



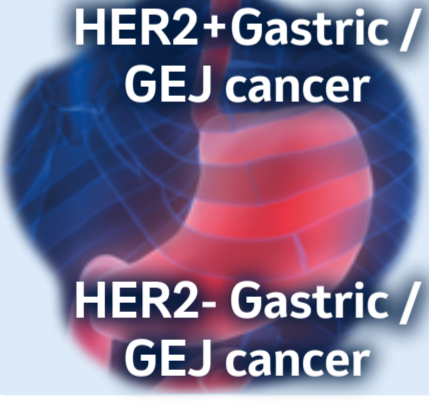
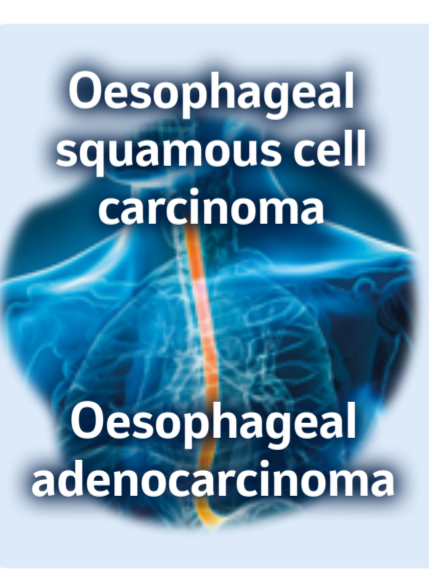

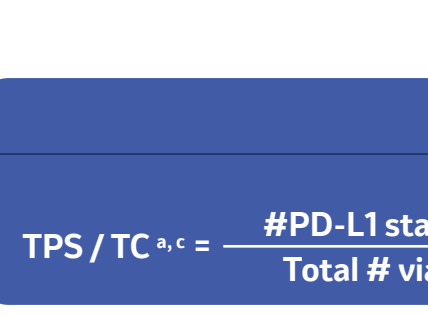
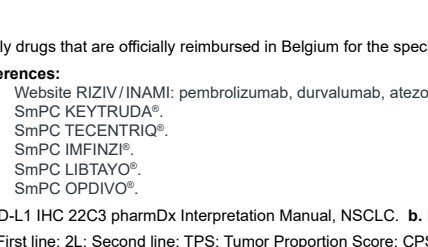


PD-L1 TESTING - REIMBURSED INDICATIONS ¹

Date of last revision 01/2024.

