MEDICINE INFORMATION

Tislelizumab (Tevimbra)

Information for patients and caregivers about tislelizumab: treatment, monitoring, side effects and everyday care.

Tislelizumab at a glance

Tislelizumab is an immune checkpoint inhibitor given as a drip into a vein. It may be prescribed on its own or with chemotherapy. The brand name is Tevimbra. The cancer, treatment setting and product instructions determine the schedule.

Use this guide alongside the plan from your treating hospital. Keep the drug name, last treatment date and your hospital's urgent contact details available.

How tislelizumab works

Tislelizumab blocks PD-1, a signal that normally helps keep immune responses under control. Blocking it can help immune cells attack cancer cells. It works differently from conventional chemotherapy.

The same immune activation can inflame healthy organs. A symptom can therefore need attention even if it seems unrelated to the cancer. Having side effects, or having none, does not reliably show whether treatment is working.

How your team decides whether it is suitable

Tislelizumab is used in specific treatment settings for cancers including the oesophagus, stomach or gastro-oesophageal junction, and lung; available indications differ between countries. The subtype, stage, previous treatment and relevant tumour results determine whether it is an option. It is not suitable simply because another person with the same organ affected receives it.

Some treatment combinations require a defined PD-L1 result. A tumour area positivity (TAP) score, combined positive score (CPS) and tumour-cell percentage are different scoring methods. Ask which result your prescribed regimen requires; the numbers should not be used interchangeably.

If your treatment depends on a PD-L1 or HER2 result, ask your team for a copy of your pathology report. It should show the type of test and the result used to make the treatment decision.

Approved uses by country

FDA (United States), EMA (European Union) and CDSCO (India).

Each treatment use is listed once. Eligibility can differ by country.

Approved by FDA, EMA and CDSCO

Previously treated oesophageal squamous cell cancer

- **US (FDA).** As a single medicine for adults with disease that cannot be removed by surgery or has spread to distant parts of the body, after systemic chemotherapy that did not include a PD-1 or PD-L1 inhibitor.
- **EU (EMA).** As a single medicine for adults with unresectable, locally advanced or metastatic disease after platinum chemotherapy.
- **India (CDSCO).** As a single medicine for adults with unresectable, recurrent, locally advanced or metastatic disease after chemotherapy.

Approved by EMA and CDSCO

Lung cancer

Non-squamous non-small-cell lung cancer, first treatment

- **EU (EMA).** For adults with locally advanced disease unsuitable for surgery or platinum chemoradiotherapy, or metastatic disease. Given with pemetrexed and platinum chemotherapy if at least 50% of tumour cells express PD-L1 and there are no qualifying EGFR or ALK changes.
- **India (CDSCO).** For locally advanced or metastatic disease, with pemetrexed and platinum chemotherapy. The tumour must have PD-L1 expression of at least 50% and no EGFR or ALK genomic alterations.

Squamous non-small-cell lung cancer, first treatment

- **EU (EMA).** For adults with locally advanced disease unsuitable for surgery or platinum chemoradiotherapy, or metastatic disease. Given with carboplatin and either paclitaxel or nab-paclitaxel.
- **India (CDSCO).** For locally advanced or metastatic disease, with carboplatin and either paclitaxel or nab-paclitaxel.

Previously treated non-small-cell lung cancer

- **EU (EMA).** As a single medicine for adults with locally advanced or metastatic disease after platinum treatment. People with an EGFR mutation or ALK-positive cancer should also have received targeted treatment.
- **India (CDSCO).** As a single medicine for locally advanced or metastatic disease after chemotherapy.

Approved by FDA and EMA

First treatment for oesophageal squamous cell cancer with chemotherapy

- **US (FDA).** Oesophageal squamous cell cancer, first treatment with chemotherapy. For adults with disease that cannot be removed by surgery or has spread to distant parts of the body, with platinum chemotherapy. The tumour must have a PD-L1 result of 1 or higher.
- **EU (EMA).** Oesophageal squamous cell cancer, first treatment. For adults with unresectable, locally advanced or metastatic disease, with platinum chemotherapy. The PD-L1 TAP score must be at least 5%.

HER2-negative stomach or gastro-oesophageal junction adenocarcinoma

- **US (FDA).** For adults with disease that cannot be removed by surgery or has spread to distant parts of the body. First treatment with platinum and fluoropyrimidine chemotherapy requires a PD-L1 result of 1 or higher.
- **EU (EMA).** For adults with locally advanced disease that cannot be removed by surgery or metastatic disease, as the first treatment with platinum and fluoropyrimidine chemotherapy. The PD-L1 tumour area positivity (TAP) score must be at least 5%.

