MEDICINE INFORMATION

Durvalumab + tremelimumab (Imfinzi and Imjudo)

Information for patients and caregivers about durvalumab + tremelimumab: treatment, monitoring, side effects and everyday care.

Durvalumab + tremelimumab at a glance

Durvalumab and tremelimumab are two immunotherapy medicines. This guide covers their chemotherapy-free liver-cancer schedule, often called STRIDE. It usually starts with both medicines at one visit and continues with durvalumab alone every four weeks. Imfinzi is the brand of durvalumab and Imjudo the brand of tremelimumab. They are separate infusions.

Use this page alongside your treatment calendar. It explains what to report, what happens at appointments and why blood tests remain important even when you feel well. The same medicine names can appear in different treatment plans, so the prescription from your own team takes priority.

How the combination works

Durvalumab blocks a checkpoint called PD-L1 and tremelimumab blocks a different checkpoint called CTLA-4. These signals normally help regulate immune activity. Blocking both may help immune cells attack cancer. The medicines do not guarantee that the cancer will shrink, and having stronger side effects does not prove a better response.

The immune system may also attack healthy organs. A symptom in your bowel, lungs, skin or hormone glands can therefore be relevant even though treatment is for liver cancer. Immune activity can persist after an infusion or after the whole course ends.

How the team decides whether it is suitable

This two-medicine schedule is used for selected adults with hepatocellular carcinoma, the main type of primary liver cancer, when appropriate for their disease and treatment history. It is not a universal treatment for every tumour found in the liver. The oncologist considers the extent of cancer, liver reserve, general fitness and other options.

Tell the team about cirrhosis, hepatitis B or C, previous bleeding, fluid in the abdomen, episodes of confusion or a liver transplant. Autoimmune illnesses and organ transplantation need particular discussion because stimulating immunity can carry additional risks. International sources describe their own authorised settings; your Indian team should confirm local suitability and access.

Approved uses by country

FDA (United States), EMA (European Union) and CDSCO (India).

Each treatment use is listed once. Eligibility can differ by country.

Approved by FDA, EMA and CDSCO

Hepatocellular carcinoma

- **US (FDA).** For adults with liver cancer that cannot be removed by surgery.
- **EU (EMA).** As the first treatment for adults with advanced disease or disease that cannot be removed by surgery.
- **India (CDSCO).** For liver cancer that cannot be removed by surgery.

Before treatment starts

Your team will ask about autoimmune conditions, previous organ or donor stem-cell transplantation, lung or heart disease, infections and earlier cancer treatment. Mention previous severe reactions to any immunotherapy, even if you are now well. Tell them about pregnancy, breastfeeding, any possibility of pregnancy and whether you want to discuss fertility preservation before starting.

Bring a complete medicines list, including inhalers, eye drops, steroid creams, tablets, injections, vitamins and traditional or herbal remedies. A medicine taken only occasionally can still matter. Do not stop prescribed steroids or immune-suppressing treatment yourself; the team must weigh why you need them and how they fit with treatment.

Baseline tests usually include blood counts, kidney and liver function, blood sugar and thyroid function. The US Imjudo instructions also include ACTH, a hormone involved in controlling the adrenal glands, before treatment and before each dose. Your team may arrange additional hormone tests, heart tests or infection screening according to your history. Record your usual bowel pattern, breathing, energy level and any existing rash. This makes it easier to identify a change rather than attributing everything to cancer.

Before leaving the first appointment, know how to reach your own hospital’s urgent oncology service, including outside clinic hours. Keep the treatment alert card or an up-to-date medicine record with you. A family member can help remember instructions and recognise changes you may not notice yourself.

For liver cancer, keep a record of existing abdominal swelling, ankle swelling, jaundice and bowel habits. Your team may review viral-hepatitis results and antiviral treatment. Do not stop liver medicines to prepare for immunotherapy unless specifically told to do so.

How treatment is given

Both medicines are given by a trained professional through a vein. In a standard adult schedule, the first visit includes tremelimumab 300 mg once and durvalumab 1,500 mg; subsequent visits use durvalumab every four weeks. Lower body weights may need different calculations, and US and European thresholds differ. Your team checks the applicable product instructions rather than asking you to calculate doses.

