NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA174; Rituximab for the first line treatment of chronic lymphocytic leukaemia, TA193; Rituximab for the treatment of relapsed/refractory chronic lymphocytic leukaemia

TA174 was issued in July 2009, and TA193 was issued in July 2010.

TA174 and TA193 were considered for review in December 2010 and October 2012. Both times the consideration of a review was deferred until the publication of the MO20927 trial: NICE "…will consult on our plans for TA174 and TA193 within 6 months of the publication of MO20927."

Background

At the GE meeting of 7 January 2014 it was agreed we would consult on the review plans for this guidance. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

Proposal put to consultees:	TA174 and TA193 should be moved to the static list.
Rationale for selecting this proposal	TA174 does not recommend rituximab in combination with chemotherapy agents other than fludarabine and cyclophosphamide. Data are now available in abstract form from a three arm study comparing obinutuzumab (another anti-CD20 agent) plus chlorambucil with rituximab plus chlorambucil and chlorambucil alone. Consideration was given to updating TA174 as a multiple technology appraisal with newer drugs for the same indication (obinutuzumab and an extension of the indication for ofatuzumab), but following consultation on the draft scopes it has been decided that the appraisals of obinutuzumab and ofatumumab for previously untreated chronic lymphocytic leukaemia should proceed as single technology appraisals. Therefore it was not considered appropriate to review TA174 at the present time. Consideration may be given to updating TA174 when the single technology appraisals are considered for review. In the meantime TA174 can be moved to the static list. TA193 recommended rituximab only in certain circumstances, or in the context of research outside of those circumstances. No new evidence that would change these recommendations has been found.

GE is asked to consider the original proposal in the light of the comments received from consultees and commentators, together with any responses from the appraisal team. It is asked to agree on the final course of action for the review.

Recommendation post consultation:	TA174 and TA193 should be moved to the static list.

Respondent	Response to proposal	Details[1]	Comment from Technology Appraisals
GlaxoSmithKline		I am writing you regarding the decision to defer the review of TA202 until publication of data from randomised controlled trials of ofatumumab in combination with chemotherapy versus chemotherapy alone (NCT00824265 and NCT01313689). For your interest, when we responded to your initial enquiry we mentioned that no further supporting evidence would be available in a population refractory to fludarabine and alemtuzumab. (FA refractory). In fact the two above mentioned studies are in different populations: CT00824265 is a phase III studies in relapsed/refractory patients and the patients who have received at least one prior CLL therapy. The overlap between this population and our FA refractory population may or may not exist within this trial population – if it does it will be very very small. http://clinicaltrials.gov/ct2/show/NCT00824265?term=nct00824265&rank=1	This comment refers to a separate decision to defer the review of TA202 that was not part of the current consultation. The relevance of the additional evidence will be considered when it is published.

[1] Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Respondent	Response to proposal	Details[1]	Comment from Technology Appraisals
GlaxoSmithKline (continued)		NCT01313689 is not relevant to our licenced population. It was part of the conditional licence, I believe, in further investigating the effects of ofatumumab in the bulky lymphadenopathy population. The inclusion criteria only stipulates that they had to be refractory to fludarabine (no mention of alemtuzumab). http://clinicaltrials.gov/show/NCT01313689	
Royal College of Nursing	No comment	There are no comments to submit on behalf of the Royal College of Nursing to inform on the review proposal of the above technology appraisal at this present time.	Comment noted. No action required.
Lymphoma Association	Agree	In relation to TA174/TA193, we agree with the move to place them on the static list, however, we are aware that this is a rapidly evolving area with changes in practice taking place and a number of new immunochemotherapy combinations being tested, and would suggest that guidance covering a wider remit in this area should be considered in the near future.	Comment noted. Consideration may be given to updating TA174 when the single technology appraisals of obinutuzumab and ofatumumab for previously untreated chronic lymphocytic leukaemia are considered for review. Literature searches are carried out every 5 years to check whether any of the Appraisals on the static list should be identified for review by the Guidance Executive. NICE will consider all the relevant evidence in its decision. See section 6 'Guide to the single technology appraisal process'.

Respondent	Response to proposal	Details[1]	Comment from Technology Appraisals
Roche Products	No objection	We can confirm that we have previously provided all potentially relevant information that could inform a potential re-review of TA174/193. We therefore have no objections to this decision.	Comment noted. No action required.

No response received from:

<u>Patient/carer groups</u> • Afiya Trust • African Caribbean Leukaemia Trust • Anthony Nolan • Aplastic Anaemia Trust • Black Health Agency • Cancer52 • Cancer Black Care • Cancer Equality • Chronic Lymphocytic Leukaemia Support Association • Chronic Myeloid Leukaemia Support Group • Equalities National Council • Helen Rollason Cancer Charity • Independent Cancer Patients Voice • Leukaemia Cancer Society • Leukaemia CARE • Macmillan Cancer Support • Maggie's Centres	<u>General</u> • Allied Healthcare Professionals Federation • Board of Community Health Councils in Wales • British National Formulary • Care Quality Commission • Commissioning Support Appraisals Service • Department of Health, Social Services and Public Safety for Northern Ireland • Healthcare Improvement Scotland • Medicines and Healthcare products Regulatory Agency • National Association of Primary Care • National Pharmacy Association • NHS Alliance • NHS Commercial Medicines Unit • NHS Confederation • Scottish Medicines Consortium <u>Comparator manufacturer(s)</u> • Aspen (chlorambucil)

• Marie Curie Cancer Care • Muslim Council of Britain • Muslim Health Network • Rarer Cancers Foundation • South Asian Health Foundation • Specialised Healthcare Alliance • Tenovus <u>Professional groups</u> • Association of Cancer Physicians • British Association for Services to the Elderly • British Committee for Standards in Haematology • British Geriatrics Society • British Institute of Radiology • British Psychosocial Oncology Society • British Society for Haematology • British Transplantation Society • Cancer Network Pharmacists Forum • Cancer Research UK • Royal College of General Practitioners • Royal College of Nursing • Royal College of Pathologists • Royal College of Physicians • Royal College of Radiologists • Royal Pharmaceutical Society • Royal Society of Medicine • Society and College of Radiographers • UK Health Forum • United Kingdom Chronic Lymphocytic Leukaemia Forum • United Kingdom Clinical Pharmacy Association	• Accord Healthcare (doxorubicin) • Actavis (doxorubicin, fludarabine) • Cephalon (doxorubicin) • Hospira (fludarabine, vincristine) • Janssen (doxorubicin) • Medac (doxorubicin) • Napp Pharmaceuticals (prednisone) • Pfizer (doxorubicin) • Pharmacia (cyclophosphamide) • Sanofi (fludarabine) <u>Relevant research groups</u> • Cochrane Haematological Malignancies Group • Elimination of Leukaemia Fund • Health Research Authority • Institute of Cancer Research • Leukaemia & Lymphoma Research • Leukaemia Busters • MRC Clinical Trials Unit • National Cancer Programme • National Cancer Research Institute • National Cancer Research Network • National Institute for Health Research • Research Institute for the Care of Older People <u>Assessment group</u> • Assessment Group tbc • National Institute for Health Research Health Technology Assessment Programme

• United Kingdom Oncology Nursing Society Others • Department of Health • NHS England • NHS North and West Reading CCG • NHS North, East, West Devon CCG • Welsh Government	Associated Guideline Groups • National Collaborating Centre for Cancer Associated Public Health Groups • Public Health England • Public Health Wales NHS Trust

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