Please Join Us for a Live Event

Neoadjuvant IMFINZI® (durvalumab) + Gemcitabine and Cisplatin Followed by Radical Cystectomy and Adjuvant IMFINZI as a Perioperative Treatment Option for Muscle-Invasive Bladder Cancer

DATE & TIME
Jan 15th, 2026
6:00 PM – 8:00 PM
Eastern Standard Time

LOCATION
Local 11 Ten Food And Wine
1110 Bull Street
Savannah, GA 31401

PRESENTED BY
Guru Sonpavde, MD
Medical Oncologist
Adventhealth Medical Group Oncology And Hematology At Orlando

PLEASE RSVP BY 1/12/2026

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IMPORTANT PRODUCT INFORMATION

IMFINZI in combination with gemcitabine and cisplatin as neoadjuvant treatment, followed by single-agent IMFINZI as adjuvant treatment following radical cystectomy, is indicated for the treatment of adult patients with muscle-invasive bladder cancer (MIBC).

Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue, including the following: immune-mediated pneumonitis, immune-mediated colitis, immune-mediated hepatitis, immune-mediated endocrinopathies, immune-mediated nephritis with renal dysfunction, immune-mediated dermatologic reactions, and solid organ transplant rejection. IMFINZI can cause severe or life-threatening infusion-related reactions. Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1/PD-L1 blocking antibody.

Advise women not to become pregnant or breastfeed during treatment with IMFINZI and for 3 months after the last dose.

The most frequent (≥1%) serious adverse reactions reported in patients with MIBC in the neoadjuvant phase of the NIAGARA trial receiving IMFINZI in combination with gemcitabine and cisplatin were pulmonary embolism (1.9%), febrile neutropenia (1.5%), acute kidney injury (1.3%), thrombocytopenia (1.3%), urinary tract infection (1.3%), and pneumonia (1.3%). The most frequent serious adverse reactions (occurring in ≥1% of patients) reported in patients with MIBC in the adjuvant phase of the NIAGARA trial receiving IMFINZI as a single agent were urinary tract infection (7%), acute kidney injury (3.7%), hydronephrosis (2.1%), pyelonephritis (2.1%), urosepsis (1.8%) and sepsis (1.6%).

The most common adverse reactions, including laboratory abnormalities, in the overall study (occurring in ≥20% of patients) were decreased hemoglobin, decreased neutrophils, increased blood creatinine, decreased sodium, nausea, increased ALT, decreased calcium, decreased platelets, fatigue, increased potassium, decreased lymphocytes, increased AST, constipation, decreased magnesium, decreased appetite, increased alkaline phosphate, rash, pyrexia, diarrhea, vomiting and abdominal pain.

The safety and effectiveness of IMFINZI has not been established in pediatric patients.

Please see the accompanying complete Prescribing Information, including Patient Information for IMFINZI.

AstraZeneca