# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Patient/carer organisation submission (STA)

## Idelalisib for previously treated chronic lymphocytic leukaemia [ID764]

Thank you for agreeing to give us your views on this treatment that is being appraised by NICE and how it could be used in the NHS. Patients, carers and patient organisations can provide a unique perspective on conditions and their treatment that is not typically available from other sources. We are interested in hearing about:

- the experience of having the condition or caring for someone with the condition
- the experience of receiving NHS care for the condition
- the experience of having specific treatments for the condition
- the outcomes of treatment that are important to patients or carers (which might differ from those measured in clinical studies, and including health-related quality of life)
- the acceptability of different treatments and how they are given
- expectations about the risks and benefits of the treatment.

To help you give your views, we have provided a questionnaire. You do not have to answer every question — the questions are there as prompts to guide you. The length of your response should not normally exceed 10 pages.

## *1. About you and your organisation*

**Your name:** [redacted]

**Name of your organisation:** CLL Support Association

**Your position in the organisation:** [redacted]

**Brief description of the organisation:**

The CLL Support Association (CLLSA) is national patient led charity run by volunteers and was formed in 2005; it is the only UK Chronic Lymphocytic Leukaemia (CLL) specific support charity. The charities remit is to provide support to people affected by CLL and subtypes by keeping them informed of recent and relevant developments in CLL treatment and research and to provide opportunities for awareness raising and mutual support. This requires the association to support and aid empowerment through education while advocating for improving outcomes and access to better treatments..

CLLSA provides support to the UK CLL community and CLLSA membership of 1300+ association members who live with CLL or are carers and 1650+ CLLSA on-line community members. CLLSA provide 3 to 4 regional patient meetings/conferences a year.

CLLSA support through telephone and email, one to one at meetings, literature in the form of patient information packs, newsletters and the websites:

http://www.cllsupport.org.uk https://healthunlocked.com/cllsupport

The association is funded by member's donations, Legacies, members' fund raisers and unrestricted educational grants

(For example: who funds the organisation? How many members does the organisation have?)

We are asking for your collective view as an organisation and will be asking patient experts for their individual input separately. If you have the condition, or care for someone with the condition, you may wish to complete a patient expert questionnaire to give your individual views as well.

## *2. Living with the condition*

**What is it like to live with the condition or what do carers experience when caring for someone with the condition?**

CLL is a very heterogeneous condition, the disease type and path may be very different for each patient. The great majority of patients live on "watch and wait" following diagnosis with a varying degree of symptom burden. From the asymptomatic patient, to patients with crushing fatigue, and B symptoms, to the patient experiencing many constitutional symptoms and symptoms requiring treatment. A high lymphocyte count is typically followed by lymph node, liver and spleen enlargement and finally the development of anaemia and low platelets - as the marrow fills up with CLL and interferes with the normal production of red blood cells and platelets.

Some patients may have a poor prognosis and relapse quickly from treatment others may have poor prognostic markers such as 17p and may not respond well to currently available treatments

CLL is currently incurable and current therapies available will probably end with eventual relapse. The uncertainty of living with CLL brings with it serious psychological and emotional issues combined with other physiological issues that impact negatively on quality of life. Treatment for CLL is only initiated when the CLL patient stands to benefit or has to be treated. Patients wait for change, what may happen next and can live for many years with these negative quality of life issues waiting for treatment or not.

Patients Treated using immunochemotherapies with achieve remissions ranging from the durable for some to those who are unlikely to respond or very likely to relapse quickly.

This presents challenges for the majority of CLL patients requiring treatment as the average age of CLL diagnosis is 72, conventional more toxic treatments are not generally well tolerated by the majority diagnosed over the age of 60.

Also treatments with immunochemotherapy regimens often result into a variable but significant incidence of infectious complications. Regimens like FCR result in infectious complications ranging from 35% at 3 months to 12% at 9 months, and are poorly tolerated in patients older than 65-70 years. Many of our members fear the consequences of toxic side effects and complications caused by repeated myelotoxic therapies and live knowing relapse and further treatment are likely to further impact negatively on quality of life.