Other FDA approvals

- **HER2-positive stomach, gastro-oesophageal junction or oesophageal adenocarcinoma.** For adults with locally advanced disease that cannot be removed by surgery or disease that has spread to distant parts of the body. First treatment is with zanidatamab and chemotherapy containing a fluoropyrimidine and a platinum medicine. An FDA-authorised test must show HER2 IHC 3+, or IHC 2+ with positive ISH.

Other EMA approvals

Lung cancer

- **Resectable non-small-cell lung cancer with a high risk of coming back.** For adults, with platinum chemotherapy before surgery and as a single medicine afterwards. The EU product information defines higher risk using the tumour size, lymph nodes and where the cancer has grown.
- **Extensive-stage small-cell lung cancer.** For adults as the first treatment with etoposide and platinum chemotherapy.
- **Nasopharyngeal cancer.** For adults with recurrent cancer unsuitable for potentially curative surgery or radiotherapy, or metastatic disease. First treatment is with gemcitabine and cisplatin.

Before treatment starts

Your team will ask about autoimmune conditions, previous organ or donor stem-cell transplantation, lung or heart disease, infections and earlier cancer treatment. Mention previous severe reactions to any immunotherapy, even if you are now well. Tell them about pregnancy, breastfeeding, any possibility of pregnancy and whether you want to discuss fertility preservation before starting.

Bring a complete medicines list, including inhalers, eye drops, steroid creams, tablets, injections, vitamins and traditional or herbal remedies. A medicine taken only occasionally can still matter. Do not stop prescribed steroids or immune-suppressing treatment yourself; the team must weigh why you need them and how they fit with treatment.

Baseline tests usually include blood counts, kidney and liver function, blood sugar and thyroid function. Other hormone tests, heart tests or infection screening depend on your history and treatment plan. Record your usual bowel pattern, breathing, energy level and any existing rash. This makes it easier to identify a change rather than attributing everything to cancer.

Before leaving the first appointment, know how to reach your own hospital's urgent oncology service, including outside clinic hours. Keep the treatment alert card or an up-to-date medicine record with you. A family member can help remember instructions and recognise changes you may not notice yourself.

How treatment is given

Tislelizumab is given by intravenous infusion. The European product information reviewed includes 200 mg every three weeks and 400 mg every six weeks, depending on the treatment plan. Other product labels may offer different schedules. Your prescription and the product supplied determine what you receive.

For a 200 mg dose, the first infusion usually takes 60 minutes, with later infusions shortened to 30 minutes if tolerated. The 400 mg schedule has different initial infusion times: normally 120 minutes for the first dose, or 90 minutes when switching from three-weekly 200 mg treatment; the next may be 60 minutes, then 30 minutes if tolerated. A higher dose should not automatically be run over the shorter infusion time.

When chemotherapy is due the same day, tislelizumab is usually given first. Allow additional time for blood tests, review and the other medicines. Tell the nurse immediately about chills, rash, flushing, wheezing or dizziness during treatment. A missed appointment should be rearranged with the team, not made up by changing the next interval.

Monitoring and checking whether treatment is working

Before treatment, staff review symptoms and blood results to check that another dose is appropriate. Some immune problems first appear on a blood test, before you feel unwell. Thyroid, liver, kidney or glucose abnormalities may need repeat tests, additional investigations or another specialist's advice.

Scans and, where appropriate, other disease measurements assess whether treatment is helping. Feeling well or having side effects cannot reliably tell you whether it is working. Occasionally immune inflammation complicates the interpretation of a scan; your oncologist decides whether a repeat scan or other assessment is appropriate. Worsening symptoms should still be reported promptly.

A dose may be delayed while a new symptom is investigated. Checkpoint antibodies are commonly withheld or stopped for significant toxicity rather than simply reduced to a smaller dose. This is a safety decision, not evidence that you have done anything wrong. The team balances cancer control with recovery and the risk of the same reaction happening again.

Common side effects and how to manage them

Possible effects include tiredness, rash or itching, joint discomfort, nausea, diarrhoea, reduced appetite and thyroid changes. Blood counts and liver or kidney tests can also change. The pattern is different when chemotherapy is added, and not everyone experiences the same effects.

Energy and appetite

Balance rest with gentle activity, eat small regular meals and ask for support if weight is falling. New severe weakness, dizziness or unusual thirst needs assessment for a treatable cause, including a hormone or blood-sugar problem.

