NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Zanubrutinib for treating relapsed or refractory mantle cell lymphoma after 1 or more treatments ID6392

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of zanubrutinib within its marketing authorisation for tresting relapsed or refractory mantle 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. Mantle cell lymphoma is a rare and often aggressive type of NHL which affects B-cells.

There were around 12,000 new cases of NHL in England in 2017[1]. Only a small proportion of patients with NHL have mantle cell lymphoma (around 590 people are diagnosed with mantle cell lymphoma in the UK each year which is less than 1% of people who have NHL)[2]. In the UK, the 1-year survival rate for people with mantle cell lymphoma is 73.4% and the 5-year survival rate is 47.4%[2]. Mantle cell lymphoma is more common in men than women[2].

NICE technology appraisal 502 recommends ibrutinib as an option for treating relapsed or refractory mantle cell lymphoma in adults, if they have had only 1 previous line of therapy. There is no accepted standard of care for treating relapsed or refractory mantle cell lymphoma in people who have received at least two previous lines of therapy. A range of chemotherapy regimens are used such as, R-BAC (rituximab, bendamustine and cytarabine), rituximab plus bendamustine, R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone), R-CVP (rituximab, cyclophosphamide, vincristine, and prednisolone) and single-agent cytarabine. NICE technology appraisal 677 also recommends brexucabtagene autoleucel, in the Cancer Drugs Fund, as an option for treating relapsed or refractory mantle cell lymphoma in adults who have previously had a Bruton's tyrosine kinase (BTK) inhibitor. Allogeneic haemopoietic stem-cell transplantation is a potentially curative treatment in patients for whom it is suitable.

The technology

Zanubrutinib (Brukinsa, BeiGene) does not currently have a marketing authorisation in the UK for relapsed or refractory mantle cell lymphoma. It has been studied in a single-arm clinical trial in adults with relapsed or refractory mantle cell lymphoma.

Intervention(s)	Zanubrutinib
Population(s)	People with relapsed or refractory mantle cell lymphoma

Comparators	Established clinical management including but not limited to:
	• **After 1 prior therapy**
	  ○ Ibrutinib
	• **After 2 or more prior therapies**
	  ○ Chemotherapy with or without rituximab
	  ○ Brexucabtagene autoleucel (subject to NICE evaluation)
	  ○ Allogeneic haemopoietic stem cell transplant

Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rate • 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. 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:** Ibrutinib for treating relapsed or refractory mantle cell lymphoma (2018). NICE Technology Appraisal 502. Review date January 2021. Brexucabtagene autoleucel for treating relapsed or refractory mantle cell lymphoma (2021). NICE Technology Appraisal 677. Review date to be confirmed.

	Related NICE guidelines: Haematological cancers: improving outcomes (2016). NICE guideline 47. Review date to be confirmed. Non-Hodgkin's lymphoma: diagnosis and management (2016). NICE guideline 52. 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) Manual for prescribed specialist services (2023/2024)

Questions for consultation

Where do you consider zanubrutinib will fit into the existing care pathway for mantle cell lymphoma?

Please select from the following, will zanubrutinib be:
A. Prescribed in primary care with routine follow-up in primary care
B. Prescribed in secondary care with routine follow-up in primary care
C. Prescribed in secondary care with routine follow-up in secondary care
D. Other (please give details):
For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would zanubrutinib be a candidate for managed access?

Do you consider that the use of zanubrutinib 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 zanubrutinib 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, 2017. Office of National Statistics. Accessed June 2024

2. Haematological Malignancy Research Network. Accessed June 2024