BC Cancer Protocol Summary for Treatment of Limited Stage Small Cell Lung Cancer (LS-SCLC) Using Durvalumab

Protocol Code	*LUSCDUR*
Tumour Group	*Lung*
Contact Physician	*LU Systemic Therapy*

ELIGIBILITY:

Patients must have:

- Histologically or cytologically documented LS-SCLC (stage I to III SCLC, as defined by the AJCC classification, 8th edition),
- Completed 4 cycles of platinum-based chemoradiation treatment (given concurrently or sequentially) within the previous 2 months, with no evidence of disease progression during or following treatment completion

Patients should have:

- Good performance status,
- Adequate hepatic and renal function,
- Access to a treatment centre with expertise to manage immune-mediated adverse reactions of durvalumab

Notes:

- Patients with mixed SCLC and NSCLC are eligible for treatment
- Patients are eligible for subsequent checkpoint inhibitors for extensive stage SCLC (ES-SCLC) provided there is a disease-free interval of 6 months or longer following adjuvant treatment completion

CAUTIONS:

- Active or previous autoimmune disease (within the past 2 years)
- Unresolved toxic effects of Grade ≥ 2 from prior treatment
- Grade ≥ 2 pneumonitis from prior chemoradiotherapy
- Patients with long term immunosuppressive therapy or systemic corticosteroids (requiring more than 10 mg predniSONE/day or equivalent)

TESTS:

- Baseline: CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, morning serum cortisol, chest x-ray
- Before each treatment: CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH
- If clinically indicated: chest x-ray, ECG, morning serum cortisol, lipase, random glucose, serum or urine hCG (required for women of childbearing potential if pregnancy suspected), free T3 and free T4, serum ACTH levels, testosterone, estradiol, FSH, LH
- Weekly telephone nursing assessment for signs and symptoms of side effects while on treatment (optional)

PREMEDICATIONS:

- Antiemetics are not usually required
- Antiemetic protocol for low emetogenicity (see SCNAUSEA)
- If prior infusion reactions to durvalumab: diphenhydrAMINE 50 mg PO, acetaminophen 325 to 975 mg PO, and hydrocortisone 25 mg IV 30 minutes prior to treatment

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
durvalumab	20 mg/kg* (maximum 1500 mg)	IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter

* Select dose per Dose Banding Table (appendix).

- Repeat **every 4 weeks** for 2 years, unless disease progression or unacceptable toxicity.
- For patients who stop durvalumab treatment for reasons other than disease progression, such as adverse effects:
  - If no disease progression during the treatment interruption: treatment may be resumed following treatment interruption to complete the planned 2 years
  - If disease progression occurs during the treatment interruption: switch to alternate treatment and treat as ES-SCLC)

DOSE MODIFICATIONS:

No specific dose modifications. Toxicity managed by treatment delay and other measures (see SCIMMUNE for management of immune-mediated adverse reactions to checkpoint inhibitor immunotherapy).

PRECAUTIONS:

1. **Serious immune-mediated reactions**: can be severe to fatal and usually occur during the treatment course, but may develop months after discontinuation of therapy. They may include enterocolitis, intestinal perforation or hemorrhage, hepatitis, dermatitis, neuropathy, endocrinopathy, pneumonitis, as well as toxicities in other organ systems. Early diagnosis and appropriate management are essential to minimize life-threatening complications (see SCIMMUNE for management of immune-mediated adverse reactions to checkpoint inhibitor immunotherapy).
2. **Infusion-related reactions:** isolated cases of severe infusion reactions have been reported. For mild or moderate infusion reactions, decrease the infusion rate to 50% or temporarily interrupt infusion until the reaction has resolved. Consider premedication for subsequent infusions. Permanently discontinue durvalumab for severe reactions.
3. **Infections:** severe infections such as sepsis, necrotizing fasciitis, and osteomyelitis have been reported. Treat suspected or confirmed infections as indicated. Withhold durvalumab for severe infections.

Contact the LU Systemic Therapy physician at your regional cancer centre or the LU Systemic Therapy Chair with any problems or questions regarding this treatment program.

REFERENCES:

1. Cheng Y, Spigel DR, Laktionov KK et al. Durvalumab After Chemoradiotherapy in Limited-Stage Small-Cell Lung Cancer. N Engl J Med 2024; 391: 1313-27.
2. Durvalumab (Imfinzi) Reimbursement Recommendation. Canada's Drug Agency (CDA-AMC). Canadian Journal of Health Technologies. Aug 2025; 5(8): 1-22.

Appendix. Dose Bands

DURVALUMAB DOSE BANDING TABLE (20 mg/kg capped at 1500 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 369		**Pharmacy prepares specific dose**
369	440.49	**400**
440.5	475.49	**450**
475.5	555.49	**500**
555.5	666.49	**600**
666.5	777.49	**700**
777.5	888.49	**800**
888.5	999.49	**900**
999.5	1099.49	**1000**
1099.5	1199.49	**1100**
1199.5	1299.49	**1200**
1299.5	1399.49	**1300**
1399.5	1499.49	**1400**
1499.5	1500	**1500**