Tremelimumab is infused over about one hour before durvalumab, which also takes about one hour. Observation and other appointment tasks add time; the US tremelimumab instructions include 60 minutes of observation after its infusion. This means the first visit takes longer than the two infusion times alone.

A temporary cannula or an existing suitable line may be used. Tell the nurse at once about itching, flushing, chills, dizziness, back or chest discomfort, wheezing or swelling. The nurse can pause the infusion and arrange treatment. New symptoms after leaving the unit still need urgent advice.

Durvalumab continues while the team judges that it is beneficial and tolerable, according to the agreed plan. There is no routine daily anticancer tablet for this pair. If a visit is missed, call the unit to rearrange it; do not change the calendar yourself.

Monitoring and checking response

Before treatment, staff review symptoms and blood results to check that another dose is appropriate. Some immune problems first appear on a blood test, before you feel unwell. Thyroid, liver, kidney or glucose abnormalities may need repeat tests, additional investigations or another specialist’s advice.

Scans and, where appropriate, other disease measurements assess whether treatment is helping. Feeling well or having side effects cannot reliably tell you whether it is working. Occasionally immune inflammation complicates the interpretation of a scan; your oncologist decides whether a repeat scan or other assessment is appropriate. Worsening symptoms should still be reported promptly.

A dose may be delayed while a new symptom is investigated. Checkpoint antibodies are commonly withheld or stopped for significant toxicity rather than simply reduced to a smaller dose. This is a safety decision, not evidence that you have done anything wrong. The team balances cancer control with recovery and the risk of the same reaction happening again.

A rising liver enzyme result is not automatically immune hepatitis: cancer, cirrhosis, viral hepatitis and other medicines can contribute. The trend against your pretreatment results helps guide investigation. New confusion, vomiting blood or black tarry stools requires urgent assessment regardless of the suspected cause.

Common side effects and practical care

Side effects vary with the medicine, your health and any accompanying treatment. You may have several, a few or none. The effects described below can occur with this combination. Serious immune inflammation can sometimes begin with what seems like a mild everyday symptom. Frequency varies, so this guide does not attach a single percentage to effects across different treatment settings.

Tiredness and reduced energy

Plan demanding tasks for the time of day when you feel best, accept practical help and include gentle activity if you can. Rest is useful, but spending the entire day in bed can make weakness worse. A sudden increase in tiredness, dizziness or inability to manage normal activities needs assessment for anaemia, infection or hormone problems rather than being accepted as inevitable.

Skin rash and itching

Use a plain moisturiser, lukewarm water and comfortable clothing. Protect your skin from strong sunlight. Let the team know about a new rash; photographs can help show how it changes. Do not use a new medicated cream without checking. Blisters, peeling skin, mouth sores or a painful widespread rash need urgent help.

Loose stools or diarrhoea

Note how many times you pass stool compared with your normal pattern, whether it wakes you at night and whether there is pain, mucus or blood. Keep drinking unless you have a fluid restriction. Contact your team promptly for new or increasing diarrhoea. Do not repeatedly suppress it with over-the-counter medicines before the team has considered immune bowel inflammation.

Nausea, appetite changes and constipation

Small, regular meals and prescribed anti-sickness medicines may help. Ask for dietetic support if weight is falling or eating is difficult. Constipation can be related to other medicines or reduced activity; discuss an appropriate laxative rather than straining. Persistent vomiting, a swollen abdomen, severe pain or inability to keep fluids down requires urgent advice.

Muscle and joint discomfort

Gentle movement, pacing and the team’s recommended pain relief can help. Check before taking ibuprofen or similar anti-inflammatory medicines, especially with kidney problems or other treatment. New marked weakness, drooping eyelids, difficulty swallowing or dark urine is different from ordinary aching and needs urgent assessment.

Important side effects to recognise

Checkpoint treatment can make the immune system inflame healthy organs. Several organs can be affected together. Problems may appear during treatment or after it stops, and a symptom does not have to be dramatic to deserve attention.

Lung inflammation

New cough, breathlessness or chest discomfort can reflect inflammation called pneumonitis, infection or another problem. Contact the team promptly. Severe breathlessness, blue lips, collapse or difficulty speaking because of breathing requires emergency care.

