18 May 2021

WHO Expert Committee on the Selection and Use of Essential Medicines

Email: emlsecretariat@who.int

RE: Application for Inclusion of tislelizumab injectable solution for the treatment of locally advanced or metastatic urothelial bladder cancer in the next WHO List of Essential Medicine

Dear WHO Expert Committee,

I am writing regarding to support the inclusion of checkpoint inhibitor tislelizumab for the treatment of urothelial cancer in the 23rd WHO List of Essential Medicines.

As President of Genitourinary Oncology Committee of China Anti-Cancer Association (CACA) and President of Urologic Chinese Oncology Group (UCOG), my role and the aim of the organization is to improve genitourinary cancer treatment in China, thereby helping to prolong patients' survival and improve their quality of life (QoL).

Urothelial Caner (UC) is a major public health issue affecting more than 235 thousand people in China, accounting for more than 15% of urothelial cancer worldwide. Current speculation indicate that the prevalence and incidence of UC are expected to increase in the next decades in low, middle and high income areas. Muscle invasive bladder cancer (MIBC) has a high rate of recurrence and metastasis. Nearly 50% of patients with MIBC can have disease recurrence after radical cystectomy. In particular, the overall prognosis of patients with locally advanced or metastatic UC is poor, with the 5-year relative survival of less than 10%.

Once the patient with locally advanced or metastatic UC failed in first-line treatment, the treatment option for second line (or post-second line) is limited, and there is no standard therapy. The clinical benefit of commonly used salvage chemotherapy with taxanes is low with the overall response rate of approximately 10%, median progression free survival of 2-3 months and median overall survival of 6-8 months. Meanwhile, the toxicity from chemotherapy is serious and the tolerability is poor.

Tislelizumab is the first PD-1/PD-L1 inhibitor approved for UC indication in China. The approval of this indication is a milestone in the field of urothelial cancer and even the entire field of genitourinary cancer in China. This approval well filled the gaps in

UC treatment, bringing more benefits to patients with UC.

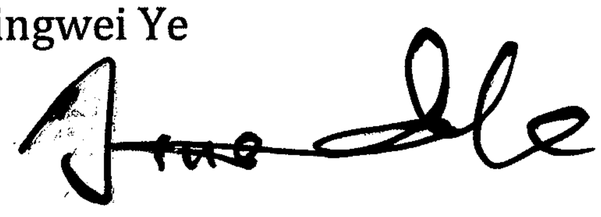
As the leading Principal Investigator of tislelizumab pivotal phase II study, I have witnessed that tislelizumab has demonstrated clinically meaningful antitumor activity, which provide disease control and prolonged survival for patients. At the same time, Tislelizumab showed a predictable and manageable safety. Most reported TRAEs were ≤grade 2 in severity.

In clinical application, I found that tislelizumab had a quick and significant tumor shrink effect, which could be manifested through high overall objective rate in the early stage of treatment. Tislelizumab also had a manageable safety profile, with a low incidence and severity of TRAEs, which reduced the patient's expenses related to examination and treatment of TRAEs. In addition, compared with traditional treatment of chemotherapy, tislelizumab effectively improved the patient's QoL. A retrospective study from real-world clinical practice in China demonstrated that tislelizumab can improve patients' health-related QoL in contrast with chemotherapy.

Based on the above, my organization and myself strongly support the inclusion of Tislelizumab in the 23rd WHO Model List of Essential Medicines. Thank you for your time and consideration. Please feel free to contact me with any questions.

Yours sincerely,

Dingwei Ye



President of Genitourinary Oncology Committee of China Anti-Cancer Association (CACA)

President of Urologic Chinese Oncology Group (UCOG)

Vice President of Urothelial Cancer Expert Committee of Chinese Society of Clinical Oncology (CSCO)

Vice President of Immunotherapy Expert Committee of Chinese Society of Clinical Oncology (CSCO)