Patients with 17p deletion, especially those who are not fit enough to undergo chemoimmunotherapy, know that their life expectancy is likely to be short and that any treatments they do have are unlikely to be very effective.

Patients with CLL have a higher risk of infection, even if they have the earliest stage of disease and do not require specific treatment for their CLL. They may typically get infections easier than healthy individuals in the general population and it often takes longer for them to clear infections and recover. It has been shown that up to 50% of CLL patients pass away from infection.

CLL patients are prone to infections adding to the negative impact of CLL on Quality of life, as fear and complication from infections impact on family relations and activities of daily living for people with CLL.

Diagnosis of CLL and subsequent living with CLL is not easy and impacts on the whole family. Patients live with significant emotional, psychological and physical issues that impact negatively on quality of life and ability to carry out tasks of day to day living, making personal/family relationships difficult, preventing a patient from enjoying a normal social life, reducing the ability to contribute and may ultimately may considerably shorten life. .

In tour CLLSA survey below; members identified the range of symptoms normally associated with CLL which affect quality of life.

The profile of QoL issues for both watch and wait patients and those post treatment was similar however:

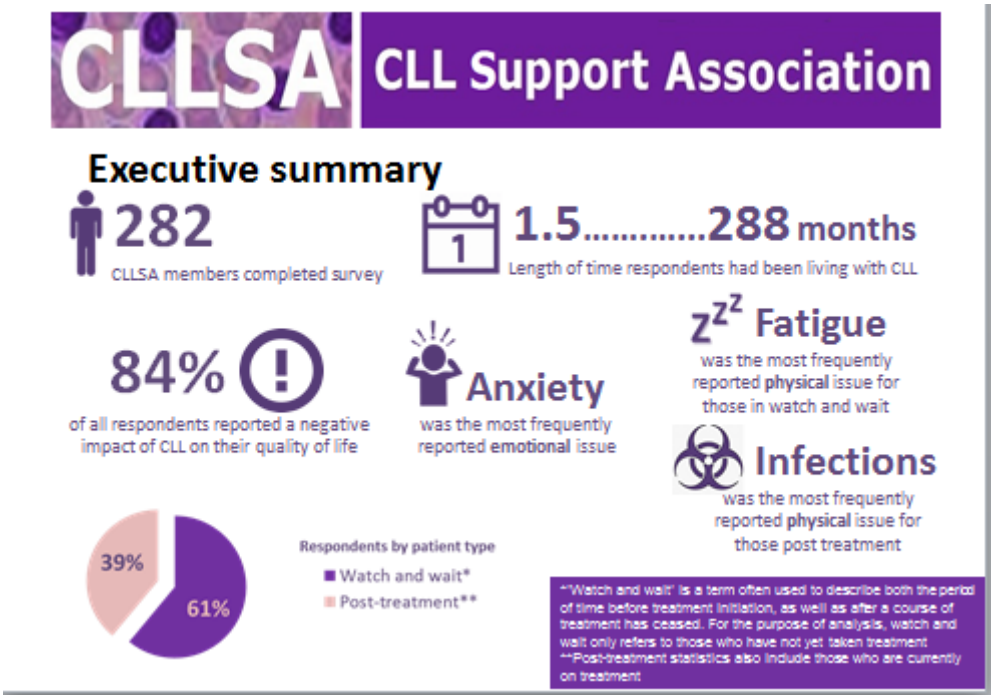
- Whilst anxiety was the most frequently reported emotional issue between groups, anxiety decreased post treatment with 51% reporting this issue, compared to 85% in watch and wait
- Fatigue was the most frequently reported physical issue for those in watch and wait, however in post-treatment, infections and immune system issues were the most frequently reported issues