Bowel and liver inflammation

Immune colitis can cause diarrhoea, cramps, blood or mucus, and occasionally serious bowel damage. Liver inflammation may initially show only on blood tests. Yellow eyes or skin, dark urine, right-sided upper abdominal pain or unusual bruising needs prompt assessment. Do not assume an existing digestive or liver condition explains a new change. Pancreatic inflammation, called pancreatitis, can also occur. Severe or persistent upper abdominal pain, particularly with vomiting, needs urgent assessment.

Hormone gland problems and diabetes

Thyroid, pituitary or adrenal inflammation can cause unusual tiredness, headache, feeling cold, weight changes, dizziness or altered mood. New excessive thirst and frequent urination can signal diabetes. Vomiting with marked thirst, deep or rapid breathing, confusion or severe weakness is an emergency. Some hormone deficiencies require long-term replacement even after the immune inflammation settles.

Kidney, heart, muscle and nerve problems

Reduced urine, blood in the urine or swelling may indicate kidney injury. Chest pain, palpitations, faintness, rapid weakness, swallowing difficulty, confusion or a seizure can signal serious heart or nervous-system effects. Heart, muscle and nerve inflammation can overlap. Do not wait for all the symptoms in a list to appear.

Eye problems, severe skin reactions and transplant complications

Eye pain, light sensitivity or new blurred vision needs urgent advice. Severe rash with blistering, peeling or mouth involvement needs immediate assessment. Checkpoint activation can also cause transplant rejection or complications around a donor stem-cell transplant. Tell every treating specialist that you have received this medicine.

How immune side effects are treated

Treatment may involve temporarily withholding immunotherapy, corticosteroids, hormone replacement or other specialist medicines. Severe reactions sometimes require hospital care and permanent discontinuation. Take the steroid taper exactly as prescribed; stopping abruptly can be dangerous. Early reporting often makes management more straightforward, but no one can promise that every effect will completely reverse.

The oncology team may involve an organ specialist. Bring your treatment alert card to emergency assessment; an emergency department may not have access to the cancer clinic’s records. Tell staff about current steroids and the last immunotherapy date. Do not wait for your next infusion appointment to report a problem. Rarely, blood-cell disorders or widespread immune inflammation can cause persistent fever, unusual bruising, marked weakness or rapid deterioration. These need urgent assessment too.

When to get urgent medical help

Call local emergency services or go to the nearest emergency department immediately for severe breathing difficulty, severe chest pain, collapse, a seizure, major confusion, rapidly developing weakness, severe abdominal pain or a rapidly spreading blistering rash. Do not wait for a callback and do not drive yourself.

Contact your own oncology team or hospital's urgent advice service promptly for new or worsening diarrhoea, cough, jaundice, reduced urine, persistent headache, visual change, excessive thirst, a new rash or a clear deterioration in how you feel. Mention the drug name and the date of your last dose, even if treatment has finished.

Follow your hospital's temperature instructions. If you have not been given a threshold, seek urgent oncology advice for a temperature of 37.5°C (99.5°F) or above, below 36°C (96.8°F), shaking chills or feeling acutely unwell. Do not wait for fever if you are deteriorating. Measure temperature before taking fever-reducing medicine where possible, but do not delay seeking help.

Other medicines and vaccinations

Check new prescriptions, non-prescription medicines, supplements and herbal products with the cancer team or pharmacist. Avoid products marketed as "immune boosters": they are not proven substitutes for treatment and can complicate safety assessment. Do not assume a natural product is harmless.

Steroids may be essential to treat immune side effects, despite the medicine's aim of activating immunity. Never withhold necessary steroids because you are worried they will cancel the treatment. Equally, do not start leftover steroid tablets yourself. If you require hormone replacement or long-term steroids, carry the relevant alert information.

Discuss influenza, COVID-19 and other vaccines with the team. Non-live vaccines are often appropriate, but timing and response depend on the full treatment, particularly immune-suppressing medicines. Live vaccines need specific specialist approval. There is no single post-treatment vaccine waiting period that is correct for every checkpoint-treated patient.

