NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA 119 fludarabine monotherapy for the first-line treatment of chronic lymphocytic leukaemia

This guidance was issued in February 2007 with a review date of October 2009.

Background

At the GE meeting on 22 December 2009 it was agreed we would consult on the review plans for this guidance. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

Proposal put to consultees:	That the guidance should be transferred to the static guidance list. That we consult on the proposal.

GE is asked to consider the original proposal in the light of the comments received from consultees and commentators, together with any responses from the appraisal team. It is asked to agree on the final course of action for the review.

Recommendation post consultation:	That the guidance should be transferred to the static guidance list. That we consult on the proposal.

Respondent	Response to proposal	Details	Comment from Technology Appraisal
NHS Quality Improvement	No comment	-	

Scotland			
Genzyme (fludara)	Agree	In addition I have outlined a number questions in our response regarding the current guidance which it would be very helpful to receive some clarity on from NICE as we have not been involved in the previous appraisals of this technology As you will be aware, • Your current guidance, TA119 covers 1st line monotherapy treatment of CLL and does not recommend the use of fludarabine monotherapy • TA119 replaces earlier guidance TA29 “Guidance on the use of fludarabine for B-cell chronic lymphocytic leukaemia”, which recommended oral fludarabine as second line therapy for B-cell chronic lymphocytic leukaemia (CLL) for patients who have either failed, or are intolerant of, first line chemotherapy, and who would otherwise have received combination chemotherapy of either CHOP, CAP or CVP. • TA119 has replaced TA29 on your website and the latter guidance is now obsolete. • Could you please clarify why this is the case as the two guidelines are in fact for two different positions in the treatment pathway and it would seem inconsistent to us that TA29 is now obsolete? Our second query is as follows: • TA119 states that “No recommendations have	Noted. TA119 does not replace TA29. Due to an administrative error TA29 was removed from the NICE website. TA29 has been restored to the NICE website. Noted.

		been made with respect to fludarabine plus cyclophosphamide combination therapy because the current marketing authorisation does not specifically provide a recommendation that fludarabine should be used concurrently with other drugs for the treatment of chronic lymphocytic leukaemia." • However TA174 "Rituximab for the first-line treatment of chronic lymphocytic leukaemia" states that "Rituximab in combination with fludarabine and cyclophosphamide is recommended as an option for the first-line treatment of chronic lymphocytic leukaemia in people for whom fludarabine in combination with cyclophosphamide is considered appropriate." • Could you please clarify why NICE were unable to make a fludarabine combination recommendation in TA119, but were subsequently able to recommend it in combination with other chemotherapy agents in TA174?	Noted. Technology Appraisal 174 was an appraisal of rituximab for the first line treatment of chronic lymphocytic leukaemia. For this indication rituximab is licensed in combination with a chemotherapy regimen. The key evidence in TA174 was a trial of rituximab given in combination with fludarabine and cyclophosphamide, this evidence served as the basis for the recommendation for the use of rituximab. The remit for TA174 was to appraise rituximab within its licensed indication, it was not an appraisal of fludarabine combination therapy, fludarabine was included in the recommendations by virtue of the marketing authorisation for rituximab.
Medicines and Healthcare	No comment	-	

products Regulatory Agency			
Royal College of Nursing	Agree	It is unlikely it would ever return to use as first line monotherapy in light of the strong evidence in support of the use of Rituximab in combination with chemotherapy for first-line treatment of CLL as demonstrated in Guidance TA174 Rituximab for the first line treatment of Chronic Lymphocytic Leukaemia.	Noted.
Royal College of Physicians, Medical Oncology Joint Special Committee	Agree	-	Noted.
Roche (rituximab)	Agree	-	Noted.
Welsh Assembly Government	No comment	-	

No response received from:

<u>Manufacturers/sponsors</u> • Actavis UK (fludarabine) • Hospira UK (fludarabine phosphate) • Teva UK (fludara) <u>Patient/carer groups</u> • Afiya Trust	<u>General</u> • Board of Community Health Councils in Wales • British National Formulary • Commissioning Support Appraisals Service (CSAS) • Department of Health, Social Services and Public Safety for Northern Ireland • National Association of Primary Care

- African Caribbean Leukaemia Trust (ACLT)
- Anthony Nolan Trust
- Black Health Agency
- Cancer Black Care
- Cancer Equality
- CANCERactive
- Chinese National Healthy Living Centre
- Chronic Lymphocytic Leukaemia Support Association (CLLSA)
- Counsel and Care
- Equalities National Council
- Helen Rollason Heal Cancer Charity
- Leukaemia CARE
- Leukaemia Society (UK)
- Macmillan Cancer Support
- Maggie's Centres
- Marie Curie Cancer Care
- Muslim Council of Great Britain
- Muslim Health Network
- National Cancer Alliance
- National Council for Palliative Care
- South Asian Health Foundation
- Specialised Healthcare Alliance
- Sue Ryder Care
- Tenovus

<u>Professional groups</u>

- Association of Cancer Physicians
- British Association for Services to the Elderly
- British Committee for Standards in Haematology
- National Public Health Service for Wales
- NHS Alliance
- NHS Confederation
- NHS Purchasing and Supply Agency
- Scottish Medicines Consortium

<u>Possible comparator manufacturers</u>

- Alliance Pharmaceuticals (prednisolone)
- Baxter Healthcare (cyclophosphamide)
- Genzyme Therapeutics (alemtuzumab)
- GlaxoSmithKline (chlorambucil)
- Napp Pharmaceuticals (Bendamustine)
- Pfizer (cyclophosphamide, prednisolone)
- Sovereign Medical (prednisolone)
- Winthrop Pharmaceuticals UK (prednisolone)

<u>Relevant research groups</u>

- Elimination of Leukaemia Fund
- Institute of Cancer Research
- Leukaemia Busters
- Leukaemia Research Fund
- MRC Clinical Trials Unit
- National Cancer Research Institute
- National Cancer Research Network
- National Institute for Health Research
- Policy Research Institute on Ageing and Ethnicity
- Research Institute for the Care of Older People

<u>Assessment Group</u>

- National Institute for Health Research

• British Geriatrics Society • British Oncological Association • British Psychosocial Oncology Society • British Society for Haematology • Cancer Networks Pharmacists Forum • Cancer Research UK • Royal College of General Practitioners • Royal College of Pathologists • Royal Pharmaceutical Society • Royal Society of Medicine – Intellectual Disabilities Forum • United Kingdom Chronic Lymphocytic Leukaemia Forum • United Kingdom Clinical Pharmacy Association • United Kingdom Oncology Nursing Society <u>Others</u> • Department of Health • Kirklees PCT • South Gloucestershire PCT	Health Technology Assessment Programme <u>Associated Guideline Groups</u> • National Collaborating Centre for Cancer <u>Associated Public Health Groups</u> • None

GE paper sign-off: Helen Chung, Associate Director- Technology Appraisals, CHTE, 29 03 2010

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