NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma ID6202

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of glofitamab with gemcitabine and oxaliplatin within its marketing authorisation for treating relapsed or refractory diffuse large B-cell 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 which are 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 which is a slow growing, low grade form of NHL and diffuse large B-cell lymphomas (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 sometimes may start in other parts of the body such as the stomach or bowel (extranodal disease). People may also have a loss of appetite, unexplained weight loss, high temperatures, tiredness or night sweats.

There were around 11,474 people diagnosed with NHL in England in 2021.[1] It is estimated that about 40% of people with NHL have DLBCL[2]. In 2021, 4171 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. NICE guideline NG52 recommends chemotherapy in combination with rituximab for relapsed or refractory disease followed by stem cell transplantation. 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). A granulocyte colony-stimulating factor should be given concomitantly with chemotherapy. If stem cell transplantation is not suitable, further chemotherapy or immunotherapy may be used alone.

For those with relapsed or refractory DLBCL, the following treatments are recommended by NICE:

- Technology appraisal 306 recommends pixantrone monotherapy for multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma, on third- or fourth-line treatment, after treatment with rituximab, in adults

- Technology appraisal 649 recommends polatuzumab vedotin with rituximab and bendamustine for relapsed or refractory DLBCL in adults who cannot have a haematopoietic stem cell transplant

- Technology appraisal 872 recommends axicabtagene ciloleucel for relapsed or refractory DLBCL or primary mediastinal large B-cell lymphoma after 2 or more systemic treatments, in adults

- Technology appraisal 927 recommends glofitamab for treating relapsed or refractory DLBCL after 2 or more systemic treatments, in adults

- Technology appraisal 947 loncastuximab tesirine recommends for treating relapsed or refractory DLBCL and high-grade B-cell lymphoma (HGBL) after 2 or more systemic treatments in adults if they have previously had polatuzumab vedotin, or if polatuzumab vedotin is contraindicated or not tolerated.

The technology

Glofitamab (Columvi, Roche) with gemcitabine and oxaliplatin does not currently have a marketing authorisation in the UK for treating relapsed or refractory DLBCL. It is currently being studied in clinical trials in combination with gemcitabine plus oxaliplatin compared with rituximab in combination with gemcitabine and oxaliplatin, in people with relapsed or refractory DLBCL.

It has a marketing authorisation as monotherapy for the treatment of relapsed or refractory DLBCL in adults after two or more lines of systemic therapy.

Intervention(s)	Glofitamab with gemcitabine and oxaliplatin
Population(s)	Adults with relapsed or refractory diffuse large B-cell lymphoma

Comparators	• 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 (only when stem cell transplantation is not suitable)
	• Pixantrone monotherapy (only when previously treated with rituximab and receiving third or fourth-line treatment)
	• Axicabtagene ciloleucel for treating relapsed or refractory DLBCL after 2 or more systemic therapies
	• Glofitamab treating relapsed or refractory DLBCL after 2 or more systemic therapies
	• Loncastuximab tesirine for treating relapsed or refractory DLBCL after 2 or more systemic therapies (only if previously treated with polatuzumab vedotin)
	• Epcoritamab for treating relapsed or refractory DLBCL after 2 or more systemic therapies (subject to NICE evaluation)

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 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:** Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic therapies (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 treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy 2023. NICE technology appraisal guidance 895. Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic (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:** Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments . NICE technology appraisal guidance [ID4045] 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.
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan. NHS England (2018) NHS manual for prescribed specialist services (2018/2019), chapter 29: Blood and marrow transplantation services (adults and children); chapter 105: specialist cancer services (adults) NHS England (2013) 2013/14 NHS Standard Contract For Cancer: Brain/Central Nervous System (Adult) - Section B Part 1 - Service Specifications

Questions for consultation

Where do you consider glofitamab with gemcitabine and oxaliplatin will fit into the existing care pathway for relapsed or refractory diffuse B-cell lymphoma?

Would glofitamab with gemcitabine and oxaliplatin be a candidate for managed access?

Do you consider that the use of glofitamab with gemcitabine, oxaliplatin 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 glofitamab with gemcitabine, oxaliplatin 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. Office for National Statistics. Cancer registration statistics, England. 2021. Accessed January 2024.

2. Cancer Research UK. Diffuse large B cell lymphoma. Accessed January 2024.

3. Lymphoma association. Diffuse B-cell lymphoma. Accessed January 2024.

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 January 2024.