NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Pixantrone dimaleate monotherapy for the treatment of relapsed or refractory aggressive non-Hodgkins lymphoma

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

Your name: ████ █████

Name of your organisation: Lymphoma Association

Are you (tick all that apply):

- I am the chief executive of a patient organisation that represents patients with the condition for which NICE is considering the technology

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

1. Advantages

(a) Please list the specific aspect(s) of the condition that you expect the technology to help with. For each aspect you list please describe, if possible, what difference you expect the technology to make.

"As a survivor of aggressive non-Hodgkin lymphoma four times, never a day goes by when I do not think about what the consequences would be if I had another relapse. I was told after my latest relapse in 2010 that there may be nothing the hospital could do if I relapsed again. I have a teenage son going through his GCSE years and the thought that he could be without his father is always a worry to me." – Russell C

The technology offers a novel treatment option to people with relapsed/refractory lymphoma and the clinicians caring for them in cases where there is no currently accepted standard of care. It can be used in the outpatient setting and has manageable side effects. Current survival rates for people with relapsed or refractory aggressive non-Hodgkin lymphoma are extremely low. Thus, new, more effective treatments are needed to improve life-expectancy.

The symptoms experienced by people with relapsed/refractory aggressive lymphoma are often severe and debilitating and this treatment may alleviate such symptoms by providing effective therapy for the lymphoma. Improving or maintaining quality of life is vital in this situation, so it is important that this technology is well tolerated and simple to administer in a day-case setting.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:
- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above

Course and/or outcome of the condition

The technology may be more effective in achieving remission than the limited range of alternatives for people with heavily pre-treated aggressive lymphoma. The achievement of extra months of life is important to the affected individual and their families at what is a very difficult stage of their disease.

Physical symptoms

It is quite common for aggressive lymphomas to involve the stomach or the bowel, which can cause abdominal pain, diarrhoea, and bleeding. Lymph node involvement

in the chest can cause cough or breathlessness. Other areas that may be involved by aggressive lymphomas include the salivary glands, mouth, nasal sinuses, lung, kidney, bladder, liver, spleen, breast, testes, thyroid, skin, bone, brain and eye. The symptoms experienced will depend on how much the lymphoma is pressing on or affecting the functioning of these organs but they can be extremely distressing and debilitating.

Some people experience more general but equally debilitating symptoms, such as fevers, night sweats, unexplained weight loss, fatigue, loss of appetite and severe itching.

The technology may achieve partial or complete remission, which would alleviate such symptoms more effectively than symptom control measures alone.

Mental health
Knowing you have exhausted all the potentially curative treatment options for aggressive non-Hodgkin lymphoma can lead to anxiety and depression, not just for the affected individual but also for their family and carers. At the point of 2nd or 3rd relapse or failure to respond to therapy, death is a pressing reality and potentially the cause of great stress and sadness. The technology offers hope, not just of relief from symptoms, but also of extra months of life. The huge benefit of knowing that you still have another reasonably well-tolerated option available cannot be overestimated.

Quality of life
People with relapsed or refractory lymphoma being considered for single agent chemotherapy have very poor quality of life indeed. They know they now have no chance of cure and the best they can hope for is a further period of remission gained from a treatment that is tolerable and without debilitating side effects. This therapy offers the possibility of remission without the cardiotoxicity of anthracyclines. The other side effects such as myelosuppression are familiar to people with lymphoma and generally tolerable, in exchange for the potential benefit from a life-prolonging treatment.

2. Disadvantages
Please list any problems with or concerns you have about the technology.
Disadvantages might include:
- aspects of the condition that the technology cannot help with or might make worse
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or thier family (for example cost of travel needed to access the technology, or the cost of paying a carer)

In comparison with the alternatives available to this group, we are unable to identify any obvious disadvantages. As previously stated the side effects are familiar to

people with previously treated aggressive lymphoma and if anything are likely to be less than with the alternative treatments.

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

We are not aware of any such differences of opinion.

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?

