

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Single Technology Appraisal

Idelalisib for treating refractory follicular lymphoma [ID1379]

Final scope

Remit/appraisal objective

To appraise the clinical and cost effectiveness of idelalisib within its marketing authorisation for refractory indolent non-Hodgkin's lymphoma.

Background

Lymphomas are cancers of the lymphatic system, which is part of the body's immune system. They are divided into Hodgkin's and non-Hodgkin's lymphomas. Non-Hodgkin's lymphomas are a heterogeneous group of conditions ranging from 'indolent' (low-grade) to 'aggressive' (high-grade) depending on the rate at which the abnormal lymphocytes divide. Indolent lymphomas are slow growing, with long median survival times but are less likely to be cured by treatment. Follicular lymphoma is the most common type of indolent non-Hodgkin's lymphoma. Patients with follicular lymphoma typically present with painless, swollen lymph nodes in the neck, armpit or groin. Lymphomas are commonly staged I (best prognosis) to IV (worse prognosis). The stage of the lymphoma reflects how many groups of lymph nodes are affected, where they are in the body, and whether other organs such as the bone marrow or liver are affected. Most people (80%) present with advanced disease (stage III to IV).

In 2015, approximately 11,700 people were diagnosed with non-Hodgkin's lymphoma in England, of whom around 20% had follicular lymphoma¹. The 5-year survival rate for people with follicular lymphoma is 87% and 20-year survival rates have been reported to be as high as 44%.²

Most people with advanced follicular lymphoma will have initial treatment with chemotherapy in combination with rituximab, often followed by maintenance therapy with rituximab. However, most people's lymphoma will relapse after the initial response, and treatment is often characterised by multiple lines of treatment as the disease responds and relapses. Cancers that do not respond to rituximab or relapse soon after finishing treatment are termed 'rituximab refractory'. Treatment options for rituximab-refractory follicular lymphoma include single- or multi-agent chemotherapy (for example, including cyclophosphamide, fludarabine, bendamustine or chlorambucil) and best supportive care. Obinutuzumab in combination with bendamustine followed by obinutuzumab maintenance treatment has also been recommended for use within the Cancer Drugs Fund as an option for treating follicular lymphoma that did not respond or progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen (NICE TA 472).

The technology

Idelalisib (Zydelig, Gilead Sciences) is an inhibitor of the delta isoform of phosphatidylinositol 3-kinase (PI3K). PI3Ks are enzymes that regulate key cellular functions including growth, survival and migration. It is taken orally.

Idelalisib, as monotherapy, has a marketing authorisation for treating adults with follicular lymphoma that is refractory to 2 prior lines of treatment.

Intervention(s)	Idelalisib
Population(s)	People with follicular lymphoma that is refractory to 2 prior lines of therapy
Comparators	<ul style="list-style-type: none"> Chemotherapy regimens (such as cyclophosphamide- or fludarabine-containing regimens, bendamustine or chlorambucil) <p>In people for whom chemotherapy is unsuitable:</p> <ul style="list-style-type: none"> Best supportive care
Outcomes	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> overall survival progression-free survival response rates duration of response/remission adverse effects of treatment health-related quality of life.
Economic analysis	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>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.</p> <p>The availability of any patient access schemes for the intervention or comparator technologies will be taken into account.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p>

<p>Other considerations</p>	<p>Guidance will only be issued in accordance with the marketing authorisation. 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.</p> <p>If the evidence allows, a subgroup of people suitable to receive stem cell transplantation and for whom idelalisib could be used to induce remission before transplantation will be considered.</p>
<p>Related NICE recommendations and NICE Pathways</p>	<p>Related Technology Appraisals:</p> <p>Technology Appraisal No. 472, August 2017. 'Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab. Review date 2020</p> <p>Technology Appraisal No. 243, January 2012, 'Rituximab for the first-line treatment of stage III-IV follicular lymphoma: review of NICE technology appraisal guidance 110'. Guidance on static list</p> <p>Technology Appraisal No. 226, June 2011, 'Rituximab for the first-line maintenance treatment of follicular non-Hodgkin's lymphoma'. Guidance on static list</p> <p>Technology Appraisal No. 206, October 2010, 'Bendamustine for the treatment of indolent (low grade) non-Hodgkin's lymphoma that is refractory to rituximab (terminated appraisal)'. Guidance on static list.</p> <p>Technology Appraisal No. 137, February 2008, 'Rituximab for the treatment of relapsed or refractory stage III or IV follicular non-Hodgkin's lymphoma: Review of technology appraisal guidance 37'. Guidance on static list.</p> <p>Related Guidelines:</p> <p>Clinical Guideline 52, July 2016 'Non-Hodgkin's lymphoma: diagnosis and management of non-Hodgkin's lymphoma'. Review date to be confirmed</p> <p>NICE Pathways:</p> <p>Blood and bone marrow cancers overview: lymphoma. Pathway created 2018.</p> <p>https://pathways.nice.org.uk/pathways/blood-and-bone-marrow-cancers</p>

Related National Policy	<p>Department of Health (2016) NHS outcomes framework 2016 to 2017. Domains 1,4,5</p> <p>Independent Cancer Taskforce (2015) Achieving world-class cancer outcomes: a strategy for England 2015-2020</p> <p>Department of Health (2014) The national cancer strategy: 4th annual report</p> <p>Department of Health (2011) Improving outcomes: a strategy for cancer</p> <p>Department of Health (2009) Cancer commissioning guidance</p> <p>Department of Health (2007) Cancer reform strategy</p>
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References

1. Office for National Statistics (2015) [Cancer registration statistics, England, 2013](#). Accessed February 2016.
2. Cancer Research UK (2014) [Non-Hodgkin lymphoma survival statistics](#). Accessed February 2016.