

Toripalimab

1st

immuno-oncology drug approved for the treatment of adults with **recurrent or metastatic NASOPHARYNGEAL CARCINOMA**.

India is the **3rd** country to receive access to Toripalimab, **launched by Dr. Reddy's**.

Toripalimab is an immunoglobulin G4 (IgG4) **humanised monoclonal antibody (mAb)**.

closely resembles a human antibody while retaining elements from the original source, like hamster ovary cells.

An immuno-oncology drug boosts the immune system to recognize and attack cancer cells.

Attaches to immune system

Attaches to cancer cell

Monoclonal antibody structure

1

What is Nasopharyngeal Carcinoma?

Nasopharyngeal carcinoma is a rare cancer that originates from the nasopharynx, the area behind the nose, that connects to the back of the mouth.

2

What are the Risk Factors?

Constant **Epstein-Barr virus (EBV)** infection and **over-consumption of preserved foods (like salted fish)**.

3

How does the Nasopharyngeal Carcinoma Progress?

Nasopharyngeal carcinoma can invade nearby structures like the **nasal cavity, oropharynx, and skull base**, and spread to distant sites such as **bones, lungs, and liver**.

Gender distribution

The disease is more prevalent globally in men than in women, with a **male-to-female ratio of about 2:1**.

Skull base

Nasopharynx

Oropharynx

Bones

Lungs

Liver

How does Toripalimab work?

HEALTHY PERSON'S IMMUNE SYSTEM

T-cells are **white blood cells** produced in **bone marrow** and matured **thymus**.

PD-1 (Programmed Cell Death Protein 1) regulates the immune system by acting as a **"brake" to prevent overactive immune responses**.

CANCER PATIENT'S IMMUNE SYSTEM

Cancer cell - an abnormal cell that has undergone **genetic changes**, causing **uncontrolled growth** and division.

PD-L1 (Programmed Death Ligand 1) **slows T-cell activity**, and **excess PD-L1 allows tumors to evade the immune system** and avoid immune attack.

BEFORE INTRODUCING TORIPALIMAB

1 Binding of PD-1 and PD-L1: PD-1 on T- cell, binds with PD-L1, found on the surface of tumor cells.

2 PD-L1 turns off the immune response: The binding of PD-1 to PD-L1 sends a "brake" signal to the T- cell, effectively turning off its immune response.

3 T- cells disabled and tumor grows: As a result of this brake signal, the T- cell is unable to attack the tumor cell, allowing the cancer to continue growing and spreading.

AFTER INTRODUCING TORIPALIMAB

1 Toripalimab binds to PD-1: Toripalimab binds directly to the PD-1 receptor on T- cells, preventing it from interacting with PD-L1 on tumor cells.

2 Toripalimab disables the PD-L1's brake signal: By preventing the PD-1/PD-L1 interaction, Toripalimab removes the inhibitory "brake" signal, allowing T- cells to become active again.

3 T- cells attack the tumor cells: With the brake released, T- cells are free to function properly, recognizing and attacking the tumor cells.

Toripalimab, in combination with chemotherapy is recommended by National Comprehensive Cancer Network (NCCN) guidelines as the **preferred category 1 first-line treatment** for Metastatic/Recurrent nasopharyngeal carcinoma.

37% reduction in the risk of mortality with the combination of Toripalimab and standard-of-care chemotherapy

48% reduction in the risk of progression or death has been observed with the combination of Toripalimab and chemotherapy