMJUDO, n=1; sorafenib, n=1) was combined with the ALBI Grade 2 subgroup.[5] ‡Exploratory analysis, not formally tested for statistical significance.[6] §OS HRs and 95% CIs were calculated using a Cox proportional hazards model stratified by treatment, liver disease aetiology (HBV vs. HCV vs. others), ECOG PS (0 vs. 1) and MVI (yes vs. no). Median OS was calculated using the Kaplan–Meier technique, with 95% CIs calculated via a profile likelihood approach. Median follow-up in all censored participants was 71.28 (6.18–85.03) months with STRIDE and 38.31 (0.03–83.29) months with sorafenib.[6] ‖Exploratory analysis from the Phase III HIMALAYA study. Not formally tested for statistical significance. Median duration of follow-up was 62.5 months (95% CI 59.5–64.8) for IMFINZI + IMJUDO and 59.9 months (95% CI 58.3–61.5) for sorafenib. Estimate of OS rate calculated using Kaplan–Meier technique. OS rate at 60 months was an exploratory endpoint. At the 5-year analysis, OS data maturity was 79% (309 events) in the IMFINZI + IMJUDO arm and 85% (332 events) in the sorafenib arm. Data cut-off: 1 March 2024.[1]

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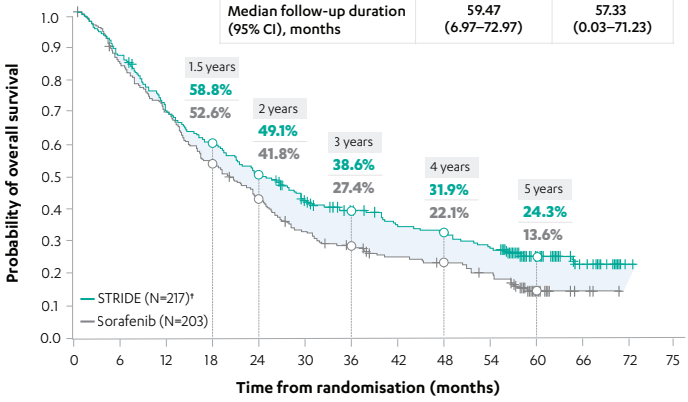
In 1L uHCC
Discover exploratory 5-year OS data by liver function*[1]

OS by ALBI grade at baseline with STRIDE vs. sorafenib (exploratory analysis)[1]

ALBI Grade 1†

	STRIDE (n=217)†	Sorafenib (n=203)
Overall survival events, n (%)	159 (73.3)	164 (80.8)
Median overall survival (95% CI), months	23.43 (19.19–29.44)	19.02 (15.67–23.16)
Hazard ratio (95% CI)	0.79 (0.63–0.99)	
Median follow-up duration (95% CI), months	59.47 (6.97–72.97)	57.33 (0.03–71.23)



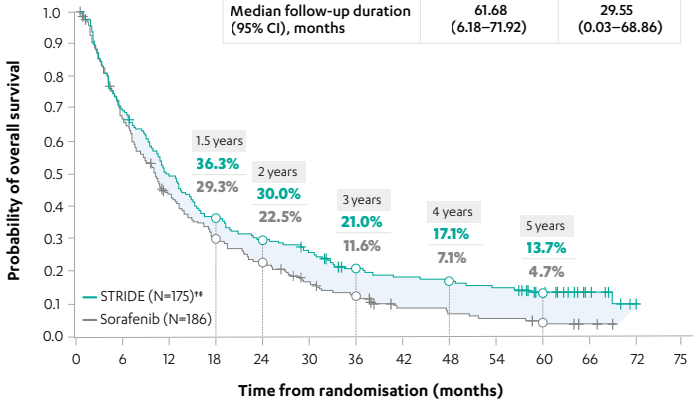
No. at risk

STRIDE	217	188	148	127	106	87	72	61	57	49	30	13	2	0
Sorafenib	203	165	135	103	81	58	48	40	36	30	13	4	0	0

Not formally tested for statistical significance.

