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The Bulletin from the Clinical Pharmacist

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Tislelizumab

Drug class: Immune checkpoint inhibitor [PD-1 and PD-L1inhibitor]

Indication:

- Esophageal Squamous Cell Carcinoma (ESCC)
- Gastric/Gastroesophageal Junction (GEJ Cancer

Dosage forms and strengths: Injection: 100 mg/10 mL (10 mg/mL) clear to slightly opalescent, colourless to slightly yellow solution in a single-dose vial.

IV Compatability: Compatible: 0.9% Sodium Chloride Injection, USP

Dosage regimen: 150 mg IV every 2 weeks or 200 mg IV every 3 weeks or 300 mg IV every 4 weeks or 400 mg IV every 6 weeks|

Mechanism of action: Tislelizumab is a humanised immunoglobulin G4 (IgG4) variant monoclonal antibody against PD-1, binding to the extracellular domain of human PD1. It competitively blocks the binding of both PD-L1 and PD-L2, inhibiting PD-1-mediated negative signalling and enhancing the functional activity in T-cells in in vitro cell-based assays.

Adverse reactions:

- Severe and fatal immune-mediated adverse reactions (Pneumonitis, Colitis, Hepatitis, Endocrinopathies, Hypophysitis, Thyroid disorders, Nephritis, Vasculitis – 1 to 5%)
  Prevention: Monitor for early identification and management. Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment.
  Treatment: Withhold or permanently discontinue based on the severity of reaction
- Infusion-related reactions: Slow the rate of infusion, interrupt, or permanently discontinue based on severity of infusion reaction

Lactation: Advise women not to breastfeed during treatment and for 4 months after the last dose.

Pregnancy: Based on its mechanism of action, it can cause fetal harm when administered during pregnancy.

Dosage modification: No dose reduction is recommended. In general, withhold for severe immune-mediated adverse reactions. Permanently discontinue for life-threatening immune mediated adverse reactions

Contraindications: Acetaminophen, Antibiotic, Corticosteroid [systemic], Vitamin-k antagonist, Opioid agonist, Ketoconazole [systemic], Nipocalimab, EfgartigimodAlfa, Rozanolixizumab