National Institute for Health and Care Excellence

Health Technology Evaluation

Brentuximab vedotin with doxorubicin, dacarbazine and vinblastine for previously untreated late-stage classical Hodgkin lymphoma (including Review of TA594) [ID6334]

Response to stakeholder organisation comments on the draft remit and draft scope

Please note: 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.

Comment 1: the draft remit and proposed process

Section	Stakeholder	Comments [sic]	Action
Appropriateness of an evaluation and proposed evaluation route	Takeda	Given the unmet need for patients with [redacted], Takeda believes this is an appropriate topic for NICE to consider via the single technology appraisal route.	Thank you for your comment. No action required.
Wording	Takeda	The wording of the draft remit should be revised to reflect the anticipated licensed indication: "*To appraise the clinical and cost effectiveness of brentuximab vedotin in combination with doxorubicin, vinblastine and dacarbazine within its marketing authorisation for treating* [redacted]*".*	Thank you for your comment. Confidential information cannot be included in the scope. The remit is kept broad until marketing authorisation is granted. No action required.

Section	Stakeholder	Comments [sic]	Action
Timing Issues	Takeda	Brentuximab vedotin in combination with doxorubicin, vinblastine and dacarbazine (A+AVD) has demonstrated a statistically significant increase in overall survival (OS) compared with doxorubicin, bleomycin, vinblastine and dacarbazine (ABVD) in the ECHELON-1 trial at 6-year follow-up.[1] Given the PFS and OS benefit for A+AVD observed in ECHELON-1, and recently published data which support the value of a bleomycin-free regimen in HL, Takeda is keen to provide access for patients at the earliest possible opportunity.[1, 2]	Thank you for your comment. No action required.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Takeda	Takeda suggests the following revisions are made: • Adding that classical HL accounts for approximately 95% of cases of all HL.[3] • Adding the goal of therapy in this patient population to align with other NICE scopes. Takeda suggests adding: "*The goal of treatment for patients with previously untreated Hodgkin lymphoma is to cure the disease while managing and mitigating short- and long-term complications*."[4] Given the anticipated marketing authorisation for brentuximab vedotin, and feedback received from clinical key opinion leaders (KOLs), Takeda suggests editing "*Current first-line treatment for Hodgkin lymphoma is chemotherapy alone*" to "*Current first-line treatment for* [redacted] *is combination chemotherapy*".	Thank you for your comment. Changes to the background section have been made to reflect comments relating to number of cases and goal of therapy. However, confidential information cannot be included in the scope, and therefore background information on treatment options must be kept broad.

Section	Consultee/ Commentator	Comments [sic]	Action
Population	Takeda	The population should be revised to reflect the anticipated licensed indication: "People *with* [redacted]".	Thank you for your comment. Confidential information cannot be included in the scope. The population is kept broad until marketing authorisation is granted. No action required.
Comparators	Takeda	In alignment with comments on the 'Background' section, current first-line treatment for [redacted] is combination chemotherapy. Feedback elicited from KOLs is that single-agent chemotherapy is not used to treat this patient population. Therefore, Takeda recommends deleting "*single*" and revising the wording to *"Combination chemotherapy including but not limited to…"*. In addition, Takeda anticipates that A+AVD will be used in patients who would otherwise be suitable for doxorubicin, bleomycin, vinblastine and dacarbazine (ABVD). Therefore, the relevant comparator is ABVD.	Thank you for your comment. Confidential information cannot be included in the scope. The comparators are kept broad until marketing authorisation is granted. No action required.
Outcomes	Takeda	Takeda does not believe "time to allogeneic stem cell transplantation" is a relevant outcome measure in this previously untreated patient population, as it is only of relevance at later lines of the treatment pathway. Moreover, the goal of treatment in the previously untreated setting is cure, and not to provide a bridge to stem cell transplantation.[4] This is aligned with feedback elicited from KOLs during recent advisory boards.	Thank you for your comment. The scope has been updated to reflect this.
Equality	Takeda	No equality issues have been identified.	Thank you for your comment. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
Questions for consultation	Takeda	**Where do you consider brentuximab vedotin with doxorubicin, dacarbazine and vinblastine will fit into the existing care pathway for previously untreated late-stage classical Hodgkin lymphoma?** Takeda anticipates that A+AVD will be used in patients with [redacted] who would otherwise be suitable for treatment with ABVD. **Would brentuximab vedotin with doxorubicin, dacarbazine and vinblastine be a candidate for managed access?** The preferred funding of A+AVD for patients with [redacted] is through routine NHS funding via baseline commissioning. If the NICE committee feels unable to make a positive recommendation for routine NHS funding, then Takeda would be open to discussions with NICE and NHS England around potential inclusion in the Cancer Drugs Fund (CDF). However, of note, the appraisal will be informed by the final analysis of the Phase III ECHELON-1 trial, a head-to-head randomised controlled trial versus ABVD (a current standard of care in the UK), with over 7 years of follow-up. **Do you consider that the use of brentuximab vedotin with doxorubicin, dacarbazine and vinblastine 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.** Whilst fertility was not formally assessed in ECHELON-1, there were a higher number of pregnancies in the A+AVD arm versus the ABVD arm. Although these data are inconclusive without a more complete assessment of hormone	Thank you for your comment. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
		status and fertility goals, these data indicate that A+AVD may be a suitable option in patients where maintenance of fertility influences treatment choice. Takeda do not believe it is possible to capture the health-related benefits of this within the QALY framework.	

The following stakeholders indicated that they had no comments on the draft remit and/or the draft scope

Lymphoma Action