Patient/carer organisation statement template

Bendumustine for the initial treatment of chronic lymphocytic leukaemia

About you

Your name:

Name of your organisation:

LYMPHOMA ASSOCIATION

Are you (tick all that apply):

An employee of a patient organisation that represents patients with the condition for which NICE is considering the technology.

What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

Bendamustine is an important development in the treatment of chronic lymphocytic leukaemia. It is a particularly significant development for those people who are unable to tolerate treatment with fludarabine-based regimens. It offers these patients a significantly better chance of remission from disease, and remissions that last longer than with current standard therapy.

Initially, we would like to give some background information about the experience of CLL and how individual lives are affected by the illness. We hope that this information will help the committee to appreciate the significance of prolonged good quality remission for people living with this disease.

About CLL:

Around 3300 people are diagnosed with CLL each year in the UK. Most people are diagnosed after the age of 65.

The relatively advanced age of people with CLL is particularly significant. Many people are less able to tolerate toxic therapies, and it is important that the therapeutic options available on the NHS enable clinicians to prescribe according to individual fitness and co-morbidity.

The description of CLL as chronic and slow growing belies the fact that it is a debilitating and difficult disease to live with. Although people live with the illness for a period of some years, and may not require treatment for many years from diagnosis, they nonetheless have to live with something that is likely to flare up at increasingly recurring intervals, and likely to be increasingly resistant to treatment. For many, the disease will fail to go into remission at all, or will relapse quickly and progress rapidly.

Symptoms

CLL can cause a range of symptoms in affected individuals.

About 1 in 4 people with CLL won't have any symptoms at all. Their illness may be diagnosed following a routine blood test for something else.

Some people experience **flu-like symptoms**, or have **persistent or recurrent infections**.

Most people experience **fatigue.** Fatigue is not simply feeling more tired than usual – it can be markedly debilitating and can have a significant impact on quality of life.

Fatigue can prevent a person from being able to care for themselves: it can prevent people from climbing the stairs to the bathroom; it can make it difficult to get in and out of a bath; it can make it hard to prepare a meal. Even if these things are accomplished, an individual may be left without the energy for other daily activities.

Fatigue results in reduced capacity to work, reduced ability to care for others, increased irritability and anxiety, increased risk of depression, reduced libido, reduced capacity for social interaction and reduced enjoyment of life.

Given the advanced age of many CLL patients, fatigue exacerbates the complications of ageing, frailty and social isolation.

Fatigue in CLL is complicated by **anaemia** which worsens lethargy. Anaemia will also cause **shortness of breath**.

Some people experience **swollen lymph glands** or an **enlarged spleen**. Enlarged spleen and lymph nodes can cause pain, and can result in pressure on important internal organs.

CLL can cause **profuse sweating**, especially at night. This is a very distressing symptom for patients and their partners because it means nightly drenching of bed linen and clothing.

Some will experience unexplained weight loss.

Failure of blood cell production can cause problems related to bleeding and bruising, such as nosebleeds, unexplained bruising or unusually heavy periods.

Proliferation of abnormal lymphocytes in the bone marrow can also cause bone pain as a result of increased pressure.

CLL has the potential to spread to other organs such as the liver and the central nervous system. Symptoms of disease will therefore vary considerably depending on the extent to which healthy organ function is compromised.

Living with Uncertainty

One of the principle psychological burdens of chronic malignancy such as CLL is uncertainty. Those with CLL live with a life threatening condition that never really goes away. They know that they will need to undergo lengthy and unpleasant courses of chemotherapy at increasingly regular intervals and that with each course of treatment there is less chance that it will work. Waiting for the next relapse makes for significant anxiety, and can make it difficult for people to enjoy the time they have free from disease. Depression and anxiety are common problems for people with chronic malignancy.

1. **Advantages of bendamustine**

Improved treatment for those who can't have fludarabine

The principal advantage of bendamustine as a first line therapy is that it offers a superior initial treatment for the significant numbers of people who cannot tolerate treatment with fludarabine.

It will be significant for people with Binet stage C disease. These people have significantly compromised bone marrow function making them ineligible for treatment with fludarabine. Fludarabine is associated with autoimmune haemolytic anaemia, a condition in which the body's immune cells kill off healthy red blood cells. In someone who already has problems with red cell production, treatment with fludarabine may be life threatening.

Bendamustine will also be valuable for anyone with compromised kidney function. These patients are also ineligible for fludarabine treatment because fludarabine is eliminated via the kidneys.

Another group of patients are those with a particular genetic characteristic in their malignant B cells: the deletion of gene known as p53. These people will often be difficult to treat, and will survive for relatively short periods. Bendamustine has demonstrated effectiveness in this group of people and may offer an effective treatment option for people with few others.