Everyday life during treatment

Eating does not alter the dose of a medicine given by infusion or injection. Aim for adequate fluids and regular food, adjusting for nausea or diarrhoea, and follow any kidney, heart or diabetes advice already in place. Avoid restrictive diets or supplements promising to improve immune treatment response.

Work and exercise can continue if you feel able, with flexibility around appointments and fatigue. Start activity gently and reduce it when unwell. Do not drive if you are dizzy, sleepy, weak, visually affected or unable to concentrate. Premedicines and pain medicines can also impair driving. Sudden neurological symptoms require assessment, not simply a rest before driving again.

Discuss travel before booking, especially long journeys or places far from emergency care. Keep your treatment record, medicines list and enough prescribed medicines with you. Tell dentists and other clinicians about immunotherapy before procedures. Wash hands, avoid close contact with people who are clearly infectious and use food safety precautions; complete isolation is not usually necessary solely because you are receiving a checkpoint inhibitor.

Sex is generally possible if comfortable, with the contraception precautions below. Symptoms, dryness or fatigue may affect intimacy and can be discussed without embarrassment. Emotional support can help with uncertainty between scans; report persistent anxiety, poor sleep or low mood rather than carrying it alone.

Fertility, pregnancy and breastfeeding

These medicines may harm a developing baby. If you could become pregnant, use effective contraception during treatment and for at least three months after the final dose of each medicine. Because durvalumab usually continues after the single tremelimumab dose, the end date is normally determined by the last durvalumab infusion. Your team should write the actual calendar date down. A negative test before treatment does not remove the need for contraception.

Do not breastfeed during this combination. US information for both medicines advises avoiding breastfeeding for three months after the last relevant dose. European durvalumab wording uses an individual benefit-risk decision rather than that fixed interval; European tremelimumab information specifies at least three months. Follow the plan agreed for the complete combination. Discuss a feeding plan before starting. Report possible pregnancy or contraceptive failure promptly; the team can arrange assessment without waiting until another infusion.

The effect on future fertility is uncertain. If future parenthood matters to you, ask about fertility preservation before the first dose. The female contraception interval is not a universal evidence-based waiting period for every male partner. Ask for advice appropriate to your circumstances and any other medicines.

After a pause or the end of treatment

Keep attending the follow-up appointments and tests recommended by your team. Immune side effects can start after the final dose, so continue to mention previous immunotherapy when seeking medical care. Keep your alert card or treatment summary accessible and tell emergency staff about the medicine even months later.

Continue prescribed hormone replacement, steroid tapering and other supportive treatment. Do not stop these because the anticancer infusion has finished. Follow the specified contraception and breastfeeding restrictions from the date of the final relevant dose. Recovery is individual; ask for rehabilitation, nutritional support or help returning to work if symptoms persist.

Frequently asked questions

What does STRIDE mean?

It describes a single initial tremelimumab dose with regular durvalumab. The practical point is that the two-drug visit is normally followed by durvalumab-only visits. Keep the names and dates on your calendar so that the planned change does not come as a surprise.

Why do I only receive tremelimumab once?

The liver-cancer schedule was developed with one initial dose. Finishing that part does not mean it failed or that its immune effects immediately disappear. Do not compare your number of doses with someone receiving a different tremelimumab regimen.

Is durvalumab maintenance still active cancer treatment?

Yes. Durvalumab continues as the prescribed anticancer medicine even though tremelimumab is no longer being infused. Blood tests and symptom review remain important before each dose. Side effects from the earlier combination can still appear.

Are both medicines mixed into one bag?

No. They are separate products given in sequence. Tremelimumab is given first, with observation according to the product instructions and hospital protocol, followed by durvalumab. Allow extra time for assessment, preparation and observation, especially on the first day.

Does this treat any cancer that has spread to the liver?

This sheet describes the established dual-immunotherapy approach for hepatocellular carcinoma, a cancer that starts in the liver. A cancer that began elsewhere and spread to the liver is a different diagnosis. Ask your team to confirm the exact cancer and purpose of treatment.

Can I have it if I have cirrhosis?

Liver reserve is central to the decision. Cirrhosis can range from well compensated disease to severe failure, and evidence is strongest in selected patients with preserved function. Your team reviews blood tests, fluid accumulation, confusion and other signs before recommending treatment.

Will the medicines treat my hepatitis B or C?