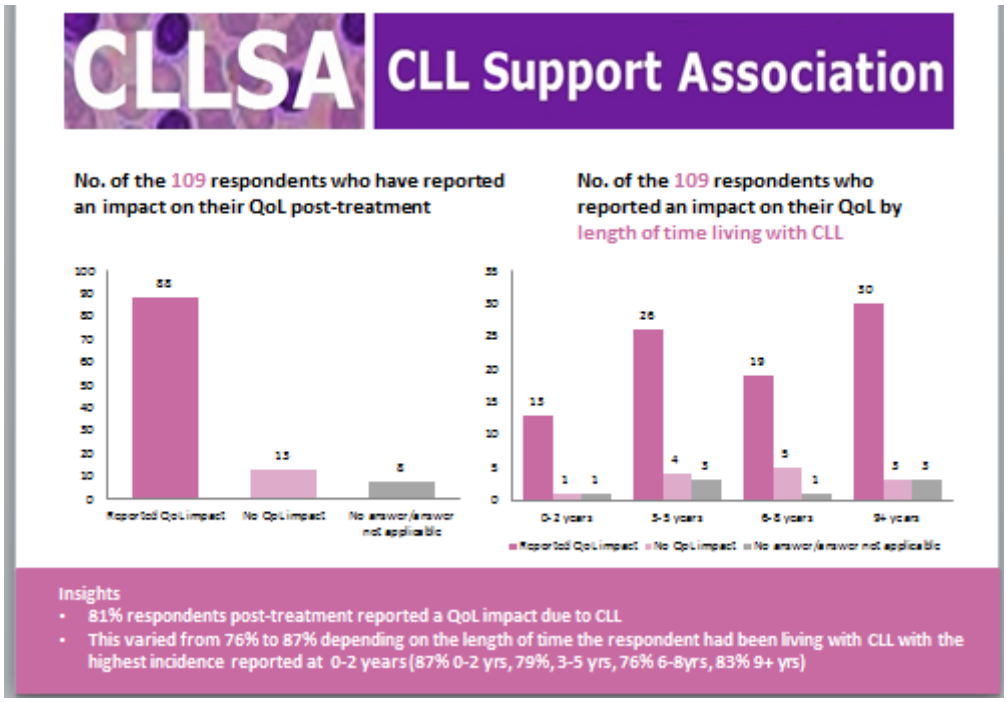
Many patients, particularly post treatment, said that their compromised immune system had affected their quality of life and had resulted in an increase in infections and allergies

**Quantitate analysis results from the quality of life survey among 282 CLLSA members September 2014**

**Report: http://www.ukcllforum.org/downloads/2015%5E**

**Data and charts: http://www.ukcllforum.org/downloads/2017%5E**




Snapshot of the CLLSA QoL survey
http://www.ukcllforum.org/downloads/2016%5E

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## *3. Current practice in treating the condition*

**Which treatment outcomes are important to patients or carers? (That is, what would patients or carers like treatment to achieve?) Which of these are most important? If possible, please explain why.**

People living with CLL (patients) want treatments that:

- Provide as strong and lengthy a remission as is possible and extend life.
- Are effective in treating all groups, The average age of the CLL community is 72, many people suffer with comorbidities, are less fit, are heavily pre-treated, have difficult to treat refractory CLL and want access to tolerable treatments that that are effective.
- Improve quality of life to be able to live as normal a life as is possible. CLL is a chronic and incurable condition; patients spend considerable time living with a symptom burden or the complications of disease progression and treatment.
- Reduce risk of complications caused by treatment. Current treatments carry significant short and long term risk to the patient due to their toxic footprint
- Remove the need for repeated conventional toxic treatments following relapse that tend to reduce in efficacy.
- Reduce the number of prophylaxis required with conventional therapies and associated complications.
- Are more easily tolerated during therapy with less risk of compromising future health.
- Reduce admissions to hospital

**What is your organisation's experience of currently available NHS care and of specific treatments for the condition? How acceptable are these treatments and which are preferred and why?**

CLL is currently an incurable condition (bar a few who may qualify for high risk stem cell transplant), these will be patients unlikely to respond to available therapies that have high risk disease and considered fit enough to tolerate the regimen if a match can be found. . Effective Treatments suitable to the younger fitter patient such as FCR and BR are not for everyone and have a toxic footprint, less toxic more tolerable regimens chlorambucil plus or minus a monoclonal may be suitable for those unable to tolerate the stronger therapies, these do not provide such enduring remissions. The older less fit patient group maybe unable to tolerate or unsuitable for further chemo based therapy following relapse. Subsequent treatment courses available using monoclonals and steroids provide short remissions and will require repeating until they are eventually ineffective.