Some patients will be ineligible for fludarabine therapies because of advanced age and frailty.

At present, chlorambucil oral chemotherapy would be considered standard for this group of patients. This landscape is changing. Clinical trials are investigating other therapies that may prove to be the standards of the future: rituximab + chlorambucil, ofatumumab + chlorambucil and rituximab + bendamustine. However, the full results of these trials will be some years hence. And it will be for trials of the future to compare these combinations with bendamustine monotherapy. As things stand today, bendamustine is an important improvement in therapy that will be welcomed by patients.

Bendamustine also has activity in the treatment of people with relapsed and refractory disease.

When compared with chlorambucil as an initial therapy, bendamustine produced markedly superior response rates, longer duration of remission and longer event free survival.

Remission and relief of symptoms – in particular the relief of fatigue - means that people can return to improved quality of life for the duration of the remission. Remission means:

- improvement in fatigue
- improvement in anaemia
- improvement in debilitating and unpleasant symptoms of disease
- greater capacity to care for oneself – particularly pertinent given that CLL is largely a disease of older people
- greater capacity to return to work and potential reduction in financial dependence
- greater capacity to fulfil other personal responsibilities such as caring for children and caring for ageing relatives
- greater capacity to enjoy life.

These benefits are possible with tolerable toxicities and manageable duration of treatment.

Clinically valuable addition to management of complex disease

CLL is a complex disease to treat.

In the management of an incurable condition, the objectives of treatment are to produce good quality remissions for as long as possible without significant damage to individual health. Effective management means having a variety of treatment options to choose from, so that treatment can be tailored to the complexity of an individual's age, health, history and choice.

2. **Disadvantages**
Please list any problems with or concerns you have about the technology.

There are no significant disadvantages, as the treatment is well tolerated.

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

There are no differences in opinion that we are aware of.

4. Are there any groups of patients who might benefit **more** from the technology than others? Are there any groups of patients who might benefit **less** from the technology than others?

See above: people too frail for fludarabine, people with stage C disease, people with renal impairment and people with deletion of p53 gene.

Comparing the technology with alternative available treatments or technologies

(i) Please list any current standard practice (alternatives if any) used in the UK.

See above. Chlorambucil is current standard for this group of patients with the results of ongoing research pending.

(ii) If you think that the new technology has any **advantages** for patients over other current standard practice, please describe them.

See above. Bendamustine has superior efficacy in terms of overall response, duration of response and event free survival.

Bendamustine is well tolerated. Its side effects are favourable in comparison with other chemotherapy regimens, and it does not cause hair loss. The committee may find it hard to believe that hair loss – which is not a life threatening condition – is nonetheless one of the side effects of treatment most troubling for patients. "Am I going to lose my hair" is likely to be close to or at the top of the list of questions for someone facing chemotherapy. Apart from being a distressing experience to go through, the loss of one's hair is a physical manifestation of 'having cancer' – it is something that marks one out as seriously ill, making it difficult for people who do not wish to disclose their condition to the wider world.

Bendamustine is well tolerated in older people. CLL is predominantly a disease of old age, and the difficulties treating it are frequently a consequence of relative frailty and co-morbidity. A treatment that is better tolerated in this age group would represent a significant improvement, and would allow greater numbers of older people to gain remission.

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:

Bendamustine is more cumbersome to administer than oral chlorambucil. It means that patients have to attend hospital for 2 days every 3 weeks for a total of 6 – 8 cycles.

However, this inconvenience is likely to be tolerable for patients because they will opt for the therapy with proven superiority. The clinical benefits will outweigh the practical inconveniences.

The possible side effects of bendamustine are more unpleasant than those of oral chlorambucil, which usually has few side effects. Bendamustine may cause side effects such as suppression of bone marrow, nausea, vomiting, fever, and diarrhoea. However, given the choice, patients are likely to prefer the clinically more effective treatment in spite of increased risk of side effects. In practice, relatively few people find the side effects of bendamustine intolerable and all are of short duration.

Research evidence on patient or carer views of the technology

If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

The anecdotal evidence from our medical and nursing advisory panels reflects the findings of clinical trials with regard to efficacy and toxicity.

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

Not that we are aware of.

Availability of this technology to patients in the NHS

What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

It would mean that the NHS could offer a superior treatment option for people with CLL who cannot tolerate fludarabine based therapies.

What implications would it have for patients and/or carers if the technology was **not** made available to patients on the NHS?

Those who are sufficiently wealthy will be able to purchase bendamustine independent of NHS prescription. This will allow a situation in which the wealthy will be significantly better off than those who cannot pay for the treatment themselves.

Are there groups of patients that have difficulties using the technology?

Not that we are aware of.