| INDICATION | DISEASE STAGE | TREATMENT | ALGORITHM | RECOMMENDED CLONES | CUT-OFF | |
|---|--------------------------------|--|--|---|---|---|
|  Non-small cell lung cancer | Neo-adjuvant | Resectable, at high risk of recurrence | Nivolumab + platinum ⁶ | TPS | • 28-8 PharmDx assay | ≥ 1% |
| | Adjuvant | At high risk of recurrence after complete resection and adjuvant platinum-based chemotherapy | Atezolizumab ³ | TC | • Ventana PD-L1 (SP263) assay | ≥ 50% |
| | 1L | Metastatic | Pembrolizumab ² | TPS | • 22C3 PharmDx assay • 22C3 LDT • Ventana PD-L1 (SP263) Assay | ≥ 50% |
| | | Locally advanced (chemoradiation-ineligible), or metastatic | Cemiplimab ⁵ | | | ≥ 50% |
| | | Locally advanced, unresectable | Cemiplimab + platinum ⁵ | | | ≥ 1% |
| | | Locally advanced, unresectable | Durvalumab ⁴ | | | ≥ 1% |
| | 2L | Metastatic | Atezolizumab ³ | TC IC | • SP142 assay | ≥ 50% ≥ 10% |
| 2L | Locally advanced or metastatic | Pembrolizumab ² | TPS | • 22C3 PharmDx assay • 22C3 LDT • Ventana PD-L1 (SP263) Assay | ≥ 1% | |
|  Urothelial carcinoma | Adjuvant | Muscle invasive urothelial carcinoma (MIUC) at high risk of recurrence after radical resection | Nivolumab ⁶ | TC | • 28-8 PharmDx assay | ≥ 1% |
| | 1L | Locally advanced or metastatic <i>platinum-ineligible</i> | Pembrolizumab ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 10 |
| | | | Atezolizumab ³ | IC | • Ventana PD-L1 (SP142) Assay | ≥ 5% |
|  Head and neck squamous cell carcinoma | 1L | Metastatic or unresectable recurrent | Pembrolizumab with or without platinum+5-FU ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 1* <i>*To be reported as CPS<1, CPS≥1 or CPS≥20</i> |
|  Triple-negative breast cancer | 1L | Unresectable locally advanced or metastatic | Pembrolizumab + chemotherapy ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 10 |
|  HER2+ Gastric / GEJ cancer | 1L | Metastatic | Pembrolizumab + trastuzumab + platinum + fluoropyrimidine ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 1 |
| | 1L | Unresectable advanced, recurrent or metastatic | Nivolumab + platinum + fluoropyrimidine ⁶ | CPS | • 28-8 PharmDx assay | ≥ 5 |
| | | Locally advanced unresectable or metastatic | Pembrolizumab + platinum + fluoropyrimidine ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 1 |
|  HER2- Gastric / GEJ cancer | 1L | Locally advanced unresectable or metastatic | Pembrolizumab + platinum + fluoropyrimidine ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 10 |
| | | Unresectable advanced, recurrent or metastatic | Nivolumab + platinum + fluoropyrimidine ⁶ | TPS | • 28-8 PharmDx assay | ≥ 1% |
| | 1L | Locally advanced unresectable or metastatic | Pembrolizumab + platinum + fluoropyrimidine ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 10 |
| | | Unresectable advanced, recurrent or metastatic | Nivolumab + platinum + fluoropyrimidine ⁶ | CPS | • 28-8 PharmDx assay | ≥ 5 |
|  Oesophageal squamous cell carcinoma | 1L | Locally advanced unresectable or metastatic | Pembrolizumab + platinum + fluoropyrimidine ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 10 |
| | | Unresectable advanced, recurrent or metastatic | Nivolumab + platinum + fluoropyrimidine ⁶ | TPS | • 28-8 PharmDx assay | ≥ 1% |
|  Oesophageal adenocarcinoma | 1L | Locally advanced unresectable or metastatic | Pembrolizumab + platinum + fluoropyrimidine ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 10 |
| | | Unresectable advanced, recurrent or metastatic | Nivolumab + platinum + fluoropyrimidine ⁶ | CPS | • 28-8 PharmDx assay | ≥ 5 |
|  Cervical cancer | 1L | Persistent, recurrent, or metastatic | Pembrolizumab + chemotherapy ± bevacizumab ² | CPS | • 22C3 PharmDx assay • 22C3 LDT | ≥ 1 |

PD-L1 SCORING ALGORITHMS ^{a-c}

| | | |
|---|--|--|
| $TPS / TC^{a,c} = \frac{\#PD-L1 \text{ staining tumour cells}}{\text{Total \# viable tumour cells}} \times 100$ | $CPS^b = \frac{\#PD-L1 \text{ staining cells (tumour cells, lymphocytes, macrophages)}}{\text{Total \# viable tumour cells}} \times 100$ | $IC^c = \frac{\text{Tumour area occupied by PD-L1 stained immune cells (lymphocytes, macrophages, dendritic cells, granulocytes)}}{\text{Total tumour area}} \times 100$ |
|---|--|--|

¹ Only drugs that are officially reimbursed in Belgium for the specific tumor indications are displayed on the poster.

References:
 1. Website RIZIV/INAMI: pembrolizumab, durvalumab, atezolizumab, nivolumab, cemiplimab (https://ondpanon.riziv.fgov.be/SSPWebApplicationPublic/fr/Public/ProductSearch or https://ondpanon.riziv.fgov.be/SSPWebApplicationPublic/nl/Public/ProductSearch, last accessed on 01/2024).
 2. SmPC KEYTRUDA®.
 3. SmPC TECENTRIQ®.
 4. SmPC IMFINZI®.
 5. SmPC LIBTAYO®.
 6. SmPC OPDIVO®.

a. PD-L1 IHC 22C3 pharmDx Interpretation Manual, NSCLC. b. PD-L1 IHC 22C3 pharmDx Interpretation Manual, Urothelial Carcinoma. c. Ventana PD-L1 (SP142) Assay Interpretation Guide.

1L: First line; 2L: Second line; TPS: Tumor Proportion Score; CPS: Combined Positive Score; GEJ: Gastroesophageal; HER2: Human epidermal growth factor receptor 2; LDT: Laboratory Developed Test; IC: Immune cells; ROS: Reactive Oxygen Species; TC: Tumor cells; 5-FU: 5-fluorouracil; PD-L1: Programmed death-ligand 1; EGFR: epidermal growth factor receptor; ALK: anaplastic lymphoma kinase.

Developed in collaboration with MSD. Responsible editor: Belgian Society of Pathology • Date of last revision 01/2024. © MSD Copyright 2024. Please consult the prescribing information before prescribing, via www.fagg.be