

Professor Andrew Stevens  
Chair, NICE Appraisal Committee C  
National Institute for Health and Clinical Excellence  
MidCity Place  
71 High Holborn  
London WC1V 6NA

Tuesday 1<sup>st</sup> December 2009

Dear Professor Stevens,

**Re: Rituximab for the treatment of relapsed or refractory chronic lymphocytic leukaemia**

Cancer Research UK welcomes the opportunity to respond to NICE's decision to recommend Rituximab in combination with fludarabine and cyclophosphamide for the treatment of relapsed or refractory chronic lymphocytic leukaemia except when the condition in certain circumstances.

Rituximab represents a welcome addition to the treatment of CLL, and there is good evidence that it improves outcomes. However, while we understand NICE's analysis of the evidence, we are concerned that such a rigid interpretation risks depriving patients who would benefit from access to Rituximab.

In particular we ask NICE to consider extending its recommendation to include those previously treated with Rituximab in combination with chemotherapy. We know that with other types of lymphoma patients who benefit once have a high chance of doing so a second time.

We also know from experience of treating other lymphomas that rituximab is just as effective in combination with many different types of chemotherapy. We therefore ask that NICE reconsider its ruling against prescribing this treatment for those for whom the combination of fludarabine and cyclophosphamide is contra-indicated.

The pathways of care for patients with CLL in the UK are diverse, so a very rigid specification of the conditions under which patients with recurrent disease can receive Rituximab risks depriving many who would be likely to benefit, simply because they have had the 'wrong' treatment before.

Yours Sincerely,



**Cancer Research UK**