NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after first-line systemic treatment ID6463

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of epcoritamab within its marketing authorisation for treating relapsed or refractory diffuse large B-cell lymphoma after first-line systemic treatment.

Background

Lymphomas are cancers of the lymphatic system, which is a part of the immune system. Lymphomas are divided into Hodgkin lymphoma and non-Hodgkin lymphoma. Non-Hodgkin lymphomas (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 the disease.

Large B-cell lymphoma (LBCL) affects B-cells. They become abnormal and grow larger than normal, forming tumours in lymph nodes or other parts of the body. The most common subtype of LBCL is diffuse large B-cell lymphoma (DLBCL). The symptoms differ depending on which organ or tissues are affected by the lymphoma. NHL often presents as painless lumps (enlarged lymph nodes) in the neck, armpit or groin but it can start in other parts of the body such as the stomach or bowel (extranodal disease). People may have loss of appetite, tiredness or night sweats. DLBCL is refractory when it does not respond to treatment. Relapsed DLBCL comes back after treatment.

In 2023, 4,245 people were diagnosed with DLBCL.[1] Most people diagnosed with DLBCL are 65 or over and it is more common is males than females.[2] Approximately 40% of individuals with DLBCL experience refractory or relapsed disease, which is linked to a worse prognosis than newly diagnosed DLBCL.[3] Survival rates at 5 years for relapsed DLBCL are around 30%.[4]

The most widely used first-line treatment for DLBCL is R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone). Sometimes etoposide is added to this regimen. For relapsed or refractory disease after 1 systemic therapy, NICE guideline NG52 recommends multi-agent chemotherapy, potentially in combination with rituximab, followed by stem cell transplantation for people who are fit enough to have it. Chemotherapy regimens commonly used in clinical practice include DHAP (dexamethasone, cytarabine, cisplatin), GDP (gemcitabine, dexamethasone, cisplatin), ICE (ifosfamide, carboplatin, etoposide) and IVE (ifosfamide, etoposide, epirubicin). If stem cell transplantation is not suitable, further chemotherapy or immunotherapy may be used alone. NICE TA649 recommends polatuzumab vedotin with rituximab and bendamustine for relapsed or refractory DLBCL in adults who cannot have stem cell transplantation. NICE TA1113 recommends glofitamab plus gemcitabine and oxaliplatin for relapsed or refractory DLBCL not otherwise specified in adults who have previously received 1 line of treatment and cannot have a stem cell transplantation. TA895 recommends

axicabtagene ciloleucel for use in the Cancer Drugs fund as an option for treating diffuse large B-cell lymphoma in adults when an autologous stem cell transplant is suitable if the DLBCL has relapsed within 12 months after first-line chemoimmunotherapy or is refractory to first-line chemoimmunotherapy. If stem cell transplant is suitable, TA1048 recommends lisocabtagene maraleucel in adults with large B-cell lymphoma that is refractory or relapses within 12 months.

The technology

Epcoritamab (Tepkinly, AbbVie) does not currently have a marketing authorisation for treating relapsed or refractory diffuse large B-cell lymphoma after first-line systemic treatment. It is currently being studied in a phase 3 clinical trial compared with standard of care chemotherapy in those with refractory or relapsed DLBCL after at least 1 line of systemic therapy in people who have either had an unsuccessful autologous stem cell transplant or are not candidates for the procedure.

Epcoritamab currently has a marketing authorisation as a monotherapy for the treatment of adults with relapsed or refractory diffuse large B-cell lymphoma after 2 or more lines of systemic therapy.

