## Report OPDIVO® nivolumab

with ipilimumab is indicated for the first-line treatment of adjustance, recurrent or metastatic patients with unresectable advanced, recurrent or metastatic coscophageal squamous-cell carcinoma, regardless of BOL1 expressions status; had disease that was not amenable to curative treatments; and had not received previous systemic therapy for advanced disease, previous systems (1 minute of 1 minute) and ministration; vision and the previous systems (1 minute) and systems (1 minute) and systems (1 minute) and so of 800 mg per square meter of body surface area on days 1 (minute) and so of 800 mg per square meter of body surface area on days 1 minute) and so of 1 mg per kg of body weight every two weeks) + rhemotherapy (four week-cycle of IV fluorouracil at a dose of 800 mg per square meter of body surface area on days 1 minute) and so of 900 mg per square meter of body surface area on days 1 minute) and so of 1 mg per kg of body weight every two weeks) + rhemotherapy (10m week-cycle of IV fluorouracil at a dose of 1 mg per kg of body weight every two weeks) + rhemotherapy (10m week-cycle of IV fluorouracil at a dose of 1 mg per kg of body weight every two weeks) + rhemotherapy (10m keek-cycle of 1 mg per kg of body weight every two weeks) + rhemotherapy (10m keek-cycle of 1 mg per kg of body weight every two weeks) + rhemotherapy (10m keek-cycle of 1 mg per kg of body weight every two weeks) + rhemotherapy (10m keek-cycle of 1 mg per kg of body weight every two weeks) + rhemotherapy (10m keek-cyc	Product &	Authorized indications	Essential therapeutic features			NHS impact	
Model Notice Copyright of Market Copyright o	Mechanism of action	Licensing status				·	
## Originate/Namese	Substance: nivolumab		Summary of clinical EFFICACY:				1
Originator/Nicensee: Bistory Myers Sough Pharme CLIG  Obsidifications Ni  Classifications Ni  Classificati							Nivolumab 24 ml (10 mg/ml) vial costs
Designation	Brand Name: Opdivo	· '					, , , , , , , ,
Advanced, recurrent or measurant companying standard (registerinal action of this grant registerinal plantage) and incompanying standard (registerinal action of the standard incompany) and (registerinal action) and the transcription of the standard incompanying standard (registerinal action) and the transcription of the standard incompanying standard (registerinal action) and the standard (registerinal action	Ovinington/linearse		, , , , , , , , , , , , , , , , , , , ,				Price for one-month cycle (70 Kg patient):
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CasterCasterOnd ACC Code: CD/XCC7  OrphasStates En No  Us No  Mechanism of actions  (Company For Caster Acquired Parthway) and Company and (in-22d);  Treatment continued until disease progression, unacceptable toxic effects, withdrawal of consent, or the end of the trial. The primary endpoints were Os and plantage and the consent of the trial. The primary endpoints were Os and plantage and the residence of the trial. The primary endpoints were Os and plantage and the trial of the trial. The primary endpoints were Os and plantage and the trial of the trial. The primary endpoints were Os and plantage and the trial of the trial. The primary endpoints were Os and plantage and the trial of the trial of the trial. The primary endpoints were Os and plantage and trial of the trial of the trial. The primary endpoints were Os and plantage and trial of the trial of the trial. The primary endpoints were Os and plantage and trial of the trial of the trial. The primary endpoints were Os and plantage and trial of the trial of the trial of the trial. The primary endpoints were Os and plantage and trial of the trial of the trial of the trial. The primary endpoints were Continued until disease progression, unacceptable toxic effects, withdrawal of consent, or the end of the trial. The primary endpoints were Os and plantage and trial of the	Myers Squibb i narma EEro						
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Treatment continued until disease progression, unacceptable toxic effects, withdrawal of consent, or the end of the trial. The primary endpoints were Os and plotes its interaction.  Noclamab is a monoclosus.  Noclamb is a monoclosus or control state of the control of Treel immune of Treel activity interaction of Treel immune progression, progression or Pol. 1 and Pol. 2. The Pol. The Pol. 1 and Pol. 2. The Pol. 1 and Pol. 2. The Pol. 1 and Pol. 2. The Pol. 2 and Pol. 2. The Pol. 3 and Pol. 3 and Pol. 2. The Pol. 3 and Pol. 2 and Pol. 2. The Pol. 3 and Pol. 3 and Pol. 2 and Pol. 2. The Pol. 3 and Pol. 3 and Pol. 2. The Pol. 3 and P							
Route of administration: IV Use No No No Use No No No Use No No No Use No No No No Use No No No Use No No No No Use No	ATC code:L01XC17	expression ≥ 1%[2].					
