

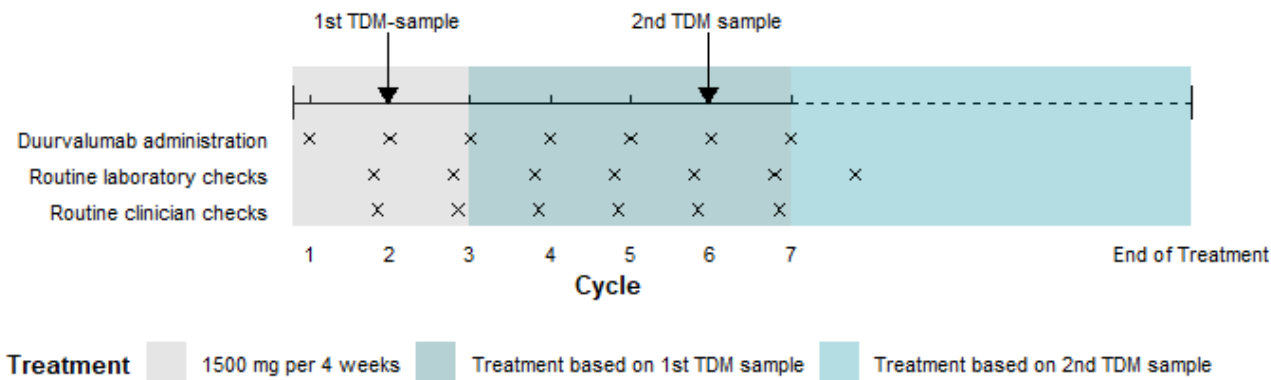
TDM-based tailored dosing of durvalumab in lung cancer patients - a comprehensive population pharmacokinetic-pharmacoeconomic evaluation. *Clinical Pharmacokinetics*.

Fenna de Vries^{1,2}, Eric J.F. Franssen, Arthur A.J. Smit, Dirk Jan A.R. Moes, Anthonie J. van der Wekken, Thijs Oude Munnink, Jeroen J.M.A. Hendriks, Daphne W. Dumoulin, Stijn L.W. Koolen, Wietske Kievit, Michel M. van den Heuvel, Rob ter Heine.

1. Department of Pharmacy, OLVG, Amsterdam, The Netherlands, f.devries@olvg.nl.
2. Department of Pharmacy, Research Institute for Medical Innovation, Radboudumc, Nijmegen, The Netherlands, fenna.devries1@radboudumc.nl.

SUPPLEMENTAL FIGURES

Fig. S1 Treatment timeline of TDM-based strategies



TDM therapeutic drug monitoring.

All patients initially received a fixed dose of 1500 mg (grey-shaded area). The first TDM sample was collected at the end of the first cycle, immediately before the second dose. From cycle three onward, individualized dose adjustments were implemented based on the measured trough concentration (light blue-shaded area). A second TDM sample was taken in cycle six, allowing further dose modifications from cycle seven onward (darker blue-shaded area). Routine laboratory assessments and clinician evaluations were conducted at regular intervals throughout treatment, following standard regimens (10 mg/kg every 2 weeks and 1500 mg every 4 weeks), as indicated by the "x" symbols. Adjustments to the dosing interval did not alter the frequency of these evaluations.

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Fig S2 Treatment flow of patients over time for **(A)** TDM-based dose adjustments and **(B)** TDM-based interval adjustments

A. TDM-based dose

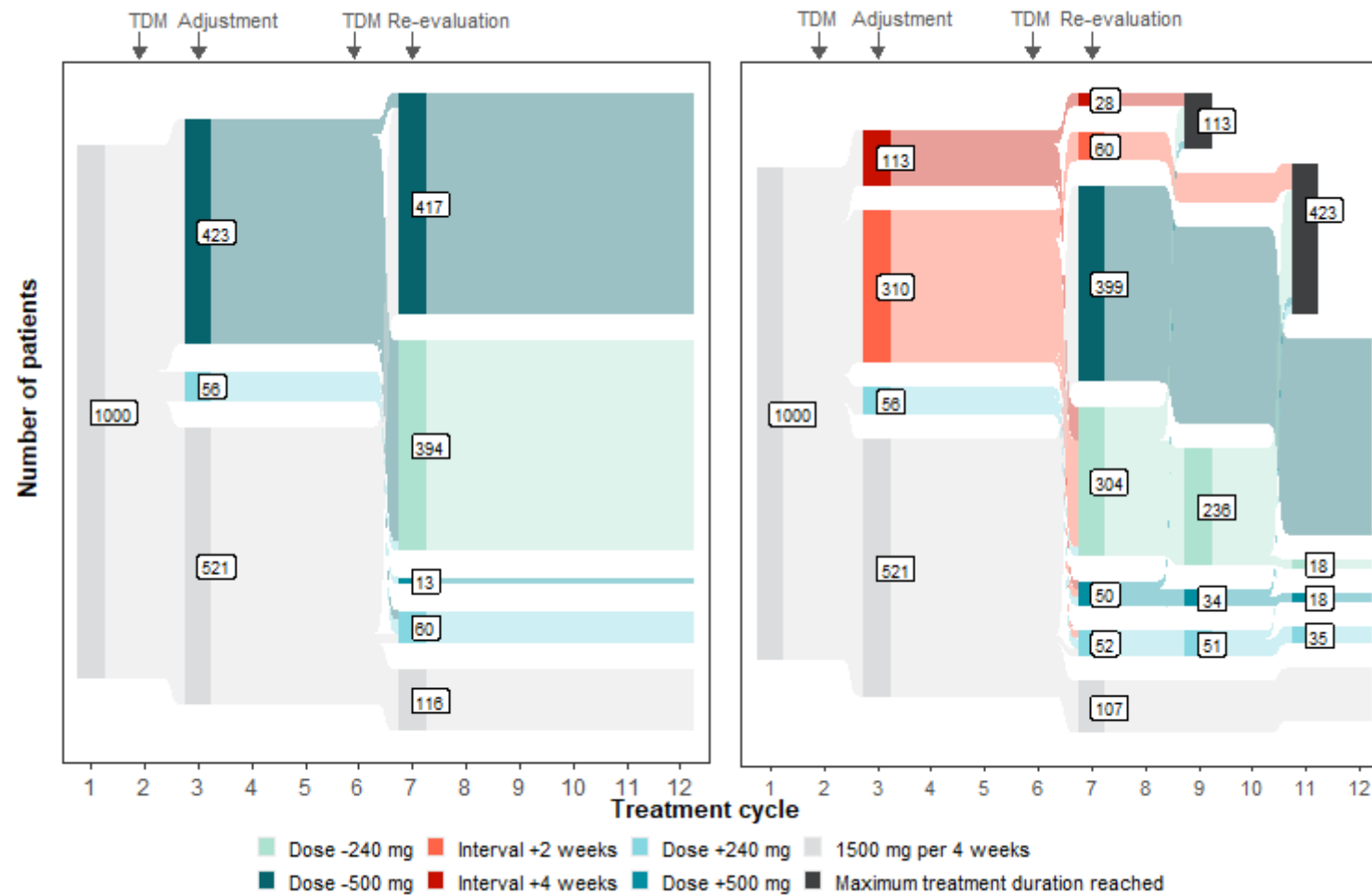
B. TDM-based interval

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Each panel represents the distribution of patients across treatment cycles based on their dosing strategy and adjustments (at cycles 3 and 7) after TDM (at cycles 1 and 5), with the number of patients in each category indicated within the bars.