Skin and joint symptoms

Use plain moisturiser and protect skin from strong sunlight. Report a new rash, persistent itching or joint pain. Ask which pain relief is safe with your other medicines. Blistering, peeling or a painful widespread rash needs urgent help.

Bowel changes

Keep track of new loose stools and contact the team promptly. Diarrhoea can mean bowel inflammation, even when initially mild. Drink fluids if you can, but do not rely on repeated over-the-counter treatment before the cause is assessed.

Blood-count changes and infection

Low blood counts can contribute to tiredness, infection or bleeding, especially with combination treatment. Report fever, chills, unusual bruising or bleeding. A new cough or breathlessness could be infection or immune lung inflammation and needs assessment.

Less common but important side effects

Checkpoint treatment can make the immune system inflame healthy organs. Several organs can be affected together. Problems may appear during treatment or after it stops, and a symptom does not have to be dramatic to deserve attention.

Lung inflammation

New cough, breathlessness or chest discomfort can reflect inflammation called pneumonitis, infection or another problem. Contact the team promptly. Severe breathlessness, blue lips, collapse or difficulty speaking because of breathing requires emergency care.

Bowel and liver inflammation

Immune colitis can cause diarrhoea, cramps, blood or mucus, and occasionally serious bowel damage. Liver inflammation may initially show only on blood tests. Yellow eyes or skin, dark urine, right-sided upper abdominal pain or unusual bruising needs prompt assessment. Do not assume an existing digestive or liver condition explains a new change.

Hormone gland problems and diabetes

Thyroid, pituitary or adrenal inflammation can cause unusual tiredness, headache, feeling cold, weight changes, dizziness or altered mood. New excessive thirst and frequent urination can signal diabetes. Vomiting with marked thirst, deep or rapid breathing, confusion or severe weakness is an emergency. Some hormone deficiencies require long-term replacement even after the immune inflammation settles.

Kidney, heart, muscle and nerve problems

Reduced urine, blood in the urine or swelling may indicate kidney injury. Also report painful or unusually frequent urination; bladder inflammation has been reported, and infection or another cause needs assessment. Chest pain, palpitations, faintness, rapid weakness, swallowing difficulty, confusion or a seizure can signal serious heart or nervous-system effects. Heart, muscle and nerve inflammation can overlap. Do not wait for all the symptoms in a list to appear.

Eye problems, severe skin reactions and transplant complications

Eye pain, light sensitivity or new blurred vision needs urgent advice. Severe rash with blistering, peeling or mouth involvement needs immediate assessment. Checkpoint activation can also cause transplant rejection or complications around a donor stem-cell transplant. Tell every treating specialist that you have received this medicine.

How immune side effects are treated

Treatment may involve temporarily withholding immunotherapy, corticosteroids, hormone replacement or other specialist medicines. Severe reactions sometimes require hospital care and permanent discontinuation. Take the steroid taper exactly as prescribed; stopping abruptly can be dangerous. Early reporting often makes management more straightforward, but no one can promise that every effect will completely reverse.

When to seek urgent medical help

Call local emergency services or go to the nearest emergency department immediately for severe breathing difficulty, severe chest pain, collapse, a seizure, major confusion, rapidly developing weakness, severe abdominal pain or a rapidly spreading blistering rash. Do not wait for a callback and do not drive yourself.

Contact your own oncology team or hospital’s urgent advice service promptly for new or worsening diarrhoea, cough, unexplained bruising or bleeding, jaundice, reduced urine, persistent headache, visual change, excessive thirst, a new rash or a clear deterioration in how you feel. Mention the drug name and the date of your last dose, even if treatment has finished.

Follow your hospital’s temperature instructions. If you have not been given a threshold, seek urgent oncology advice for a temperature of 37.5°C (99.5°F) or above, below 36°C (96.8°F), shaking chills or feeling acutely unwell. Do not wait for fever if you are deteriorating. Measure temperature before taking fever-reducing medicine where possible, but do not delay seeking help.

Other medicines, supplements and vaccinations

Check new prescriptions, non-prescription medicines, supplements and herbal products with the cancer team or pharmacist. Avoid products marketed as “immune boosters”: they are not proven substitutes for treatment and can complicate safety assessment. Do not assume a natural product is harmless.

Steroids may be essential to treat immune side effects, despite the medicine’s aim of activating immunity. Never withhold necessary steroids because you are worried they will cancel the treatment. Equally, do not start leftover steroid tablets yourself. If you require hormone replacement or long-term steroids, carry the relevant alert information.

