RITUXIMAB FOR FIRST LINE CHRONIC LYMPHOCYTIC LEUKAEMIA:
COMMENTS ON EVALUATION REPORT: CLL SUPPORT ASSOCIATION

We wish to make the following comments:

The CLLSA would like to see health related quality of life data for CLL patients be routinely collected in clinical trials and look forward to the Utility Measurement Study (section 8) results being published. In particular data being collected when people are enjoying a good remission.

Warnings by the FDA in the USA about infusion related deaths deal with the situation of patients receiving Rituximab in settings that in general would not be found in the UK.

However we would seek assurance that the guidance from NICE will emphasise the need for the delivery of the technology to be undertaken in Oncology Units with experience in giving this drug and full awareness of dealing with infusion reactions.

[redacted] and [redacted], CLLSA Trustees April 2009

RITUXIMAB FOR FIRST LINE CHRONIC LYMPHOCYTIC LEUKAEMIA: COMMENTS ON APPRAISAL CONSULTATION DOCUMENT. CLL SUPPORT ASSOCIATION

i) Do you consider that all of the relevant evidence has been taken into account?

We believe that the available relevant evidence for first line treatment with Rituximab has been considered.

ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence, and that the preliminary views on the resource impact and implications for the NHS are appropriate?

In our position as lay people we feel unable to comment fully on the detailed statistical evidence on cost effectiveness. However, the clinical effectiveness of the technology has been shown in both North America and Western Europe. The resource impact and implications for the NHS appear to be accurate.

iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?

We consider that the provisional recommendations will form a basis for the preparation of guidance to the NHS, although we have not seen the implementation tools as stated in 5.3 (p24) of the ACD.

iv) Are there any equality related issues that need special consideration that are not covered in the ACD?

We have highlighted the needs of patients living in rural areas and associated transport difficulties. However these remain constant irrespective of the addition of this technology.

Item 7.2: Proposed date for review of guidance

We feel that the proposed review date in March 2012 will not give sufficient time to assess fully the impact of this technology on increasing time of remission, or on increasing overall survival.

Table 70, page 158 (the manufacturer's submission) estimates that it will be 2011 before the full uptake of patients eligible for this technology will be achieved.

We would suggest that 2014 (ie 5 year assessment of efficacy) might be more meaningful.