Results were collected at 3 month minimum follow up:		Books of administration ()/					
Destrox   Committee   Commit	•	Route of administration: IV					
Mechanism of action: Nivolumab is a monocloud and another poil and policy is negative regulator of policy and plocks its interaction with PPL1 and PPL1. Security is a negative regulator of policy is a negative		Licensing status					1
Mechanism of action: Norolumab is a monoclonal outlindor, which binds to the PD-1 receptor of a Policy Service of the PD-1 and PD-12 mer PD-1 and PD-12 mer PD-1 and PD-12 mer PD-1 and PD-12 mer PD-1 and PD-13 mergenement of PD-1 with the ligands PD-14 and PD-12 mergenement of PD-1 with the ligands PD-14 and PD-12 mergenement of PD-1 with the ligands PD-14 and PD-12 mergenement, results in inhibition of T-cell proferention and cytokine asceration. Norolumab potentiates T-cell proferention and cytokine asceration. Norolumab potentiates T-cell proferentiates and policy in the policy in	<b>03.</b> NO		Nuc	, ,	, ,		
Swortumba is a monocloral actification, which has to the PD-1 acceptor and blocks is interaction with PD-11 and PD-12. The PD-1 and PD-12 which may be expressed by tumours or other cells in tumour environment, results in inhibition of T-cell proliferation and Cytokine secretors.  **RESPORATION:**  **RESPORATION:**  **ABREVATIONS:**  *	Mechanism of action:	· ·			, , ,		1
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Receptor of an Blocks Its interaction with PD-L1 and PD-L2. The PD-L receptor is a negative regulator of T-cell activity involved in the control of 1-cell immune responses, Engagement of PD-I with the Eligand's PD-L1 and PD-L2 which may be expressed by tumours or other cells in the tumour environment, results in inhibition of 1-cell profileration and synthing secretion. Nivolumab potentiates T-cell responses, Including ant-tumour responses, through blockade of PD-1 binding to PD-L1 and PD-L2 ligands  W. Intravenous DP-1 binding to PD-L1 and PD-L2 ligands  W. V. Versus  W. Versus  W. V. Versus  W. V. Versus  W. V. Versus  W. Versus  W. Versus  W. V. Versus  W. Versus  W. Versus  W. V. Versus  W. Versus  W. Versus  W. Versus  W. V. Vers			нк	0.54 (99.5% CI, 0.37 to 0.80; p<0.001)	0.65 (98.5% CI, 0.46 to 0.92; p=0.002)		1
with Pp-L1 and Pp-L2 The Pp-L1 receptor is a negative regulator of T-cell activity involved in the control of T-cell minume responses. Engagement of Pp-L with the ligands Pp-L1 and Pp-L2 which may be expressed by tumour environment, results in the tumour environment, results in inhibition of T-cell proliferation and cyrothine secretion. Nivolumba potentiates T-cell proliferation and cyrothine secretion. Nivolumba potentiates T-cell proliferation and cyrothine secretion. Nivolumba potentiates T-cell proliferation and cyrothine positive sponses, through blockade of Pp-L information activity in the province of the province positive sponses, through blockade of Pp-L information activity in the province positive sponses, through blockade of Pp-L information activity in the province positive sponses and cyrothine secretion. Nivolumba potentiates T-cell proliferation and the province of the province	**			12.7 (050) CL 11.2 to 17.0)	4.0 (050) (1.2.4+4.0)		Journal Tegions [0].
