# Tremelimumab: Adis Evaluation

## Clinical Considerations

- Fully human monoclonal antibody that blocks the interaction of CTLA-4 with its ligands CD80 and CD86
- Significantly improves OS when used in combination with durvalumab as part of the STRIDE regimen; benefits are sustained at 4-years' follow-up
- Manageable safety profile

## Plain Language Summary

***Background and rationale***

- Hepatocellular carcinoma (HCC) is the most common primary liver cancer and a leading cause of cancer death worldwide
- HCC is commonly associated with cirrhosis linked to chronic viral hepatitis and non-alcoholic fatty liver disease
- Tremelimumab (tremelimumab-actl; Imjudo®) is a type of immunotherapy that helps the body's immune system attack HCC cells by binding to and blocking the action of an immune-checkpoint protein called cytotoxic T lymphocyte-associated antigen-4 (CTLA-4)
- A single dose of intravenous tremelimumab is used in combination with treatment with durvalumab, in a regimen known as STRIDE (Single Tremelimumab Regular Interval Durvalumab), for adults with unresectable HCC in the USA and Japan and as a first-line treatment for adults with advanced or unresectable HCC in the EU

***Clinical findings***

- In patients with unresectable HCC, STRIDE improved overall survival (OS) more than sorafenib, including at 4-years' follow-up
- A higher proportion of patients responded to treatment with STRIDE compared with sorafenib
- STRIDE had manageable adverse events

***Conclusion***

Tremelimumab used as part of the STRIDE regimen is a valuable first-line agent that expands the treatment options available to patients with HCC that is advanced or unable to be removed with surgery