Responses from treatment courses following relapse tend to provide shorter remission periods with increasing complications and side effects until no options remain. Alemtuzimab may causes significant side effects significant risk of infection there is no guarantee of its continued availability Those with refractory and hard to treat CLL such as 17p TP53 mutated CLL have few options available to them.

## *4. What do patients or carers consider to be the advantages of the treatment being appraised?*

Benefits of a treatment might include its effect on:

- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (such as lifestyle and work)
- other people (for example, family, friends and employers)
- ease of use (for example, tablets rather than injection)

- where the treatment has to be used (for example, at home rather than in hospital)
- any other issues not listed above

**Please list the benefits that patients or carers expect to gain from using the treatment being appraised.**

Patients expect the treatment to extend life following relapse.

Relapsed refractory patients and those in difficult to treat groups are expecting this treatment to provide them an effective treatment, a strong response, remove physical symptoms and provide an enduring remission. They may currently have few options and expect the treatment to be easier to tolerate than chemo based alternatives and more effective than what is currently suitable for them..

Patients are aware of the challenges and risks involved with repeated use of chemo based regimens, that the treatment may reduce risk of treatment mediated complications and damage to an already compromised immunity and reduce hospital visits for treatment of complications. Patients expect to experience an improvement in quality of life as individuals and a family and become better able to perform activities involved in daily living

**Please explain any advantages that patients or carers think this treatment has over other NHS treatments in England.**

The treatment appears to be more tolerable and gentler than chemo based regimens and will offer patients an effective treatment option that provides enduring remissions with fewer treatment related complications and an improvement in quality of life during treatment than conventional chemo based therapies or suitable options currently available.

The treatment may reduce hospital admissions for treatment related complications that are experienced during and following chemo based regimens and may enable patients to live as a near a normal life as possible. This is especially relevant in the older less fit, those with comorbidities, the heavily pre-treated, relapsed/refractory and 17p/TP53 groups who may have poorest prognosis and have least options available to them

The treatment offers the chance to extend life for groups without options available to them Supportive care does not improve survival and heavily pre-treated patients living with CLL related complications may require much hospital treatment with a poor quality of life.

After initial rituximab infusions treatment is with easy administration as a pill with fewer prophylactic drugs required to be managed.

The treatment offers the group with hard to treat CLL who are unfit to tolerate an SCT or find a matched donor a treatment option that will extend life without high risks of an SCT and the potential challenges involved with living with long term morbidities such as GVHD

**If you know of any differences in opinion between patients or carers about the benefits of the treatment being appraised, please tell us about them.**

None

## *5. What do patients and/or carers consider to be the disadvantages of the treatment being appraised?*

Disadvantages of a treatment might include:

- aspects of the condition that the treatment cannot help with or might make worse
- difficulties in taking or using the treatment (for example, injection rather than tablets)
- side effects (for example, type or number of problems, how often, for how long, how severe. Please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- where the treatment has to be used (for example, in hospital rather than at home)
- impact on others (for example, family, friends and employers)
- financial impact on the patient and/or their family (for example, the cost of travel to hospital or paying a carer)
- any other issues not listed above

**Please list any concerns patients or carers have about current NHS treatments in England.**

The toxicity of available effective treatments exclude there use in those unable to tolerate them, resulting in use of gentler therapies for these groups that achieve shorter remissions resulting in more frequent treatments and reduced quality of life due to symptoms and treatment related complications; in particular infections resulting in hospitalisation and sickness. Patients are also concerned about the long term effect of toxicity of current treatments on their long term health and the risks associated with their use of disease evolution and impact on an already damaged immune system. 50% of CLL patient deaths arise from complications related to infection.