Secretor is a negative regulator of T-cell activity involved in the Control of T-cell immune responses. Engagement of PD-1 with the ligands PD-1 and PD-1.2 which may be expressed by tumours or other cells in the tumour environment, results in inhibition of T-cell profileration and cytokine secretion. Nivolumab potentiates T-cell responses, including anti-tumour environment, results in inhibition of T-cell profileration and cytokine secretion. Nivolumab potentiates T-cell responses, including anti-tumour expronses, through blockade of PD-1 and PD-1.2 ligands    PD-1 binding to PD-11 and PD-1.2 ligands   PD-1.2 repaired to the tumour expronses including anti-tumour expronses, through blockade of PD-1 binding to PD-1.2 more provided to the tumour expronses including anti-tumour expronses, through blockade of PD-1 binding to PD-1.2 more provided to the tumour expronses including anti-tumour expronses, through blockade of PD-1 binding to PD-1.2 more provided to the tumour expronses including anti-tumour expronses. Treatment-related adverse events   National PD-1.2 repaired to the tumour expronses including anti-tumour expronses including anti-tumour expronses. Through blockade of PD-1 binding to PD-1.2 more provided to the tumour expronses including anti-tumour expronses. Treatment-related adverse events   National PD-1.2 repaired to the tumour expronses including anti-tumour expronses. Through the tumour expronses including anti-tumour expronses. Through the tumour expronses including anti-tumour expronses. Treatment-related adverse events   National PD-1.2 repaired to the tumour expronses. Through the tumour expronses. Through the tumour expronses. Through the tumour expronses including anti-tumour expronses. Through the tumour expronses in the chemotherapy arm. Threatment expressed provided to the tumour expronses in the chemotherapy arm. The tumour expronses in the tu		ABBREVIATIONS:		, , ,	, , ,		POSSIBLE PLACE IN THERAPY
Face   Cartiful of Tree   Immune   Product for Human Use   Class   Product for Human Use   Class   Confidence interval   Class   Cla	receptor is a negative regulator of	AEs: Adverse events					
control of T-cell immune responses. Engagement of PD-1, and PD-12, which may be expressed by tumours or other cells in the tumour environment, results in hibition of T-cell proliferation and cytokine sceretion. Nivolumab potentiates T-cell prospess, including anti-tumour responses, including anti	T-cell activity involved in the			0.64 (98.6% CI, 0.46 to 0.90; p=0.001)	1.02 (98.5% CI, 0.73 to 1.43; p=0.90)		advanced or metastatic esophageal or GOJ
with the ligands PD-L1 and PD-L2, which may be expressed by tumours or other cells in the tumour environment, results in hibition of T-cell proliferation and cytokine secretion. Nivolumab potentiates T-cell group responses, including antitumour responses	control of T-cell immune	Product for Human Use	[3].				cancer are limited. Currently for the first-line
with the ligands PD-L1 and PD-L2, which may be expressed by expressed the exposed of CTLA4: Cytotoxic T-lymphocytea tumours or other cells in the tumour environment, results in hibition of T-cell proliferation and cytokine secretion. Nivolumab potentiates T-cell responses, including anti-tumour responses, through blockade of PD-1 binding to PD-L1 and PD-L1 Programmed Death-Ligand 1 PS: Programmed Death-Li	responses. Engagement of PD-1	CI: Confidence Interval					treatment of advanced or metastatic disease
