National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Pomalidomide in combination with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma ID1358

Response to consultee and commentator comments on the draft remit and draft scope (pre-referral)

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Timing Issues	Celgene Ltd	As the expected license is post-lenalidomide, the timing of this appraisal will depend on the suspended appraisals ID667 and ID474.	Comment noted. NICE schedules technology appraisals so that guidance to the NHS is timely. For cancer drugs, NICE aims to publish final guidance within 90 days of marketing authorisation wherever possible.
	UK Myeloma Forum	Myeloma is incurable, most patients eventually relapse. There is therefore an urgency to improve outcomes by the introduction of new therapies/ combinations	Comment noted. No action required.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	UK Myeloma Forum	2 relevant NICE technology appraisals have been ommitted - TA505 (Ixazomib + lenalidomide + dex) at 3rd line therapy and TA510 (daratumumab monotherapy) at 4th line. It should be noted that most patients will receive lenalidomide at 3rd line as per current NICE guidance. Pomalidomide's marketing authorisation is for treatment after lenalidomide i.e. most patients will only be able to access pomalidomide in the England at 4th line or greater	Comment noted. Treatments available via the CDF are not considered to represent 'established NHS practice', and are therefore not included as comparators in the scope. Further information about this has been added to the background section.
Comparators	Celgene Ltd	Lenalidomide is given until progression, so patients would not receive lenalidomide plus dexamethasone after lenalidomide plus dexamethasone and this should be removed as a comparator. Furthermore, we do not plan to provide a submission for patients who have had 3 or more prior therapies as the OPTIMISMM trial shows the benefit of pomalidomide in combination with bortezomib and dexamethasone is greater in earlier lines where an unmet need will exist post lenalidomide. This is dependent on ongoing appraisals ID667 and ID474.	Comments noted. Lenalidomide has been removed from the list of comparators in the scope.
	Janssen-Cilag Ltd	Ixazomib in combination with lenalidomide and dexamethasone is available for patients who have received at least 2 previous therapies through the CDF and daratumumab monotherapy is recommended as an option for 4th line treatment through the CDF	Comment noted. CDF treatments may only be available temporarily because they will be withdrawn from NHS use if they do not prove to be a cost-effective use of NHS

Section	Consultee/ Commentator	Comments [sic]	Action
			resources following further data collection and re-appraisal. Therefore, they cannot be labelled 'established NHS practice', one of the prerequisite factors when selecting comparators as part of the scoping process.
	UK Myeloma Forum	Some of these are not relevant - pomalidomide can only be used after lenalidomide as per marketing authorisation. Very few patients in England receive lenalidomide 1st line or 2nd line due to lack of NICE approval at these time points. The comparators listed are appropriate except: 1 prior therapy - lenalidomide is not a comparator (see marketing authorisation for pomalidomide) 2 or more prior therapies - lenalidomide is not a comparator 3 prior therapies - daratumumab monotherapy is a comparator (NICE TA510)	Comments noted. CDF treatments may only be available temporarily because they will be withdrawn from NHS use if they do not prove to be a cost-effective use of NHS resources following further data collection and re-appraisal. Therefore, they cannot be labelled 'established NHS practice', one of the prerequisite factors when selecting comparators as part of the scoping process. Lenalidomide has been removed from the list of comparators in the scope.
Outcomes	UK Myeloma Forum	order of clinical relevance - response rates, progression free survival, quality of life, overall survival	Comment noted. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
Economic analysis	UK Myeloma Forum	As this is likely to be considered at 3rd or 4th line overall survival projections should estiamte to max 5 years - v. few patients survive beyond 5 years from the time of receiving 4th lines treatment	Comment noted. No action required.
Equality and Diversity	UK Myeloma Forum	It is not suitable to consider at a 1 specific timepoint only (see daratumumab which has skewed the therapy choices without clinical evidence to support it). There should not be any subgroups considered -access should be equal	Comment noted. The technology will be considered at the places in therapy that are covered by its marketing authorisation.
Other considerations	Janssen-Cilag Ltd	Will subgroups by line of therapy be considered, evidence permitting	Comment noted. The technology will be appraised against the appropriate comparators for the line of therapy, as per the scope.
Innovation	Celgene Ltd	OPTIMISMM is the first phase III study where all patients are lenalidomide experienced and the combination of pomalidomide in combination with bortezomib and dexamethasone has shown a significant PFS benefit even in patients who are lenalidomide refractory.	Innovation will be considered by the appraisal committee when formulating its recommendations. The company will have an opportunity to provide evidence on the innovative nature of its product in its submission. No action required.
	UK Myeloma Forum	This combination therapy will improve the response and duration of response for patients with myeloma at a late stage in the disease. It is an improvement on current options	Comment noted. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
Questions for consultation	Celgene Ltd	Have all relevant comparators for pomalidomide in combination with bortezomib and dexamethasone been included in the scope? Is re-treatment with lenalidomide an option in people who have received lenalidomide earlier in therapy? - Please see comments above, re-treatment with lenalidomide is not an option as people are treated until progression. Are the outcomes listed appropriate? - Yes. Are there any subgroups of people in whom pomalidomide in combination with bortezomib and dexamethasone is expected to be more clinically effective and cost effective or other groups that should be examined separately? - The subgroup of patients who are lenalidomide refractory should be specifically considered. Where do you consider pomalidomide in combination with bortezomib and dexamethasone will fit into the existing NICE pathway, 'Myeloma'? - Dependent on ID474, pomalidomide in combination with bortezomib and dexamethasone would be ideally positioned for patients who had received at least 1 prior therapy with lenalidomide.	Comments noted. Lenalidomide has been removed from the list of comparators in the scope. Stakeholders may make a case for subgroups in their submission to NICE.
	UK Myeloma Forum	1. Lenalidomide retreatment - appropriate if not refractory to lenalidomide 2. Treatments that are clinical practice are as per the NICE pathway described in scope - see forthcoming NHSE algorithm	Comments noted. In line with comments received on this scope, lenalidomide has been removed from the list of comparators in the scope.

Section	Consultee/ Commentator	Comments [sic]	Action
		3. There are not subgroups that it is more active except perhaps patients who are bortezomib refractory 4. We would consider this treatment combination fitting in the pathway in patients who have had at least 1 prior therapy that includes lenalidomide and who have relapsed disease. In the current NICE pathway this is after 3 or more therapies. 5. There are no apparent equality issues to consider and no barriers to its implementation 6. The combination of pomalidomide / bortezomib / dex significantly improves responses and durability of response	
Additional comments on the draft scope	UK Myeloma Forum	Myeloma remains incurable and options for patients who have had lenalidomide are limited. It is critical to gain as much from each available therapy as is possible - using combinations of exisiting therapies is 1 such way to help improve responses which likely improves quality of life and overall survival.	Comment noted. No action required.

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

Myeloma UK
Lymphoma Action