National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Glasdegib with chemotherapy for untreated acute myeloid leukaemia

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	Action
Wording	Pfizer	[redacted]	Thank you, your comment has been noted. The scope takes a broad approach for the remit because the marketing authorisation has not been approved. However, the committee will only be able to make recommendations within the full marketing authorisation. No changes have been made.
Timing Issues	Leukaemia Care	AML is a life-threatening illness, which occurs mainly in those over 65. This group is most likely to have comorbidities that can prevent the use of high intensity chemotherapy. Therefore, there is an urgent need for treatments in this group in particular.	Thank you, your comment has been noted. No changes have been made.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments	Action
Background information	Novartis	Please amend the wording that describes the midostaurin NICE recommendation (TA 523) to: • midostaurin with standard daunorubicin and cytarabine induction therapy and high-dose cytarabine consolidation therapy, for people with acute FLT3-mutation-positive myeloid leukaemia **and alone after complete response as maintenance therapy.**	Comment noted, this has been added to the background section.
	Pfizer	The information in the Background section does not include the glasdegib + low dose cytarabine (LDAC) phase 2 study B1371003 (ClinicalTrials.gov identifier: NCT01546038	Thank you, your comment has been noted. A summary of the phase 2 study has been added to the technology section.
The technology/ intervention	Pfizer	Glasdegib is seeking a marketing authorisation [redacted] (as opposed to the more broad 'chemotherapy')	Thank you, your comment has been noted. The scope takes a broad approach for the intervention, population and comparators because the marketing authorisation has not been approved. However, the committee will only be able to make recommendations within the full marketing authorisation. No changes have been made.
Population	Leukaemia Care	The scope refers to both those eligible for other treatments and those ineligible for intense chemotherapy. There is need in both groups; published data on survival focuses on those ineligible for intense chemotherapy, but there may be quality of life improvements over chemotherapy in the other group	Thank you, your comment has been noted. The scope takes a broad approach for population and comparators because the marketing authorisation has not been approved. However, the committee will only be

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		too. Clarity is needed as to which will be the focus, or whether both will be included.	able to make recommendations within the full marketing authorisation. No changes have been made.
	Pfizer	Pfizer believes the population is not defined appropriately. The relevant population should be adults with previously untreated acute myeloid leukaemia who are not candidates for intensive induction chemotherapy	Thank you, your comment has been noted. The scope takes a broad approach for population and comparators because the marketing authorisation has not been approved. However, the committee will only be able to make recommendations within the full marketing authorisation. No changes have been made.
Comparators	Pfizer	Glasdegib is only [redacted] The following comparators are not relevant given the anticipated marketing authorisation: If intensive chemotherapy is appropriate: • established clinical management without glasdegib (including but not limited to cytarabine [standard or liposomal] and daunorubicin) • midostaurin (only for people with acute FLT3-mutation-positive myeloid leukaemia) • gemtuzumab ozogamicin (only for de novo CD33-positive acute myeloid leukaemia)	Thank you, your comment has been noted. The scope takes a broad approach for population and comparators because the marketing authorisation has not been approved. However, the committee will only be able to make recommendations within the full marketing authorisation. No changes have been made.
Outcomes	Pfizer	The outcomes are defined appropriately	Noted, no changes needed.
Economic analysis	Pfizer	No comment	Noted, no changes needed.

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Equality and Diversity	Pfizer	No comment	Noted, no changes needed.
Other considerations	Pfizer	None	Noted, no changes needed.
Innovation	Pfizer	Patients in this AML population have high unmet need and there have not been new treatment available in many decades for the >30% bone marrow blast population in the UK. The glasdegib + LDAC combination is a step change in therapy. It has the potential to double survival compared to LDAC, the standard of care in the treatment of AML in patients for whom standard induction chemotherapy is inappropriate. Sources: Cortes, Jorge E., et al. "Glasdegib in combination with cytarabine and daunorubicin in patients with AML or high-risk MDS: Phase 2 study results." American Journal of Hematology 93.11 (2018): 1301-1310.	Comment noted. During the development of the appraisal, the committee will consider the degree to which glasdegib is an innovative technology when making its recommendations. No changes have been made.
Questions for consultation	Pfizer	Only low dose cytarabine (LDAC) and azacitidine are currently used in clinical practice for this patient population, with azacitidine used only in the subgroup of AML patients with 20-30% bone marrow blasts. Azacitidine and LDAC are given as maintenance therapy, and there is no specific consolidation therapies for this AML	Thank you, your comments have been noted. No changes have been made.

Section	Consultee/ Commentator	Comments	Action
		population, who are not candidates for intensive induction chemotherapy. For previously untreated AML, glasdegib would be intended for patients who are not candidates for intensive induction chemotherapy, as assessed by clinical judgement and may vary by clinician. The assessment may take performance status, comorbidities, age, AML risk factors and patient choice into consideration. No standard means of assessing fitness for intensive chemotherapy are in routine clinical practice.	

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