

Understanding NICE guidance

Information for people who use NHS services

Rituximab for relapsed or refractory chronic lymphocytic leukaemia

NICE 'technology appraisal guidance' advises on when and how drugs and other treatments should be used in the NHS.

This leaflet is about when **rituximab** should be used to treat people with relapsed or refractory chronic lymphocytic leukaemia in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for people with relapsed or refractory chronic lymphocytic leukaemia but it may also be useful for their families or carers or for anyone with an interest in the condition.

It does not describe relapsed or refractory chronic lymphocytic leukaemia or the treatments in detail – a member of your healthcare team should discuss these with you. You can get more information from the organisations listed on the back page.



This may not be the only possible treatment for relapsed or refractory chronic lymphocytic leukaemia. Your healthcare team should talk to you about whether it is suitable for you and about other treatment options available.

What has NICE said?

NICE recommends taking rituximab, fludarabine and cyclophosphamide together as a possible treatment for some people with relapsed or refractory chronic lymphocytic leukaemia (see below).

Who can have rituximab?

You should be able to have rituximab, fludarabine and cyclophosphamide together unless:

- you have had rituximab before (see below) **or**
- you have had fludarabine before and your condition did not respond to it or worsened within 6 months of treatment.

If you have had rituximab before

If this was part of a research study and one of the following conditions applies, you should still be able to have rituximab, fludarabine and cyclophosphamide together:

- the dose of rituximab you had was lower than normally used to treat chronic lymphocytic leukaemia **or**
- you had rituximab with other chemotherapy instead of fludarabine and cyclophosphamide.

If the conditions described above do not apply, you should only have rituximab again if you are taking part in a research study.

Rituximab with other chemotherapy

If your healthcare professional thinks that rituximab with other chemotherapy instead of fludarabine and cyclophosphamide is appropriate for you, you should only have rituximab if you are taking part in a research study.

Why has NICE said this?

NICE looks at how well treatments work, and also at how well they work in relation to how much they cost the NHS. NICE recommends taking rituximab, fludarabine and cyclophosphamide together for some people (see 'Who can have rituximab?' above) because this works better than taking fludarabine and cyclophosphamide together. Although the three drugs together cost more than fludarabine and cyclophosphamide, this was justified by the additional benefits the three drugs provided.

Relapsed or refractory chronic lymphocytic leukaemia

Chronic lymphocytic leukaemia is the most common form of adult leukaemia and is a cancer of the white blood cells (lymphocytes). The cancerous lymphocytes multiply in an uncontrolled way and stop normal white blood cells, red blood cells and platelets (blood fragments that have a role in the clotting of blood) from working properly.

Cancer that has relapsed is cancer that has worsened after first improving or has come back after previous treatment.

Cancer that is refractory is cancer that has not improved after previous treatment.

Rituximab

Rituximab (also known as MabThera) is a type of drug known as a monoclonal antibody. It 'recognises' and sticks to one type of lymphocyte known as B cells. These are then killed by the body's immune system. Rituximab sticks to normal and cancerous B cells and the immune system kills both types. However, once treatment has finished, the body starts to replace its normal cells.

What does this mean for me?

When NICE recommends a treatment, the NHS must make sure it is available to those people it could help, normally within 3 months of the guidance being issued.

So, if you have relapsed or refractory chronic lymphocytic leukaemia, and you and your doctor think that taking rituximab, fludarabine and cyclophosphamide together is the right treatment for you (see 'What has NICE said?' on page 2), you should be able to have the treatment on the NHS. Please see www.nice.org.uk/AboutGuidance if you think you are eligible for the treatment but it is not available.

If you are already taking rituximab, fludarabine and cyclophosphamide together for chronic lymphocytic leukaemia that has not responded to previous treatment with fludarabine, you should be able to continue taking it until you and your doctor decide it is the right time to stop.

If you are already taking rituximab, fludarabine and cyclophosphamide together for chronic lymphocytic leukaemia, and you have had rituximab before (see 'If you have had rituximab before' on page 2), or you are receiving rituximab with other chemotherapy drugs and you are not taking part in a research study, you should be able to continue taking it until you and your doctor decide it is the right time to stop.

More information

The organisations below can provide more information and support for people with relapsed or refractory chronic lymphocytic leukaemia. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- CancerHelp UK (the patient information website of Cancer Research UK), 0808 800 4040
www.cancerhelp.org.uk
- Chronic Lymphocytic Leukaemia (CLL) Support Association
0800 977 4396
www.clisupport.org.uk
- Leukaemia Care, 0800 169 6680 or 0808 801 0444
www.leukaemiacare.org.uk
- Macmillan Cancer Support, 0808 808 0000
www.macmillan.org.uk

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts, including healthcare professionals and people representing patients and carers. They consider the evidence on the disease and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals, and consider the costs involved. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/AboutGuidance

This leaflet and other versions of the guidance aimed at healthcare professionals are available at www.nice.org.uk/guidance/TA193

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2242). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage NHS and voluntary organisations to use text from this leaflet in their own information about relapsed or refractory chronic lymphocytic leukaemia.