which may be expressed by tumours or other cells in tumour or other cells in tumour or other cells in tumour or environment, results in inhibition of T-cell proliferation and cytokine sacretion. Nivolumab potentiates T-cell responses, including anti-tumour responses, through blockade of PD-11 programmed Death-IpD-11 Programmed Death-IpD-11 programmed Death-IpD-12 programmed Death-IpD-12 programmed Death-IpD-13 projection of the same indication: No.  PD-1 bridge to PD-11 and PD-12 ligands  Fig. Programsion Area survival PD-15 programmed Death-IpD-16 programmed Death-IpD-16 programmed Death-IpD-16 programmed Death-IpD-17 programmed Death-IpD-18 pro	with the ligands PD-L1 and PD-L2,	CPS: combined positive score					platinum-based chemotherapy in
tumour or other cells in the tumour environment, results in Victoreanous of Oil: gastro oesaphageal cancer and cytokine secretion. MA: Marketing Authorization OS: Ogenil Survival PD-1: Programmed Death-1 pD-1: Programmed	which may be expressed by	CTLA-4: Cytotoxic T-lymphocyte-		•	combination with fluoropyrimidine is		
tumour environment, results in inhibition of T-cell proliferation Gas gastro osesphageal cancer Ma: Marketing Authorization and cytokine secretion. Nivolumab potentiates T-cell responses, including anti-tumour PP-12 programmed Death-1 PD-12 programmed Death-1 PD-13 programmed Death-1 PD-12 programmed Death-1 PD-12 programmed Death-1 PD-13 programmed Death-1 PD-12 programmed Death-1 PD-13 programmed Death-1 PD-13 programmed Death-1 PD-14 programmed Death-1 PD-15 prog	tumours or other cells in the	associated antigen 4			recommended [7,8]. Pembrolizumab has		
Inhibition of 1-cell proliferation and cytokine secretion.  Nivolumab potentiates T-cell responses, including anti-tumour responses, through blockade of PD-1 binding to PD-11 and PD-12 ligands  PD-1 pogrammed Death-Ligand PD-12 pogrammed Death-Ligand PD-12 pogrammed Death-Ligand PD-13 positive Opinion Pts: patients SAEs: Serious Adverse Events TRAEs: Treatment-related adverse events Vs.: versus  Nivolumab and comprehensive	tumour environment, results in	IV: intravenous		, ,	recently been approved in combination with		
Mix Marketing Authorization Notolumab potentiates T-cell responses, including anti-tumour responses, through blockade of PD-1 binding to PD-L1 and PD-L2 ligands  PD-1: Programmed Death-Ligand † PD-L1: Programmed Death-Ligand † PD-L2: Progression-free survival PD: positive Opinion PIS: patients SAEs: Serious Adverse Events TRAEs: Treatment-related adverse events vs.: versus  National Comprehensive Cancer (Non-Modgkin's lymphoma, Bladder cancer) Intips://www.ema.europa.eu/en/medicines/human/summaries-opinion/yervoy-3 Intips://www.ema.europa.eu/en/medicines/human/	•	GOJ: gastro oesaphageal cancer			chemotherapy, for the first-line treatment of		
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6. LineeGuida AIOM Tumoridell'Esofago, Edizione 2019 7. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology. Esophageal and esophagogastric junction cancers. Version 2.2018. www.nccn.org/professionals/physician gls/default.aspx 8. Lordick F, Mariette C, Haustermans K, Obermannova R, Arnold D. Oesophageal cancer: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. Ann. Oncol. 27(Suppl. 5), v50-v57 (2016). 9. https://www.ema.europa.eu/en/medicines/human/EPAR/keytruda 10. https://adisinsight.springer.com/drugs/800006680		<b>v3</b> vc13u3	1 1/9 1				OTHER DRUGS IN DEVELOPMENT for the
7. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology. Esophageal and esophagogastric junction cancers. Version 2.2018.  www.nccn.org/professionals/physician gls/default.aspx  8. Lordick F, Mariette C, Haustermans K, Obermannova R, Arnold D. Oesophageal cancer: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. Ann. Oncol.  27(Suppl. 5), v50–v57 (2016).  *Service reorganization Y/N: Yes  10. https://www.ema.europa.eu/en/medicines/human/EPAR/keytruda  *Possible off label use Y/N: Yes		7. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology. Esophageal and esophagogastric junction cancers. Version 2.2018.					
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