Resource impact statement

Resource impact
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Cancer Drugs Fund technology

NICE has recommended autologous anti-CD19-transduced CD3+ cells (KTE-X19) for use within the Cancer Drugs Fund as an option for treating relapsed or refractory mantle cell lymphoma in adults who have previously had a Bruton's tyrosine kinase (BTK) inhibitor.

KTE-X19 will be available to the NHS in line with the managed access agreement with NHS England. As part of this, NHS England and Kite have a commercial access agreement that makes KTE-X19 available to the NHS at a reduced cost. The financial terms of the agreement are commercial in confidence.

It is estimated that around 110 adults per year with relapsed or refractory mantle cell lymphoma who have previously had a BTK inhibitor are eligible for treatment with KTE-X19 and around 100 will receive treatment from year 2 onwards once uptake reaches 90%.

The resource impact of KTE-X19 will be covered by the Cancer Drugs Fund budget. More evidence on KTE-X19 is being collected until the final results of the ZUMA-2 study are available. After this, NICE will decide whether or not to recommend it for routine use in the NHS and update the guidance. It will be available through the Cancer Drugs Fund until then. Further information can be found in NHS England's Appraisal and Funding of Cancer Drugs from July 2016 (including the new Cancer Drugs Fund) - A new deal for patients, taxpayers and industry.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.