They are anticancer medicines, not a replacement for antiviral care. Tell the team about present or past viral hepatitis and keep taking prescribed antiviral medicines unless the treating specialist changes them. Liver and cancer teams may need to coordinate your monitoring.

How can the team tell liver inflammation from worsening liver disease?

Symptoms and liver tests overlap. The team may compare results with your baseline, check medicines and infections, arrange imaging or seek liver-specialist advice. Do not assume that yellow eyes, dark urine or new sleepiness is simply your usual liver problem.

Should I wait if diarrhoea is mild?

Report a new change promptly, even if you are still able to eat and drink. Count stools against your own normal pattern and mention blood, mucus, night-time stools or pain. Early bowel inflammation can be easier to assess before dehydration or severe pain develops.

How much should I drink if my abdomen is swollen?

Use your own liver team’s fluid advice. General advice to drink large amounts may be unsuitable if you have fluid retention, low sodium or another prescribed restriction. Report vomiting, diarrhoea and reduced urine so the team can balance dehydration against excess fluid.

Can fever just be an infusion effect?

It can have several causes, including a treatment reaction or infection. You cannot reliably distinguish them at home. Follow the urgent-contact temperature advice and report shaking chills or feeling very unwell even without a high reading.

Can I take paracetamol or herbal liver remedies?

Check doses and ingredients with the oncology pharmacist, particularly because of underlying liver disease. Avoid starting a remedy advertised as cleansing or strengthening the liver without review. Such products can themselves alter liver tests and make it harder to identify the cause.

Does needing steroids mean treatment has gone wrong?

Steroids are a recognised treatment for harmful immune inflammation. Take the course and taper as prescribed. Do not refuse necessary treatment because you are concerned about reducing immune activity; preventing organ injury is a priority.

Will I lose all my hair?

Extensive hair loss is not an inevitable effect of this two-antibody regimen. Hair or skin changes can still occur. Tell the team if changes bother you, especially if accompanied by rash, fatigue or other symptoms that may need investigation.

Can I drink alcohol?

Discuss this with your liver and cancer teams. In the setting of liver cancer or cirrhosis, alcohol advice needs to account for existing liver damage. It should not be based only on whether an infusion has a direct interaction with alcohol.

Can I have a vaccination?

Ask about the exact vaccine, timing and any steroids or other immune-suppressing treatment. Non-live vaccines may be appropriate; live vaccines need specialist advice. Do not independently apply a fixed waiting period from another patient’s treatment plan.

What if the second durvalumab appointment is delayed?

The team will arrange a revised date after reviewing the reason. A delay does not automatically require another tremelimumab dose. Do not seek an extra dose elsewhere to catch up; all changes should be coordinated through the prescribing team.

Does a normal scan mean I can stop follow-up?

No. Follow-up assesses both cancer control and delayed immune effects. Continue the planned tests and appointments, and ask the oncologist to explain what the scan means for duration of treatment. Do not stop supportive medicines because a scan is reassuring.

What should my family watch for?

Ask them to help identify new confusion, unusual sleepiness, breathlessness, reduced ability to walk or sudden deterioration. These changes may be hard for you to notice. Severe confusion or rapid deterioration requires emergency assessment rather than waiting for a routine clinic call.

When can pregnancy or breastfeeding be reconsidered?

Use a written plan based on the last dose of both medicines. Contraception usually continues for at least three months after the final relevant dose. For breastfeeding, US labels specify three months; European durvalumab advice requires an individual decision. Other medicines or your wider medical situation may require longer precautions.

Individual medicine guides

- Durvalumab

Sources and review information

Sources checked: 8 October 2026. Read with your prescribed product leaflet and your hospital's treatment plan.

Macmillan Cancer Support combination information

Cancer Research UK combination information

EMA Imjudo product information

EMA Imfinzi product information

DailyMed Imjudo prescribing information

DailyMed Imfinzi prescribing information

Regulatory references

- FDA prescribing information for Imfinzi
- FDA prescribing information for Imjudo
- CDSCO approval for durvalumab with tremelimumab for unresectable liver cancer (entry 109)
- CDSCO approval for tremelimumab with durvalumab for unresectable liver cancer (entry 68)

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