

Dasatinib, high-dose imatinib and nilotinib for chronic myeloid leukaemia

NICE 'technology appraisal guidance' advises on when and how drugs and other treatments should be used in the NHS.

This document is about when **dasatinib**, **high-dose imatinib** and **nilotinib** should be used to treat people with chronic myeloid leukaemia that has not responded to imatinib or who cannot tolerate imatinib in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for people with chronic myeloid leukaemia but it may also be useful for their families or carers or for anyone with an interest in the condition.

The information in this document updates some of NICE's advice from 2003 on treating chronic myeloid leukaemia. It should be read together with 'Imatinib for chronic myeloid leukaemia' (guidance.nice.org.uk/TA70/PublicInfo/pdf/English; see pages 2 and 3 for further details), which gives details about NICE technology appraisal guidance 70 (guidance.nice.org.uk/TA70).

This document does not describe chronic myeloid leukaemia or the treatments in detail – a member of your healthcare team should discuss these with you. You can get more information from the organisations listed on page 5.

This may not be the only possible treatment for chronic myeloid leukaemia. Your healthcare team should talk to you about whether it is suitable for you and about other treatment options available.

What has NICE said?

Nilotinib

NICE recommends nilotinib as a possible treatment for some people with chronic myeloid leukaemia (see below).

Who can have nilotinib?

You should be able to have nilotinib if:

- you have Philadelphia-chromosome-positive chronic myeloid leukaemia in the chronic or accelerated phase **and**
- your disease has got worse with imatinib at a dose of 400 mg a day **or**
- you cannot take imatinib.

Dasatinib

NICE does not recommend dasatinib for people with chronic myeloid leukaemia in the chronic, accelerated or blast-crisis phase who cannot take imatinib or whose disease has got worse with standard-dose imatinib.

Imatinib

NICE does not recommend high-dose imatinib¹ for people with Philadelphia-chromosome-positive chronic myeloid leukaemia in the chronic, accelerated or blast-crisis phase that has got worse after treatment with standard-dose imatinib.

Why has NICE said this?

NICE looks at how well treatments work, and also at how well they

¹ The dose of imatinib may be increased from 400 mg to 600 mg or 800 mg in patients with chronic phase disease, or from 600 mg to a maximum of 800 mg in patients with accelerated phase or blast crisis. High dose imatinib refers to doses of 600 mg or 800 mg in the chronic phase disease or 800 mg in the accelerated or blast crisis phases.

work in relation to how much they cost the NHS. NICE applies special considerations to treatments that can extend the lives of people who are nearing the end of their life.

NICE recommended nilotinib because it works as well as some other treatments available on the NHS and better than others. Although it costs more than some of the other treatments, this was justified by the benefits it provided.

Dasatinib and high-dose imatinib did not provide enough benefit to patients to justify their high cost and did not qualify for special consideration, so NICE did not recommend them.

Chronic myeloid leukaemia

Chronic myeloid leukaemia is a rare cancer that causes the body to make too many white blood cells. There are three main stages or 'phases' of the disease: the chronic phase, the accelerated phase and the blast-crisis phase. Most people with chronic myeloid leukaemia have an abnormal chromosome called the Philadelphia chromosome in their cancer cells (known as Philadelphia-chromosome-positive disease).

Nilotinib

Nilotinib (also known as Tasigna) is a drug that stops tumour cells growing and multiplying. This slows down or stops the spread of the tumour. Nilotinib is taken as a tablet.

Dasatinib

Dasatinib (also known as Sprycel) is a drug that stops tumour cells growing and multiplying. This slows down or stops the spread of the tumour. Dasatinib is taken as a tablet.

Imatinib

Imatinib (also known as Glivec) is a drug that stops tumour cells growing and multiplying. This slows down or stops the spread of the tumour. Imatinib is taken as a tablet.

What does this mean for me?

When NICE recommends a treatment, the NHS must make sure it is available to those people it could help, normally within 3 months of the guidance being issued.

So, if you have chronic myeloid leukaemia, and you and your doctor think that nilotinib is the right treatment for you (see 'What has NICE said?' on page 2), you should be able to have the treatment on the NHS. Please see www.nice.org.uk/aboutguidance if you think you are eligible for the treatment but it is not available.

If you are already taking dasatinib or high-dose imatinib for chronic myeloid leukaemia, you should be able to continue taking it until you and your healthcare professional decide it is the right time to stop.

More information

The organisations below can provide more information and support for people with chronic myeloid leukaemia. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- The CML Support Group, cmlsupportgroup@gmail.com
www.cmlsupport.org.uk
- Leukaemia CARE, 08088 010 444, www.leukaemiacare.org.uk
- Leukaemia & Lymphoma Research, 020 7405 0101
www.beatingbloodcancers.org.uk
- Macmillan Cancer Support, 0808 808 0000, www.macmillan.org.uk

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts, including healthcare professionals and people representing patients and carers. They consider the evidence on the disease and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals, and consider the costs involved. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This document and other versions of the guidance aimed at healthcare professionals are available at guidance.nice.org.uk/TA241

The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage NHS and voluntary organisations to use text from this document in their own information about chronic myeloid leukaemia.

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