Discuss influenza, COVID-19 and other vaccines with the team. Non-live vaccines are often appropriate, but timing and response depend on the full treatment, particularly chemotherapy or immune-suppressing medicines. Live vaccines need specific specialist approval. There is no single post-treatment vaccine waiting period that is correct for every checkpoint-treated patient.

Everyday life during treatment

Eating does not alter the dose of a medicine given by infusion. Aim for adequate fluids and regular food, adjusting for nausea or diarrhoea, and follow any kidney, heart or diabetes advice already in place. Avoid restrictive diets or supplements promising to improve immune treatment response.

Work and exercise can continue if you feel able, with flexibility around appointments and fatigue. Start activity gently and reduce it when unwell. Do not drive if you are dizzy, sleepy, weak, visually affected or unable to concentrate. Premedicines and pain medicines can also impair driving. Sudden neurological symptoms require assessment, not simply a rest before driving again.

Discuss travel before booking, especially long journeys or places far from emergency care. Keep your treatment record, medicines list and enough prescribed medicines with you. Tell dentists and other clinicians about immunotherapy before procedures. Wash hands, avoid close contact with people who are clearly infectious and use food safety precautions; complete isolation is not usually necessary solely because you are receiving a checkpoint inhibitor.

Sex is generally possible if comfortable, with the contraception precautions below. Symptoms, dryness or fatigue may affect intimacy and can be discussed without embarrassment. Emotional support can help with uncertainty between scans; report persistent anxiety, poor sleep or low mood rather than carrying it alone.

Fertility, contraception, pregnancy and breastfeeding

Tislelizumab may harm a developing baby. If you could become pregnant, use effective contraception during treatment and for at least 4 months after the last dose. Tell the team promptly about pregnancy, suspected pregnancy or contraceptive failure.

Do not breastfeed during treatment or for at least 4 months after the final dose. Other medicines in your regimen may require longer precautions. The effect on future fertility is uncertain; discuss fertility preservation before treatment, particularly if chemotherapy is also planned.

After treatment finishes

Keep attending the follow-up appointments and tests recommended by your team. Immune side effects can start after the final dose, so continue to mention previous immunotherapy when seeking medical care. Keep your alert card or treatment summary accessible and tell emergency staff about the medicine even months later.

Continue prescribed hormone replacement, steroid tapering and other supportive treatment. Do not stop these because the anticancer infusion has finished. Follow the specified contraception and breastfeeding restrictions from the date of the final relevant dose. Recovery is individual; ask for rehabilitation, nutritional support or help returning to work if symptoms persist.

Frequently asked questions

Is Tevimbra the same medicine as tislelizumab?

Yes. Tevimbra is a brand name for tislelizumab. Your treatment record should include the generic name as well as the brand.

Can every patient move to six-weekly treatment?

No. It must be supported by the product instructions and your prescribed regimen. A change involves a different dose and may involve a different infusion time.

Does a positive PD-L1 result guarantee a response?

No. It can help establish eligibility for some plans, but it cannot guarantee benefit. Your team uses scans and clinical review to assess how treatment is working.

Why should I report new weakness or drooping eyelids?

Rarely, inflammation can affect the heart, muscles and nerves together. New weakness, drooping eyelids, swallowing difficulty, breathlessness or chest pain needs urgent assessment.

Can side effects start after treatment finishes?

Yes. Immune-related problems can appear after the last dose. Tell clinicians about previous immunotherapy when you seek help, and keep your treatment alert card available.

Why might I need steroids?

Steroids can control harmful immune inflammation. Take the prescribed course and taper carefully; do not start leftover tablets or stop prescribed steroids yourself.

How will we know whether treatment is helping?

Your team reviews symptoms, examination findings and scans or other disease measurements. Side effects alone do not measure benefit. Ask when the next assessment is planned.

Sources and review information

Sources checked: 1 October 2026. Original CTI patient information. Read this with the leaflet for the exact product prescribed.

- National Cancer Institute - tislelizumab
- ESMO oesophageal cancer guideline update

- Current prescribing information and Medication Guide

Additional sources

Summary of Product Characteristics (SmPC)

- Tevimbra (tislelizumab): Summary of Product Characteristics - EMA product information, Annex I (PDF)

Regulatory references

- FDA prescribing information for Tevimbra
- CDSCO approval for tislelizumab, 2 May 2025 (entry 115, pages 35-36)

Patient information and practical support

- Macmillan Cancer Support: Checkpoint immunotherapy and side effects
- Cancer Research UK: How antibody treatments work and treatment alert cards

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Review record updated: 2 October 2026 · Medical Review Policy