As stated in the Scope, this technology is most appropriate to people whose lymphoma has previously been sensitive to treatment with anthracyclines but are now unable to receive further anthracycline therapy because they have reached the maximum cumulative dose. This group may benefit particularly from this technology because of its lower cardiotoxicity. Similarly people with pre-existing heart conditions, who might be more susceptible to the cardiotoxic effects of anthracyclines, may also benefit.

Older people may gain particular benefit from this additional treatment option, which offers them disease control with a relatively non-toxic regimen.

"One of my major fears, should I relapse again, was that I might not be able to cope with the toxicity of the treatment (which is the reason I turned down having a donor stem cell transplant in 2010). If pixantrone was available on the NHS, this would relieve both this worry, as I understand it does less damage to the heart compared to existing chemotherapy drugs, and the emotional anxiety that it always there for me and my family. They need me to survive for a great number of years yet." – Russell C

Comparing the technology with alternative available treatments or technologies

NICE is interested in your views on how the technology compares with existing treatments for this condition in the UK.

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

There is no standard treatment for this group of patients. The treatment options currently available are listed in the Final Scope including, ultimately, best supportive care. People at this stage in their disease are in an unenviable position as their prognosis is very poor and many of the options currently open to them are associated with significant side effects or require prolonged periods of time in hospital.

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

- improvement of the condition overall
- improvement in certain aspects of the condition

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- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc)

Effective treatment of the aggressive lymphoma is the best way to provide symptom control, for instance in reducing pain and discomfort as well as improving any other disabling aspects of the condition.

The administration, although intravenous, is acceptable as it does not require people to have a central line or to stay in hospital as some of the alternative therapies do. It therefore allows people with lymphoma to be treated in a day-case setting and otherwise to be at home with their families, which is very important for people's quality of life.

The side effects are familiar to people with previously treated aggressive lymphoma and are likely to be fewer than with alternative regimens. The reduced cardiotoxicity is an important benefit as it allows this therapy to be given to people whose lymphoma has previously responded to anthracycline therapy but who have already received the maximum cumulative dose of anthracyclines so have fewer options available to them.

(iii) If you think that the new technology has any **disadvantages** for patients compared with current standard practice, please describe them. Disadvantages might include:
- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

None that we are aware of.

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.

This was not recorded in the trial data and the technology is not part of routine NHS care so it is not possible to comment.

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

We are not aware of any but very few people have received the technology in this country to date.

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Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

We are not aware of any research of this nature.

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?

Wider choice of options for people with previously treated lymphoma and otherwise very poor prognosis.

Less toxicity than the other salvage therapies available with less time required in hospital, which therefore improves quality of life.

"My first diagnosis in spring 2005 resulted in a six-month treatment of R-CHOP. My second diagnosis came in the late summer of 2007, leading to further treatment and the harvesting of stem cells in January 2008 'in the unlikely event it may come back some time'. In August 2008 a biopsy of more lumps indicated it had, indeed, come back. In January/February 2009 I was cocooned to have a stem cell transplant. The experience was not the most pleasant that I have ever enjoyed but the compensation was that it would be the ultimate treatment.

Regrettably it was not to be. In April 2010 I was diagnosed for the fourth time, leading to a 2-year programme of maintenance rituximab.

I was very aware that on each subsequent diagnosis there was considerable debate and consideration of the possible treatments. It is not lost on me that with each diagnosis the available options were restricted by the effects of previous regimes. Consequently, it is clear that if I relapse again my treatment options are severely limited. It is easy to understand why pixantrone and the reported trial results should be so welcome – there is a prospect of life beyond that which would otherwise be the case." – Ron S

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

People with lymphoma who might otherwise have been given more months of life and/or improved symptom control will have no option other than the currently available single agent chemotherapies, which have limited efficacy and more side effects.

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

We do not anticipate there being any groups who will have more difficulty with this technology.

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Equality

Are there any issues that require special attention in light of NICE's duties to have due regard to the need to eliminate unlawful discrimination and promote equality and foster good relations between people with a characteristic protected by the equalities legislation and others?

Other Issues

Please consider here any other issues you would like the Appraisal Committee to consider when appraising this technology.