NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Zanubrutinib for treating relapsed or refractory marginal zone lymphoma

Final scope

Final remit/evaluation objective

To appraise the clinical and cost effectiveness of zanubrutinib within its marketing authorisation for treating relapsed or refractory marginal zone lymphoma.

Background

Lymphomas are cancers of the lymphatic system, which is part of the body's immune system. They are divided into Hodgkin and non-Hodgkin lymphomas. Non-Hodgkin lymphomas are a heterogeneous group of conditions ranging from 'indolent' (low-grade) to 'aggressive' (high-grade) depending on the rate at which the abnormal lymphocytes divide. Indolent lymphomas are slow growing, with long median survival times but are less likely to be cured by treatment.

Marginal zone lymphoma is a type of indolent non-Hodgkin lymphoma that develops from B lymphocytes that are normally found at the edge of areas of lymph node tissue. Mucosa associated lymphoid tissue (MALT) lymphoma is the most common type of marginal zone lymphoma and it most commonly affects the stomach. Nodal marginal zone lymphoma starts in the lymph nodes and splenic marginal zone lymphoma starts in the spleen but can also be found in the bloodstream. Released disease refers to cancer that returns, while refractory disease refers to cancer that stops responding to treatment.[1]

In the UK between 2016 and 2018, there were around 14,200 new non-Hodgkin lymphoma cases each year.[2] More than a third of all new non-Hodgkin lymphomas are diagnosed in people aged 75 and over, and the incidence rates are highest in people aged 80 to 84.[2] Marginal zone lymphomas represent about 5 to 15% of all non-Hodgkin lymphoma cases.[3]

There are no NICE recommended treatment options for marginal zone lymphoma. The European Society for Medical Oncology recommends that all people with gastric MALT be treated with an anti *H. pylori* regimen to eradicate infection. Radiotherapy may also be considered in some cases of MALT lymphoma. Symptomatic treatment for marginal zone lymphoma typically involves rituximab (an anti-CD20 antibody) alone or in combination with chemotherapy (for example, chlorambucil, bendamustine, lenalidomide, CHOP [cyclophosphamide, doxorubicin, vincristine, prednisolone] or CVP [cyclophosphamide, vincristine, prednisolone]). People whose cancer does not respond to treatment or relapses after treatment, will usually be offered a different chemotherapy regimen, with or without rituximab, or rituximab monotherapy.[3]

The technology

Zanubrutinib (Brukinsa, BeiGene Ltd) has marketing authorisation in the UK for the treatment of adults with marginal zone lymphoma who have had at least 1 prior anti-CD20-based therapy.

Intervention	Zanubrutinib
Population(s)	Adults with marginal zone lymphoma who have had at least 1 prior anti-CD20-based therapy
Comparators	• Rituximab with or without chemotherapy • Chemotherapy • Best supportive care • Splenectomy (for splenic marginal zone lymphoma only)
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rates • duration of 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. 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 NICE guidelines:** Non-Hodgkin's lymphoma: diagnosis and management (2016) NICE guideline 52.

	Haematological cancers: improving outcomes (2016) NICE guideline 47. Non-Hodgkin's lymphoma: rituximab subcutaneous injection (2014) NICE evidence summary of new medicines 46. Suspected cancer: recognition and referral (2015) NICE guideline 12. **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: Haematopoietic stem cell transplantation services (adults and children) and Chapter 105: Specialist cancer services (adults).

References

1. Lymphoma Action Non-Hodgkin lymphoma [Accessed September 2023].
2. Cancer Research Non-Hodgkin lymphoma statistics [Accessed September 2023].
3. Zucca E, Arcaini L, Buske C et al. (2020) Marginal zone lymphomas: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up Annals of Oncology 31(1):17-29.