

Adding tislelizumab to chemo slows advanced nasopharyngeal cancer

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The addition of tislelizumab to chemotherapy improves progression-free

survival (PFS) in recurrent/metastatic nasopharyngeal cancer (RM NPC), according to a study presented April 18 as part of the American Society for Clinical Oncology Plenary Series.

Li Zhang, M.D., from Sun Yat-sen University Cancer Center in Guangzhou, China, and colleagues reported an updated analysis of PFS, PFS after next line of treatment (PFS2), and overall survival (OS) among 263 patients with RM NPC who were randomly assigned to receive tislelizumab + chemotherapy versus [placebo](#) + chemotherapy in a 1:1 ratio.

The researchers found that independent review committee-assessed PFS was consistent with the interim data analysis at an updated data cutoff (Sept. 30, 2021), showing significant improvement for tislelizumab + chemotherapy versus placebo + chemotherapy (median PFS, 9.6 versus 7.4 months; hazard ratio, 0.50; 95 percent confidence interval, 0.37 to 0.68). In the tislelizumab + chemotherapy arm, median PFS2 and OS were not reached, and they were 13.9 and 23.0 months, respectively, in the placebo + chemotherapy arm (PFS2: hazard ratio, 0.38; 95 percent confidence interval, 0.25 to 0.58; OS: hazard ratio, 0.60; 95 percent confidence interval, 0.35 to 1.01).

"These findings support the use of tislelizumab in combination with [chemotherapy](#) as a potential standard-of-care as first line therapy in recurrent or metastatic nasopharyngeal cancer," Zhang said in a statement.

Several authors disclosed financial ties to [pharmaceutical companies](#), including BeiGene, which manufactures tislelizumab and funded the study.

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