Appendix B

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma ID3887

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of lisocabtagene maraleucel within its marketing authorisation for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma.

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. The most common B-cell lymphomas are follicular lymphoma, a slow growing, low grade form of NHL, and diffuse large B-cell lymphoma (DLBCL), a fast growing, high grade form of NHL. Some follicular lymphomas transform into high grade DLBCL (transformed high grade follicular lymphoma). 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.

There were 10,710 people diagnosed with NHL in England in 2020.[1] It is estimated that about 40% of people with NHL have DLBCL.[2] In 2020, 4,209 people had DLBCL.[1] Most people diagnosed with DLBCL are 65 or over.[3] Although most people are cured with first-line chemotherapy, about 10-15% have primary refractory disease and a further 20-30% relapse.[4] Survival rates at 5 years for DLBCL are around 60%.[5]

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 a 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), ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin), GDP (gemcitabine, dexamethasone, cisplatin), GEMOX (gemcitabine and oxaliplatin), ICE (ifosfamide, carboplatin, etoposide) and IVE (ifosfamide, etoposide, epirubicin). NICE technology appraisal (TA895) recommends axicabtagene ciloleucel therapy for use within the Cancer Drugs Fund as an option for treating relapsed or refractory DLBCL in adults autologous stem cell transplant is suitable.

The technology

Lisocabtagene maraleucel (Breyanzi, Bristol-Myers Squibb) does not currently have a marketing authorisation in the UK for treating relapsed or refractory DLBCL. Lisocabtagene maraleucel is being studied in a single arm phase 3 clinical trial in people with DLBCL or with other aggressive B-cell malignancies.

Intervention	Lisocabtagene maraleucel
Population	People with relapsed or refractory aggressive B-cell non-Hodgkin lymphoma after 1 prior therapy

Comparators	Established clinical management without lisocabtagene maraleucel but not limited to:
	• Chemotherapy, with or without rituximab, such as:
	  ○ DHAP (dexamethasone, cytarabine, cisplatin)
	  ○ ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin)
	  ○ GDP (gemcitabine, dexamethasone, cisplatin)
	  ○ GEMOX (gemcitabine and oxaliplatin)
	  ○ ICE (ifosfamide, carboplatin, etoposide)
	  ○ IVE (ifosfamide, etoposide, epirubicin)

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.
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 TA895. 'Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma' (2023). NICE Technology appraisal guidance TA883. '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 appraisals in development:** 'Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies' NICE Technology appraisals [ID3970]. Publication October 2023 'Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies' NICE Technology appraisals [ID3943]. Publication expected TBC. 'Epcoritamab for treating relapsed or refractory large B-cell lymphoma after 2 or more systemic treatments' NICE technology appraisal guidance [ID4045] Publication expected TBC. **Related Guidelines:** 'Non-Hodgkin's lymphoma: diagnosis and management' (2016). NICE Guideline NG52. Review date to be confirmed. 'Haematological cancers: improving outcomes' (2016). NICE Guideline 47. Review date to be confirmed. 'Non-Hodgkin's lymphoma: rituximab subcutaneous injection (2014)' NICE evidence summary of new medicines 46. **Related Quality Standards:**

	Haematological cancers (2017) NICE quality standard 150.
Related National Policy	The NHS Long Term Plan, 2019. NHS Long Term Plan NHS England (2023) NHS manual for prescribed specialist services (2023) Department of Health and Social Care, NHS Outcomes Framework 2016-2017: Domains 1 to 5. https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017

Questions for consultation

Where do you consider lisocabtagene maraleucel will fit into the existing care pathway for relapsed or refractory aggressive B-cell non-Hodgkin lymphoma?

Have all relevant comparators for lisocabtagene maraleucel been included in the scope?

Would lisocabtagene maraleucel be a candidate for managed access?

Do you consider that the use of lisocabtagene maraleucel 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 lisocabtagene maraleucel 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. We welcome comments on the appropriateness of appraising this topic through this process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/process/pmg36/chapter/introduction-to-health-technology-evaluation).

References

1. Office for National Statistics. Cancer registration statistics, England. 2020. Accessed December 2023.

2. Cancer Research UK. Diffuse large B cell lymphoma. Accessed December 2023.

3. Lymphoma action. Diffuse B-cell lymphoma. Accessed December 2023.

4. Chaganti S, Illidge T, Barrington S, McKay P, Linton K, Cwynarski K, et al. Guidelines for the management of diffuse large B-cell lymphoma. British journal of haematology. 2016;174(1):43-56. Available from: https://doi.org/10.1111/bjh.14136

5. Cancer Research UK. Non-Hodgkin lymphoma- Survival. Accessed December 2023.

