

Llywodraeth Cynulliad Cymru Welsh Assembly Government

Kate Lees Guidelines Coordinator National Institute for Clinical Excellence MidCity Place 71 High Holborn London

26 October 2007

Dear Kate

Single technology appraisal (STA) Rituximab for recurrent or refractory stage III or IV follicular non-Hodgkin's lymphoma (review of TA No. 37)

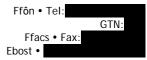
Please find attached below the Welsh Assembly Government's comments on the above appraisal.

One area that causes concern is the blanket ban on using Rituximab for re-induction when patients relapse. This is based on the presumption that such patients will have inevitably received Rituximab at presentation on the basis of previous NICE guidance. Such an assumption is a little premature and there are still a considerable number of patients who <u>are</u> Rituximab naieve in the UK for the following reasons:-

- The NICE guidance recommending R-CVP as first-line therapy is still reasonably recent in a disease that has a natural history of several years.
- Prior to that guidance and the publication of the Marcus study, many areas could not get Rituximab funded for Follicle Centre cell NHL.
- The recently closed BNLI/NCRI study in this group of patients was CMD/FMD *ie* NO Rituximab in either arm and many of these patients have yet to relapse.
- A blanket ban on Rituximab + Chemo for re-induction would deprive these patients of their best chance of a prolonged second remission.

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We would therefore suggest that paragraphs 1.2 & 1.3 be re-worded to allow Rituximab naive patients to have R-CHOP at reinduction. We accept that over the next decade the numbers of Rituximab naive patients will probably fall to zero, but do not think we are anything like at that stage now.

Thank you for giving the Welsh Assembly Government the opportunity to comment on this appraisal.

Yours sincerely