Intervention(s)	Epcoritamab
Population(s)	Adults with relapsed or refractory diffuse large B-cell lymphoma after first-line systemic therapy
Subgroups	• Previous autologous stem cell transplant has failed prior to therapy with epcoritamab

Comparators	Established clinical management without epcoritamab
	
	After 1 systemic therapy and when autologous stem cell transplant is not suitable:
	
	• Rituximab in combination with one or more chemotherapy agents such as:
	  ○ R-GemOx (rituximab, gemcitabine, oxaliplatin)
	  ○ R-Gem (rituximab, gemcitabine)
	  ○ R-P-MitCEBO (rituximab, prednisolone, mitoxantrone cyclophosphamide, etoposide bleomycin, vincristine)
	  ○ (R-)DECC (rituximab, dexamethasone, etoposide, chlorambucil, lomustine)
	  ○ BR (bendamustine, rituximab)
	• Polatuzumab vedotin with rituximab and bendamustine
	• Glofitamab with gemcitabine and oxaliplatin (in people with DLBCL that is not otherwise specified)
	
	After 1 systemic therapy and when autologous stem cell transplant is suitable:
	
	• Lisocabtagene maraleucel
	• High dose chemotherapy with or without autologous stem cell transplant

Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rates • 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:** Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after 2 or more lines of systemic treatment (2026). NICE technology appraisal guidance 1159. Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma (2025). NICE technology appraisal guidance 1113. Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable (2025). NICE technology appraisal guidance 1048. Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments (2024). NICE technology appraisal guidance 954. Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments (2024). NICE technology appraisal guidance 947. Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments (2023). NICE technology appraisal guidance 927.

	Axicabtagene ciloleucel for use within the Cancer Drugs Fund as an option for DLBCL when an autologous stem cell is suitable if it has relapsed within 12 months after, or is refractory to, first-line chemoimmunotherapy (2023). NICE technology appraisal guidance 895. Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma (2023). NICE technology appraisal guidance 883. Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma (2023). NICE technology appraisal guidance 874. Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies (2023). NICE technology appraisal guidance 872. Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma (2020). NICE technology appraisal guidance 649. Pixantrone monotherapy for treating multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma (2014). NICE technology appraisal guidance 306. **Related technology appraisals in development:** Tafasitamab with lenalidomide and R-CHOP for untreated high-intermediate-risk or high-risk diffuse large B-cell lymphoma [ID6568]. Publication expected June 2027. Loncastuximab Tesirine + Rituximab for diffuse large B-cell lymphoma [ID6686]. Publication date to be confirmed. Epcoritamab with R-CHOP for newly diagnosed diffuse large B-cell lymphoma [ID6701]. Publication date to be confirmed. Acalabrutinib with R-CHOP for untreated non-germinal centre B-cell diffuse large B-cell lymphoma [ID6614]. Publication date to be confirmed. Surovatamig for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more lines of treatment [ID6631]. Publication date to be confirmed. **Related NICE guidelines:** Non-Hodgkin's lymphoma: diagnosis and management (2020). NICE guideline NG52. Non-Hodgkin's lymphoma: rituximab subcutaneous injection (2014). NICE evidence summary 46. **Related quality standards:** Haematological cancers (2017) NICE quality standard 150.

Questions for consultation

Will the marketing authorisation include the population that are ineligible or unsuitable for an autologous stem cell transplant? Will the marketing authorisation also include people who have previously undergone an autologous stem cell transplant but subsequently relapsed or had disease progression?

Where do you consider epcoritamab will fit into the existing care pathway for diffuse large B-cell lymphoma?

Please select from the following, will epcoritamab be:
A. Prescribed in primary care with routine follow-up in primary care
B. Prescribed in secondary care with routine follow-up in primary care
C. Prescribed in secondary care with routine follow-up in secondary care
D. Other (please give details):
For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would epcoritamab be a candidate for managed access?

Do you consider that the use of epcoritamab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which epcoritamab will be licensed;

- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE intends to evaluate this technology through its Single Technology Appraisal process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

References

1. NHS digital. Cancer Registration Statistics, England 2023. Accessed June 2026

2. Diffuse large B-cell lymphoma. Lymphoma action. Accessed June 2026

3. Sancho-Garcia, A, M, Cabero, A, Gutierrez, N, C (2023) 'Treatment of relapsed or refractory Diffuse Large B-cell Lymphoma: New approved options' Journal Clinical Medicine 13:70

4. McMillan, A., Martín, A., Haioun, C., Chiappella, A., Di Rocco, A., Rueda, A., Palaska, C. and Davies, A.J. (2016). 'Post Relapse Survival Rates in Diffuse Large B Cell Lymphoma'. Blood, 128(22), pp.4204–4204.