STRIDE FOR SURVIVAL

Single Tremelimumab Regular Interval Durvalumab

WITH IMJUDO® + IMFINZI® vs sorafenib[1,2]

IMJUDO® tremelimumab
Injection for Intravenous Use 20 mg/mL

IMFINZI® durvalumab
Injection for Intravenous Use 50 mg/mL

5 REASONS TO PRESCRIBE

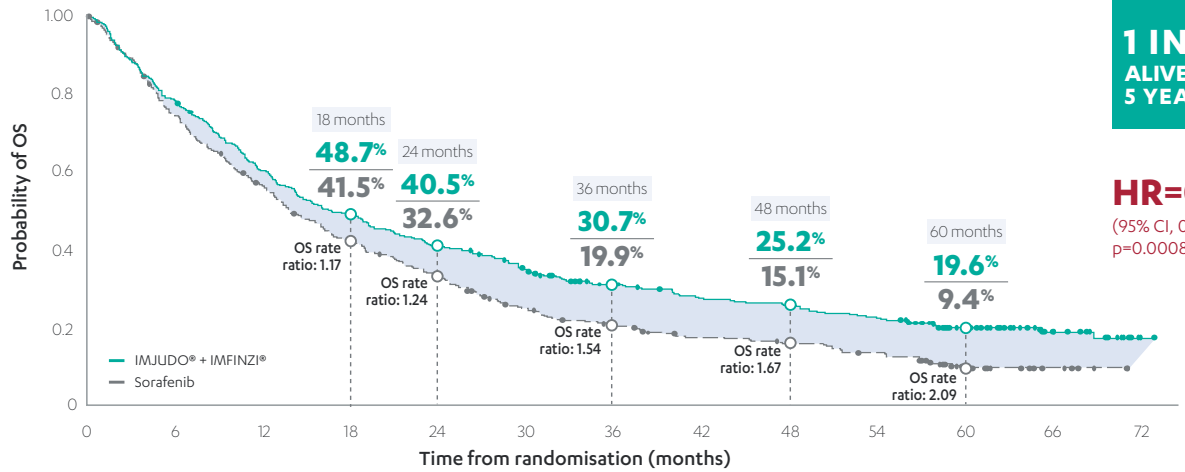
IMJUDO® + IMFINZI® — The only IO regimen with 5-year OS data in 1L uHCC[3]

1 **Statistically superior OS in a diverse patient population (ITT primary analysis)[1]**

2 **IMJUDO® + IMFINZI® is the first therapy to demonstrate unprecedented 19.6% OS rate at 5 years in 1L advanced or unresectable HCC, with 1 in 5 patients still alive[3]**

24% reduction in the risk of death with **IMJUDO® + IMFINZI®** vs **sorafenib[3]**

OVERALL SURVIVAL IN THE INTENT-TO-TREAT POPULATION (UPDATED ANALYSIS)*,[3]



1 IN 5 ALIVE AT 5 YEARS

HR=0.76
(95% CI, 0.65–0.89); p=0.0008

Number of patients at risk

IMJUDO® + IMFINZI®	393	308	235	190	158	131	104	89	83	72	46	20	2
Sorafenib	389	283	211	155	121	84	66	51	45	37	18	6	0

Median duration of follow-up: 62.49 months (range, 59.47–64.79) for IMJUDO® + IMFINZI® and 59.86 months (range, 58.32–61.54) for sorafenib.[3]

Adapted from Rimassa L, et al. ESMO congress, 2024.[3]

Median OS was 16.4 months (95% CI: 14.2–19.6) with IMJUDO® + IMFINZI® vs. 13.8 (95% CI: 12.3–16.1) with sorafenib[3]

* OS HRs and 95% CIs were calculated using a Cox proportional hazards model adjusting for treatment, aetiology, ECOG PS and MVI. Updated analysis data cut-off: 01 March 2024.[3]

3 IMJUDO® + IMFINZI® demonstrated numerically lower rates of Grade 3 or 4 treatment-related adverse events vs sorafenib[2]

GRADE 3 OR 4 TREATMENT-RELATED ADVERSE EVENTS[2]

25.8%
Grade 3-4 TRAEs
IMJUDO® + IMFINZI®

vs.

36.9%
Grade 3-4 TRAEs
Sorafenib

No treatment-related gastrointestinal or oesophageal varices haemorrhage events were observed in the IMJUDO® + IMFINZI® arm[2]

4 Fewer discontinuations due to TRAEs[2]

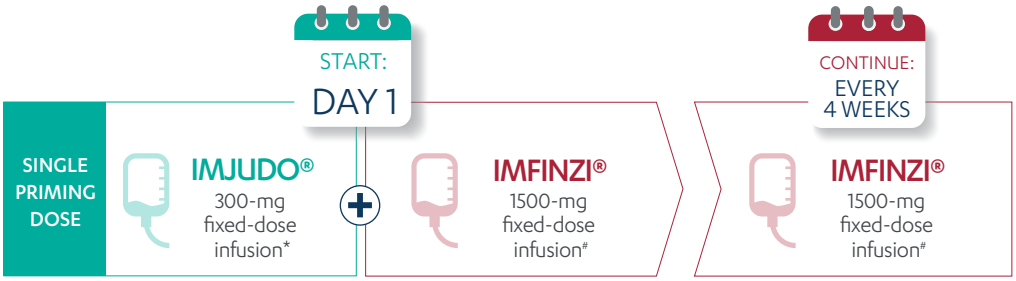
8.2%
with
IMJUDO® + IMFINZI®

vs.

11%
with
Sorafenib

5 Dual-IO approach combines a priming, single-dose of IMJUDO® with IMFINZI®, followed by monthly (Q4W) IMFINZI® monotherapy[1]

Single priming dose of IMJUDO® combinded with continous administration of IMFINZI® monotherapy



1L=first line; CI=confidence interval; ECOG=Eastern Cooperative Oncology Group; HCC=hepatocellular carcinoma; HR=hazard ratio; IO=immuno-oncology; ITT=intent-to-treat; MVI=macrovascular invasion; OS=overall survival; PS=performance status; Q4W=every 4 weeks; TRAE=treatment-related adverse event; uHCC=unresectable hepatocellular carcinoma.

References

1. IMJUDO® [Information for Healthcare Professionals for medicinal products for human use], www.swissmedicinfo.ch. **2.** Abou-Alfa GK, Lau G, Kudo M, et al. Tremelimumab plus durvalumab in unresectable hepatocellular carcinoma. NEJM Evid. 2022;1(8):EVIDoa2100070 (including Supplementary Appendix and Protocol). **3.** Rimassa L, Chan SL, Sangro B, et al. Five-year overall survival (OS) and OS by tumour response measures from the phase 3 HIMALAYA study of tremelimumab plus durvalumab in unresectable hepatocellular carcinoma (uHCC). Presented at: European Society for Medical Oncology Congress; September 13-17, 2024; Barcelona, Spain.

Professionals can request the mentioned references to AstraZeneca AG.

Scan the QR code for the IMFINZI® succinct statement

Scan the QR code for the IMJUDO® succinct statement

▼This medicinal product is subject to additional monitoring. For further information, see Information for Healthcare Professionals for medicinal products for human use of IMJUDO® at www.swissmedicinfo.ch.

AstraZeneca

Date of preparation: October 2024 – CH-10356

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