NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
Health Technology Evaluation

Tafasitamab with lenalidomide and rituximab for treating relapsed or refractory follicular lymphoma after 1 or more systemic treatments

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of tafasitamab plus lenalidomide and rituximab within its marketing authorisation for relapsed or refractory follicular lymphoma after 1 or more systemic treatments.

Background

Lymphomas are cancers of the lymphatic system, which is part of the immune system. They are divided into Hodgkin and non-Hodgkin lymphomas (NHL). NHL are a diverse group of conditions categorised according to the cell type affected (B-cell or T-cell), as well as the clinical features and rate of progression of disease.

Lymphomas are commonly staged from 1 (localised) to 4 (when the cancer has spread to multiple organs and locations). Staging depends on how many groups of lymph nodes are affected, where they are in the body, the size of the areas of lymphoma, and whether other organs, such as the bone marrow or liver, are affected. They are also grouped by grade: low grade (1 to 3a) is slow growing (sometimes called indolent), while high grade (3b) grows more quickly.

Follicular lymphoma is the most common type of low-grade lymphoma, affecting B-lymphocytes. Symptoms include painless lumps (enlarged lymph nodes) in the neck, armpit or groin, night sweats, recurrent fevers and weight loss. Some people do not have symptoms so the disease may have advanced by the time it is diagnosed.

In England in 2022 there were 2,404 diagnoses of follicular lymphoma.[1] The 5-year survival rate for people with follicular lymphoma is around 85%.[2] Survival is lower for people with high-risk disease, higher disease stage and for people whose disease has relapsed or is refractory (does not respond to treatment), with survival decreasing with each subsequent relapse.[3]

First-line treatment for follicular lymphoma is radiotherapy, 'watch and wait' (observation without treatment), or rituximab with or without chemotherapy, depending on the stage of the lymphoma and symptoms (see NICE's guideline on non-Hodgkin's lymphoma).

For follicular lymphoma that is refractory, or relapses after initial response to treatment, treatment options are:

- obinutuzumab with bendamustine followed by obinutuzumab maintenance for follicular lymphoma that did not respond or progressed up to 6 months after treatment with rituximab or a rituximab-containing regimen (NICE technology appraisal guidance 629)
- lenalidomide for previously treated follicular lymphoma (grade 1 to 3a; NICE technology appraisal guidance 627)

- rituximab alone or in combination with chemotherapy for stage 3 or 4 follicular lymphoma (NICE technology appraisal 137).

People in remission for the second time (or later) who meet the eligibility criteria may also be offered stem cell transplantation.

The technology

Tafasitamab (Minjuvi, Incyte Biosciences UK) does not currently have a marketing authorisation in the UK for relapsed or refractory follicular lymphoma. It has been studied in a clinical trial in combination with lenalidomide and rituximab compared with placebo plus lenalidomide and rituximab in adults with relapsing or refractory grade 1 to 3a follicular lymphoma.

It has a marketing authorisation in combination with lenalidomide followed by tafasitamab monotherapy to treat relapsed or refractory diffuse large B-cell lymphoma in adults not eligible for autologous stem cell transplant.

Intervention(s)	Tafasitamab plus lenalidomide and rituximab
Population(s)	Adults with relapsing or refractory follicular lymphoma after 1 or more systemic treatments
Subgroups	If the evidence allows, the following subgroups will be considered: • type of lymphoma (follicular lymphoma, follicular lymphoma with FDG-avid foci) • grade of lymphoma • number of previous treatments
Comparators	Established clinical management without tafasitamab. Treatment choice will depend on previous treatments, and how effective those treatments were. • Obinutuzumab with bendamustine followed by obinutuzumab maintenance • Lenalidomide with rituximab • Rituximab alone or in combination with chemotherapy • Epcoritamab (subject to NICE evaluation)
Outcomes	The outcome measures to be considered include: • progression free survival • overall survival • response rates, including time to next treatment and duration of response • adverse effects of treatment • health-related quality of life.

Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account. The availability and cost of biosimilar and generic products should be taken into account.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations	**Related technology appraisals:** Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma (2023) NICE technology appraisal guidance 894 Mosunetuzumab for treating relapsed or refractory follicular lymphoma (2023) NICE technology appraisal guidance 892 Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab (2020) NICE technology appraisal guidance 629 Lenalidomide with rituximab for previously treated follicular lymphoma (2020) NICE technology appraisal guidance 627 Idelalisib for treating refractory follicular lymphoma (2019) NICE technology appraisal guidance 604 Rituximab for the treatment of relapsed or refractory stage III or IV follicular non-Hodgkin's lymphoma (2008) NICE technology appraisal guidance 137 **Related technology appraisals in development:** Epcoritamab for treating relapsed or refractory follicular lymphoma after 2 or more systemic treatments. NICE technology appraisal guidance [ID6338] Publication date to be confirmed **Related NICE guidelines:**

	Non-Hodgkin's lymphoma: diagnosis and management (2016) NICE guideline 52 **Related quality standards:** Haematological cancers (2017) NICE quality standard 150

References

1. NHS Digital. Cancer Registrations Statistics, England 2022- First release, counts only. Accessed June 2025.

2. Cancer Research UK. Survival for non-Hodgkin lymphoma. Accessed June 2025.

3. Rivas-Delgado A, Magnano L, Moreno-Velázquez M et al. Response duration and survival shorten after each relapse in patients with follicular lymphoma treated in the rituximab era. British Journal of Haematology. 2018;184(5):753 to 759.