

A.27 Tislelizumab – EML esophageal squamous cell cancer first and second line

Reviewer summary	<input type="checkbox"/> Supportive of the proposal <input checked="" type="checkbox"/> Not supportive of the proposal <p>Justification (based on considerations of the dimensions described below):</p> <p>Tislelizumab is a PD1 antibody engineered to minimize binding to FcγR on macrophages, thereby abrogating antibody-dependent phagocytosis, a potential mechanism of T-cell clearance and resistance to anti-PD-1 therapy (FcγR–null).</p> <p>One of five immune checkpoint inhibitor-based treatments is being proposed for this indication. More cost-effective compared to pembrolizumab, nivolumab, and nivolumab combined with ipilimumab.</p> <p>Against this backdrop, a moderate gain in OS is offset by cost, uncertainty in response durability, an unclear role of PD-L1 expression as a predictive biomarker, potential for increased harms associated with poorer prognosis at baseline, and a lack of long-term data across the immune checkpoint inhibitors.</p>
<p>Does the EML and/or EMLc currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives?</p> <p>(https://list.essentialmeds.org/) The are several commonly used chemotherapeutic drugs on the EML list, but no PD-1 antibody for this indication</p>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable
<p>Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication?</p> <p>(e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;)</p> <p>The gains in overall survival are moderate in size.</p> <p>They were offset by the unclear role of PD-L1 expression as a predictive biomarker, the potential for increased harm associated with poorer prognosis at baseline, and the lack of long-term data across the immune checkpoint inhibitors.</p> <p>First line plus chemotherapy, second line monotherapy.</p> <p>First line all patients OS 17.2 vs 10.6 months, in case of PD-L1 tumor expression >10%, 16.6 vs 10 months.</p> <p>Second line monotherapy OS benefit is shorter.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<p>Does adequate evidence exist for the safety/harms associated with the proposed medicine?</p> <p>(e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<p>Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<p>Are there any special requirements for the safe, effective and appropriate use of the medicines?</p> <p>(e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc)</p> <p>As standard for PD-1 antibodies.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

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<p>Are there any issues regarding price, cost-effectiveness and budget implications in different settings? See below</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
<p>Is the medicine available and accessible across countries? (e.g. shortages, generics and biosimilars, pooled procurement programmes, access programmes) First and second line cost effective in China. Among the immune checkpoint inhibitors likely most cost effective.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
<p>Does the medicine have wide regulatory approval? First line EMA approved. FDA under review Second line FDA and EMA approved</p>	<p><input checked="" type="checkbox"/> Yes, for the proposed indication <input type="checkbox"/> Yes, but only for other indications (off-label for proposed indication) <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>