ALBI Grade 2/3†‡

	STRIDE (n=175)†‡	Sorafenib (n=186)
Overall survival events, n (%)	149 (85.1)	168 (90.3)
Median overall survival (95% CI), months	11.30 (9.33–14.19)	9.72 (7.23–11.76)
Hazard ratio (95% CI)	0.79 (0.63–1.00)	
Median follow-up duration (95% CI), months	61.68 (6.18–71.92)	29.55 (0.03–68.86)



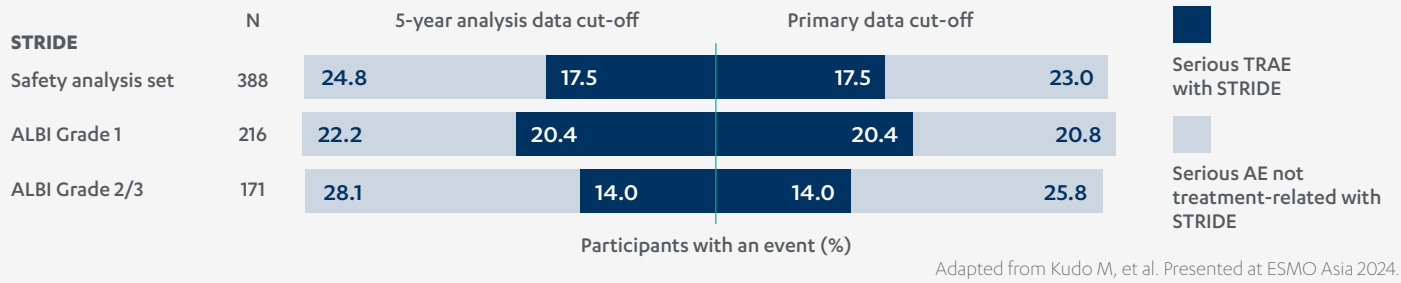
No. at risk

STRIDE	175	119	86	63	52	44	32	28	26	23	16	7	0	0
Sorafenib	186	118	76	52	40	26	18	11	9	7	5	2	0	0

Adapted from Kudo M, et al. Presented at ESMO Asia 2024.

➤ The OS hazard ratio with STRIDE and sorafenib was the same in the ALBI Grade 1 and Grade 2/3 subgroups (HR, 0.79)[1]

No new serious TRAEs occurred with STRIDE in either ALBI subgroup since the primary analysis[1]



Adapted from Kudo M, et al. Presented at ESMO Asia 2024.

Extending OS while considering liver function is a treatment goal for HCPs and patients[7]

Scan or click the QR codes below for **IMFINZI (durvalumab)** and **IMJUDO▼ (tremelimumab)** prescribing information

IMFINZI (durvalumab)

IMJUDO (tremelimumab)

▼IMJUDO is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects your patients may get. See https://yellowcard.mhra.gov.uk/ for how to report side effects.

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*The 5-year exploratory analysis of liver function in the Phase III HIMALAYA study was not formally tested for statistical significance. Median duration of follow-up was 62.5 months (95% CI 59.5–64.8) for IMFINZI + IMJUDO and 59.9 months (95% CI 58.3–61.5) for sorafenib. Estimates of OS rates calculated using Kaplan–Meier technique. Data cut-off: 1 March 2024.[1] †ALBI grade data not available for one participant.[1] ‡One participant in the STRIDE arm and one participant in the sorafenib arm were classified as ALBI Grade 3 at baseline.[1]

Abbreviations: 1L, first line; **AE**, adverse event; **ALBI**, albumin–bilirubin; **ALT**, alanine aminotransferase; **AST**, aspartate aminotransferase; **CI**, confidence interval; **BCLC**, Barcelona Clinic Liver Cancer; **CP(-A)**, Child–Pugh (Class A); **ECOG PS**, Eastern Cooperative Oncology Group performance status; **HBV**, hepatitis B virus; **(u)HCC**, (unresectable) hepatocellular carcinoma; **HCP**, healthcare professional; **HCV**, hepatitis C virus; **HR**, hazard ratio; **LRT**, locoregional therapy; **imAE**, immune-mediated adverse event; **MVI**, macrovascular invasion; **OS**, overall survival; **SmPC**, Summary of Product Characteristics; **STRIDE**, Single Tremelimumab Regular Interval Durvalumab; **TRAE**, treatment-related adverse event.

References: 1. Kudo M, et al. Presented at ESMO Asia Congress 2024; 6–8 December; Singapore. Presentation #127O; **2.** IMFINZI (durvalumab) Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/product/9495/smpc. Accessed June 2026; **3.** IMJUDO (tremelimumab). Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/product/14841/smpc#gref. Accessed June 2026; **4.** Abou-Alfa GK, et al. *NEJM Evid*. 2022;1(8):EVIDoa2100070; **5.** Vogel A, et al. Presented at ESMO GI 2022; 29 June–2 July; Barcelona, Spain. Poster #O-5; **6.** Sangro B, et al. Presented at ESMO 2025; 17–21 October; Berlin, Germany. Presentation #1494P; **7.** Reig ML, et al. *J Hepatol*. 2026;84(3):631–654.

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