Tecemotide

Also called: L-BLP25; BLP25 liposome vaccine

What it is

An investigational liposomal MUC1 peptide vaccine (L-BLP25); its phase 3 lung cancer trial missed its primary endpoint.

Approval status

In Clinical Trials. Not approved anywhere. The phase 3 START trial (1,513 randomised, 2014) did not significantly improve overall survival (PubMed abstract, read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Used in human trials

No manufacturer dose exists for this use: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Trial: START, primary phase **[Human study]** PMID 24331154	806 µg lipopeptide (after cyclophosphamide 300 mg/m² once)	Weekly	8 weeks	Injection (route not stated in the abstract)
Trial: START, maintenance **[Human study]** PMID 24331154	806 µg lipopeptide	Every 6 weeks	Until progression or withdrawal	Injection (route not stated in the abstract)

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 10 human studies carded on the page (14 study cards in all):

- **START phase 3 in stage III lung cancer** (Human, 2014). Among 1,239 analysed patients, median overall survival was 25.6 months with tecemotide and 22.3 with placebo (HR 0.88, p = 0.123); after concurrent chemoradiotherapy it was 30.8 against 20.6 months (HR 0.78, p = 0.016), with no difference after sequential chemoradiotherapy. **PMID 24331154**
- **Phase 2 survival update** (Human, 2011). Median survival was 17.2 months with L-BLP25 plus best supportive care against 13.0 months with supportive care alone (HR 0.745, not significant); three-year survival was 31% against 17% (P = 0.035). **PMID 21744082**
- **Early breast cancer** (Human, 2020). Adding tecemotide to neoadjuvant therapy did not change residual cancer burden (36.4% vs 31.9%, p = 0.40) or complete response (22.5% vs 17.4%), and did not increase toxicity. **PMID 32325419**

Interactions

A PubMed search for interaction studies of this compound with any drug (October 3, 2026, 0 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• No added toxicity in the breast cancer trial	• Not approved for any use

Five questions to ask

1. Tecemotide is listed here as "In Clinical Trials". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Tecemotide? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example no added toxicity in the breast cancer trial?
4. Do any of the cautions on this sheet apply to me, such as: Not approved for any use?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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