

Plain English Summary

Tislelizumab for treating non-small-cell lung cancer without EGFR or ALK mutations

What does the guidance say?

Tislelizumab used in combination with chemotherapy is recommended for government funding for patients with locally advanced or metastatic non-squamous non-small-cell lung cancer, with no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) positive mutations, who meet certain criteria. It is listed on the Medication Assistance Fund (MAF) and claimable under MediShield Life.

What is non-small-cell lung cancer (NSCLC)?

There are different types of lung cancer depending on which cells are affected. Non-small-cell lung cancer (NSCLC) is the most common type. It occurs when cells grow uncontrollably and form a mass (tumour) in the lung. There are different subtypes of NSCLC depending on the type of cells that are affected. One common subtype is non-squamous NSCLC, which develops from cells other than the flat squamous cells that line the airways. Knowing the exact subtype of NSCLC helps doctors choose the most suitable treatment.

People with NSCLC may not have any symptoms initially. As the cancer worsens, symptoms can include a persistent cough or shortness of breath, coughing up blood, tiredness, weight loss with no known cause, or pain when you breathe or cough.

When the cancer spreads to both lungs or to other parts of the body, this is known as advanced or metastatic disease. Some people with advanced NSCLC can have surgery (resection) or chemotherapy combined with radiation therapy to remove the tumour from the lung.

What are biomarkers?

Biomarkers are changes or mutations that occur in genes, DNA or proteins. They are found in blood, tissue or other body fluids. Doctors test for specific biomarkers to find out about the characteristics of a tumour, and determine which treatments are likely to work best. Examples of biomarkers include EGFR, ALK and Programmed Death Ligand 1 (PD-L1).

What is tislelizumab?

Tislelizumab belongs to a group of medicines called PD-1/PD-L1 checkpoint inhibitors. It is a type of cancer treatment called immunotherapy that helps the immune system find and destroy cancer cells. It is given as a slow drip into a vein (intravenously) in combination with chemotherapy. Your doctor will tell you how much you need to have and how long you need to have it for.

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Who can have tislelizumab?

Patients with advanced NSCLC who have not had any treatment before for their condition can have tislelizumab in combination with chemotherapy if:

- they are unsuitable for surgical resection or chemotherapy combined with radiation therapy, and
- there is PD-L1 expression on 50% or more of the tumour cells, and
- the tumour does not have EGFR or ALK positive mutations.

Your doctor can advise if tislelizumab is a suitable treatment for you.

Why was tislelizumab recommended for funding?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Tislelizumab was recommended for government funding because its benefit in improving survival for patients with advanced NSCLC justifies its cost.

What does listing on the MAF mean for me?

The MAF helps people pay for treatments that are clinically effective and cost effective. If your doctor prescribes tislelizumab for you, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

Tislelizumab has also been included on the Cancer Drug List (CDL) and is claimable under MediShield Life. The subsidy class and MediShield Life claim limits are available at go.gov.sg/moh-cancer-drug-list.

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 Agency for Care Effectiveness - ACE

 Agency for Care Effectiveness (ACE)

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