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CLL Support Association response to preliminary NICE guideline released in ACD - Consultees & Commentators: (Leukaemia (chronic lymphocytic) - obinutuzumab (with chlorambucil, 1st line)) [ID650]

CLL Support Association can confirm our disappointment at the committee's decision not to recommend Obinutuzumab in combination with chlorambucil for treatment of chronic lymphocytic leukaemia patients who have comorbidities that make full-dose fludarabine-based therapy unsuitable for them.

CLL displays extreme heterogeneity underpinned by considerable biological diversity, and yet patients who are unfit for FCR have little choice of treatment and rely on old technology drugs. The old technology drugs are not targeted to the individual patient, and are characterised by lower overall response, early relapse, reduced quality of life, and additional toxicity. Repeat treatment is therefore required at further cost to both the NHS and at personal cost to patients and their families

There is concern in the CLL patient community that there is no UK approved alternative monoclonal antibody to Rituximab, a longstanding agent of limited effectiveness in CLL.

In addition, it is difficult to accept that Obinatuzumab has been granted breakthrough status in the US, it is now fully approved by the FDA, it is licensed in Europe but it has been rejected by NICE in the draft guidance when all these appraisals were conducted using the same trial data from CLL11.

This technology would offer the majority CLL group a combination therapy that provides an opportunity for a more durable remission and improved quality of life.. Equitable access to treatments that better extend life without disease and improve the quality of that life should also be considered important. Without these new technologies and improved outcomes the CLL patient group made up by a large portion of people with protected characteristics of age and disability will continue to receive second best treatment and limited choice..

If more effective treatment alternatives are not made available in this era of patient choice then such inconsistency must be clearly explained to the patient community.

CLL Support Association

Many thanks

[redacted]