NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Health Technology Appraisal

Rituximab in combination with corticosteroids for treating anti-neutrophil cytoplasmic antibody-associated vasculitis

Final scope

Remit/appraisal objective

To appraise the clinical and cost effectiveness of rituximab in combination with corticosteroids within its licensed indication for the treatment of anti-neutrophil cytoplasmic antibody-associated vasculitis.

Background

Systemic vasculitis is an autoimmune condition characterised by damage to and inflamation of blood vessels and is often associated with anti-neutrophil cytoplasmic antibodies (ANCAs). ANCA-associated vasculitis is an umbrella term for several related conditions, including microscopic polyangiitis (MPA) and granulomatosis with polyangiitis (Wegener's granulomatosis) (GPA). ANCA-associated vasculitis mostly affects small and medium sized blood vessels, particularly those in the respiratory and renal systems. One of the primary mediators of ANCA-associated vasculitis pathology is thought to be B-lymphocytes, but the precise mechanism is unknown.

It is estimated that around 1200 people are diagnosed with ANCA-associated vasculitis each year in England and Wales. The annual UK incidence of MPA and GPA is estimated to be between 6 and 11 per million population. The incidence of ANCA-associated vasculitis increases with age and the peak age of onset is between 60 and 70 years.

The aim of treatment is initially to induce remission, then to maintain remission and treat relapse when necessary. Without treatment, the condition is fatal. Clinical management has been largely predicated on cyclophosphamide, along with corticosteroids (for example, prednisolone). Immunosuppressive agents such as methotrexate, azathioprine, and mycophenolate may also be used as maintenance therapy. There is no related NICE guidance for the treatment of ANCA-associated vasculitis.

The technology

Rituximab (MabThera, Roche Products) is a genetically engineered monoclonal chimeric (mouse/human) antibody that targets the CD-20 surface marker of mature B-cell lymphocytes. It is given intravenously.

Rituximab does not currently have a UK marketing authorisation for the treatment of ANCA-associated vasculitis. It has been studied in clinical trials

in people with severe ANCA-associated vasculitis (GPA or MPA) compared with cyclophosphamide (in combination with methylprednisolone and prednisone) and with azathioprine (in combination with prednisolone).

Intervention(s)	Rituximab in combination with corticosteroids
Population(s)	People with anti-neutrophil cytoplasmic antibody associated vasculitis
Comparators	Treatment strategies without rituximab, including cyclophosphamide, azathioprine, methotrexate, and mycophenolate (in combination with corticosteroids)
Outcomes	The outcome measures to be considered include: • mortality • remission rate and duration of remission • number and severity of relapses • change in renal function • cumulative dose of immunosuppressants • 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.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. If evidence allows, the following subgroups should be considered: • people for whom cyclophosphamide is contraindicated
Related NICE recommendations	None