**Response to NICE Final Appraisal Determination**

**on the Single Technology Appraisal for**

**mogamulizumab for previously treated mycosis fungoides and Sézary syndrome [ID1405]**

**British Association of Dermatologists**

**Therapy & Guidelines sub-committees**

On behalf of the British Association of Dermatologists (BAD), thank you for the opportunity to comment on the Final Appraisal Determination for ID1405. We would like to support the statement submitted by the UK Cutaneous Lymphoma Group.

The MAVORIC trial is the largest randomised controlled trial (RCT) in cutaneous T-cell lymphoma (CTCL), which is a rare T-cell lymphoma with poor outcomes for advanced disease and a lack of effective treatment options due to a high level of chemo-resistance. The trial included a high proportion of patients with the leukaemic stage of disease, i.e. Sézary syndrome, which is associated with a very poor prognosis and for which there are no consistently effective treatment options.

The trial represents the largest series of patients with Sézary syndrome enrolled in an RCT and shows a clear benefit for patients receiving mogamulizumab, which is reflected in the clinical uptake on the compassionate access program in the UK following approval by the EMA. This also reflects the lack of approved options such as brentuximab for CD30-positive CTCL, as Sézary syndrome is invariably CD30-negative. Specifically, mogamulizumab provides people with the very rare Sézary syndrome with the opportunity of long-term remission following reduced-intensity stem cell transplantation.

Therefore, the BAD would like to appeal against the decision not to recommend mogamulizumab for previously treated mycosis fungoides and Sézary syndrome, and our appeal should be based on ground two – there is compelling evidence for efficacy and with no other treatment options for certain patients with life-threatening disease.

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