For groups unable to tolerate, or who are relapsed /refractory or unlikely to respond to effective immunochemotherapy there are few options available to extend life that provide a good quality of life.

**Please list any concerns patients or carers have about the treatment being appraised.**

Low frequency adverse events and late onset diarrhoea may occur in some. Patients may well balance these adverse events against the benefits of the technology and be willing to accept them.

**If you know of any differences in opinion between patients or carers about the disadvantages of the treatment being appraised, please tell us about them.**

none

## *6. Patient population*

Patients that are in the less fit and unable to tolerate the more effective chemotherapeutic regimens are able to tolerate the treatment.

Patients with comorbidities that make chemotherapeutic based regimens unsuitable can tolerate this treatment.

There is currently no standard of care for relapsed/refractory and high risk patients and those with poor prognostic markers such as 17p TP53 mutations

and few available effective treatment options, This treatment appears to be effective for these groups.

**Are there any groups of patients who might benefit less from the treatment than others? If so, please describe them and explain why.**

## *7. Research evidence on patient or carer views of the treatment*

**Is your organisation familiar with the published research literature for the treatment?**

☐ **Yes** ☐ No

**If you answered 'no', please skip the rest of section 7 and move on to section 8.**

**Please comment on whether patients' experience of using the treatment as part of their routine NHS care reflects the experiences of patients in the clinical trials.**

The treatment has recently been made available to NHS through CDF

insufficient time for comparison

**Do you think the clinical trials have captured outcomes that are important to patients? Are you aware of any limitations in how the treatment has been assessed in clinical trials?**

Yes these have been captured, the trial stopped early due to positive results

**If the treatment being appraised is already available in the NHS, are there any side effects that were not apparent in the clinical trials but have emerged during routine NHS care?**

N/A

**Are you aware of any relevant research on patient or carer views of the condition or existing treatments (for example, qualitative studies, surveys and polls)?**

☐ Yes ☐ **No**

**If yes, please provide references to the relevant studies.**

## *8. Equality*

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Protected characteristics are: age; being or becoming a transsexual person; being married or in a civil partnership; being pregnant or having a child; disability; race including colour, nationality, ethnic or national origin; religion, belief or lack of religion/belief; sex; sexual orientation.

Please let us know if you think that recommendations from this appraisal could have an adverse impact on any particular groups of people, such as:

- excluding from full consideration any people protected by the equality legislation who fall within the patient population for which the treatment is/will be licensed;
- having a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the treatment;
- any adverse impact on people with a particular disability or disabilities.

**Please let us know if you think that there are any potential equality issues that should be considered in this appraisal.**

**Are there groups of patients who would have difficulties using the treatment or currently available treatments? Please tell us what evidence you think would help the Committee to identify and consider such impacts.**

## *9. Other issues*

**Do you consider the treatment to be innovative?**

☐ **Yes** ☐ No

**If yes, please explain what makes it significantly different from other treatments for the condition.**

Idelalisib is a first in class compound utilising a new mode of action, targeting BCR-associated signalling pathways . This treatment has demonstrated high efficacy at treating CLL despite a very low toxicity profile and has proved to be effective in hard to treat groups relapsed/refractory to conventional treatments , unfit for conventional therapy or considered unlikely to respond to conventional chemo based therapy including those with 17p TP53 mutations.

**Are there any other issues that you would like the Appraisal Committee to consider?**

## *10. Key messages*

**In no more than 5 bullet points, please summarise the key messages of your submission.**

- An effective  treatment for those patients who may have run out of options that will extend life:
- A tolerable less toxic treatment for patients unable to tolerate chemo based regimens
- An effective treatment for the less fit, relapsed/refractory and high risk patient including those with 17p TP53 mutated CLL who have few options and a poor prognosis..
- A treatment offering reduced treatment related complications and risk of infection,
- A treatment that may provide improved quality of life.