NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Proposed Health Technology Appraisal

Romidepsin for the treatment of relapsed or refractory peripheral T-cell lymphoma

Draft scope (Pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of romidepsin within its licensed indication for the treatment of relapsed or refractory peripheral T-cell lymphoma.

Background

Lymphomas are cancers of the lymphatic system, which is part of the body's immune system. They are broadly described as either Hodgkin's lymphoma or non-Hodgkin's lymphoma. Peripheral T-cell lymphoma (PTCL) comprises a group of rare and aggressive non-Hodgkin's lymphomas that develop from T-cells in different stages of maturity.

In 2008, approximately 10,000 people were diagnosed with non-Hodgkin's lymphoma in England and Wales. It is estimated that around 10% of non-Hodgkin's lymphoma is classified as PTCL. It generally affects people over 60 years of age and incidence is slightly higher in men then in women. People with PTCL usually develop lumps, which may grow quite rapidly. Although these lumps most often form in the lymph nodes (nodal PTCL), they can occur in other body sites (extranodal PTCL), including the stomach, skin and small intestine. By the time the condition is diagnosed, most people have widespread disease, and experience fever, fatigue, weight loss and night sweats, and will require aggressive treatment to manage their condition.

In 2009, there were 3,993 deaths from non-Hodgkin's lymphoma in England and Wales, which included 252 deaths from peripheral and cutaneous T-cell lymphomas. The estimated five year survival rate for people with aggressive PTCL after first-line therapy is 30%.

Combination chemotherapy with a CHOP-based regimen (cyclophosphamide, doxorubicin, vincristine and prednisolone) is often used for the first-line treatment of PTCL. People with relapsed or refractory PTCL receive a variety of second-line and subsequent treatments, most commonly multi-agent chemotherapy that may be platinum based. If disease is unresponsive to therapy, best supportive care (which may include single-agent chemotherapy for symptomatic relief) is provided.

The technology

Romidepsin (Istodax, Celgene) is a histone deacetylase inhibitor. It catalyses the removal of acetyl groups from histone proteins resulting in impaired DNA functions and cell death. It is administered by intravenous infusion.

Romidepsin does not have a UK marketing authorisation for the treatment of peripheral T-cell lymphoma. It has been studied in single-arm clinical trials in adults with relapsed or refractory peripheral T-cell lymphoma.

Intervention(s)	Romidepsin
Population(s)	Adults with relapsed or refractory peripheral T-cell lymphoma after at least one prior treatment.
Comparators	The comparators to be considered are: • single and combination treatment regimens that may include platinum-based chemotherapy (such as carboplatin or cisplatin) and/or other chemotherapeutic agents (such as cytarabine, epirubicin, etoposide, fludarabine, gemcitabine, ifosamide or lomustine) and/or corticosteroids • pralatrexate (subject to ongoing NICE appraisal)
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rate • duration of response • time to response • 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.

Other considerations	Guidance will only be issued in accordance with the marketing authorisation.
Related NICE recommendations	Related Technology Appraisals: Technology Appraisal in Preparation, 'Pralatrexate for the treatment of relapsed or refractory peripheral T-cell lymphoma'. Earliest anticipated date of publication TBC. Related Guidelines: Cancer Service Guidance, Oct 2003, 'Improving outcomes in haematological cancers – the manual'.

Questions for consultation

Is romidepsin likely to be used as a second-line or subsequent line of therapy for people with relapsed or refractory peripheral T-cell lymphoma?

Have the most appropriate comparators for romidepsin for the treatment of relapsed or refractory peripheral T-cell non-Hodgkin's lymphoma been included in the scope? Are the comparators listed routinely used in clinical practice?

Are the comparators included in the scope routinely used in clinical practice? Are both single and combination treatment regimens used?

Are the comparator treatments used in the same circumstances? Or are they used for particular patient groups? If so, what are the characteristics of these patients groups?

Are there any subgroups of people in whom the technology is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Please consider whether in the remit or the scope there are any issues relevant to equality. Please pay particular attention to whether changes need to be made to the remit or scope in order to promote equality, eliminate unlawful discrimination, or foster good relations between people who share a characteristic protected by the equalities legislation and those who do not share it, or if there is information that could be collected during the assessment process which would enable NICE to take account of equalities issues when developing guidance.

Do you consider the technology to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?

Do you consider that the use of the technology can result in any potential significant and 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 Appraisal Committee to take account of these benefits.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/technology_appraisal_process_guides.jsp)