Royal College of Physicians

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www.rcplondon.ac.uk

[redacted], Centre for Health Technology Evaluation
By e-mail c/o [redacted]

[redacted]

26 September 2011

Dear [redacted]

**Re: Follicular lymphoma - rituximab (review of TA110)**

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 25,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

I write on behalf of the NCRI/RCP/RCR/ACP/JCCO with regard to the above ACD consultation. We are grateful for the opportunity to respond and would like to make the following comments with regard to the consultation questions.

We believe that rituximab in combination with chemotherapy is now the undisputed standard of care worldwide for the first line treatment of patients with follicular lymphoma who need a treatment intervention (because of symptoms, bulky disease or peripheral blood cytopenias due to bone marrow involvement). The real issue is which chemotherapy and our experts favour an extension of the recommendation to include rituximab-bendamustine. In a pivotal study presented at ASH 2009 (abstract 405), Rummel and colleagues showed that R-bendamustine was superior and less toxic than R-CHOP; in particular there was no alopecia and less neutropenic sepsis and unlike CHOP, bendamustine is not known to be cardiotoxic. On the basis of these data many new phase III trials are using R-bendamustine as the standard arm and it is therefore entirely appropriate that non-trial entrants should be allowed access to this combination which produces more benefit for patients with less immediate and later (cardiac) toxicity. This reduction in toxicity is likely to have cost benefits to the healthcare system. We would point out that R-bandamustine is available through the interim cancer drugs fund for patients with recurrent disease.

We can see no discrimination issues around availability of R-chemo to NHS patients.

A final point is that in considering induction therapy for first line therapy of follicular lymphoma the PRIMA trial data (Salles at al) shows clear benefits associated with R-maintenance for patients achieving complete or partial remission and it may be worth alluding to this in the recommendations.

Yours sincerely

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