NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Proposed Health Technology Appraisal

Idelalisib for relapsed chronic lymphocytic leukaemia

Draft scope (pre-referral)

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of idelalisib within its licensed indication for treating relapsed chronic lymphocytic leukaemia.

Background

Chronic lymphocytic leukaemia (CLL) is a malignant disorder of white blood cells (lymphocytes) which causes anaemia, swollen lymph nodes, spleen enlargement, weight loss and increased susceptibility to infection. CLL is an incurable disease which often remains undiagnosed until it is well advanced.

CLL is the most common form of leukaemia and there are an estimated 2300 new diagnoses in England each year. The risk of developing CLL increases with age and is more common in men. The 5-year survival rates for all stages of CLL are 44% and 52% for men and women respectively.

Treatment options vary depending on the stage of CLL, performance status and co-morbidities. For previously untreated CLL, NICE technology appraisal guidance 174 recommends fludarabine, cyclophosphamide and rituximab (FCR) combination therapy as an option for treating first-line CLL in people for whom fludarabine in combination with cyclophosphamide is considered appropriate. NICE technology appraisal guidance 216 recommends bendamustine as an option for the first-line treatment of CLL (Binet stage B or C) in people for whom fludarabine combination chemotherapy is not appropriate.

NICE technology appraisal guidance 193 recommends FCR as an option for people with relapsed or refractory CLL unless their disease is refractory to fludarabine or has been previously treated with rituximab. Bendamustine is commonly used off-label in clinical practice and is available through the Cancer Drugs Fund with or without rituximab in people with relapsed CLL for whom FCR is unsuitable. Chlorambucil is also used with or without rituximab in people with relapsed CLL for whom FCR is unsuitable. NICE does not recommend ofatumumab for treating CLL refractory to fludarabine and alemtuzumab (NICE technology appraisal guidance 202), but it is available through the Cancer Drugs Fund.

The technology

Idelalisib (Idela, Gilead Sciences) is an oral inhibitor of enzymes that regulate key cellular functions including proliferation, cell death and migration.

Idelalisib does not currently have a UK marketing authorisation for relapsed CLL. It has been studied in combination with rituximab compared with placebo in combination with rituximab in adults with previously treated CLL for whom intensive cytotoxic chemotherapy (for example, FCR) is not suitable.

Intervention(s)	Idelalisib alone or in combination with rituximab
Population(s)	People with relapsed chronic lymphocytic leukaemia, for whom cytotoxic therapies are not suitable
Comparators	• Bendamustine (with or without rituximab) • Chlorambucil (with or without rituximab) • Best supportive care
Outcomes	The outcome measures to be considered include: • progression-free survival • overall survival • response rates • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective. Where comparator technologies are available through the Cancer Drugs Fund, the cost incurred by the Cancer Drug Fund should be used in any economic analyses, rather than the list price.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation or CE marking. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE	Related Technology Appraisals:

recommendations and NICE Pathways	Technology Appraisal No. 202, October 2010, 'Ofatumumab for the treatment of chronic lymphocytic leukaemia refractory to fludarabine and alemtuzumab'. Review Proposal Date TBC. Technology Appraisal No. 193, July 2010, 'Rituximab for the treatment of relapsed chronic lymphocytic leukamia'. Review Proposal Date January 2014. Related Guidelines: NICE cancer service guidance (2003). Improving outcomes in haematological cancers. Related NICE Pathways: NICE pathway on blood and bone marrow cancers, available at: http://pathways.nice.org.uk/pathways/blood-and-bone-marrow-cancers
Related National Policy	National service framework: 'Improving outcomes: a strategy for cancer', Jan 2011. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135516/dh_123394.pdf.pdf

Questions for consultation

Will idelalisib always be used in combination with rituximab or could it be used as a monotherapy in UK clinical practice?

Have all relevant comparators for idelalisib been included in the scope?

- Which treatments are considered to be established clinical practice in the NHS for relapsed chronic lymphocytic leukaemia?
- Should ofatumumab be considered as a comparator?
- How should best supportive care be defined?

Are there any subgroups of people in whom idelalisib is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Where do you consider idelalisib will fit into the existing NICE pathway, 'blood and bone marrow cancers'?

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which idelalisib will be licensed;

- could lead to recommendations that have 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 technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

Do you consider idelalisib to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?

Do you consider that the use of idelalisib can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits.

NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/aboutnice/howwework/devnicetech/technologyappraisalprocessguides/technology_appraisal_process_guides.jsp)