NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Appraisal

Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma [ID1589]

Final scope

Draft remit/appraisal objective

To appraise the clinical and cost effectiveness of chlormethine gel within its marketing authorisation for treating mycosis fungoides-type cutaneous T-cell lymphoma.

Background

Lymphomas are cancers of the lymphatic system. They are broadly divided into Hodgkin's and non-Hodgkin's lymphomas. Cutaneous T-cell lymphoma is a rare type of non-Hodgkin's lymphoma that affects the skin. It is caused by the uncontrolled growth of T-lymphocytes within the skin. Many types of cutaneous T-cell lymphoma start as flat, scaly, oval patches or plaques on the skin, which progress to skin tumours, and are often itchy and sometimes painful. Some people with cutaneous T-cell lymphoma experience swelling of the lymph nodes. Within the group of cutaneous T-cell lymphoma, there are distinct subtypes. Mycosis fungoides is the most common type of cutaneous T-cell lymphoma. It is usually a very slow-growing type of lymphoma that often only affects the skin and can stay under control for many years.

In England in 2017, there were around 12,065 new cases of non-Hodgkin's lymphomas and 796 people had a primary diagnosis of peripheral or cutaneous T-cell lymphoma[1] There were 107 men and 72 women diagnosed with mycosis fungoides cutaneous T-cell lymphoma, in England in 2017.[1] Median survival with early-stage disease, stage IA, IB and IIA, is reported as 35.5, 21.5 and 15.8 years, respectively. The prognosis is worse when the condition is not limited to the skin at the time of initial diagnosis (stages IIB through IV). Median survival for late-stage disease, stages IIB, IIIA and IIIB, is reported to be 4.7, 4.7 and 3.4 years, respectively, and decreases further for stage IV disease.[2]

Current management of cutaneous T-cell lymphoma consists of skin directed therapies and systemic therapies. Skin directed therapies (SDT) are the main treatment for early-stage disease and include SDT photo therapy (such as psoralen and ultraviolet A treatment [PUVA] and narrow band ultraviolet B treatment [UVB]), total skin electron beam therapy, topical chemotherapy agents, and topical corticosteroids.

Systemic therapies are aimed at treating late-stage disease. Immunotherapy (interferon alfa) and retinoids (bexarotene) are usually considered before chemotherapy (such as methotrexate, gemcitabine, liposomal doxorubicin or

multi-agent chemotherapy (cyclophosphamide, doxorubicin, vincristine, and prednisolone). SDT is often used in combination with systemic treatments to treat skin symptoms in advanced disease. Some systemic treatments (for example bexarotene and interferon) may also be used at early disease stages in some patients.

TA577 recommends brentuximab vedotin for treating CD30-positive, mycosis fungoides-type stage IIB or over, cutaneous T-cell lymphoma after at least one prior systemic therapy. Stem cell or bone marrow transplant (such as allogeneic-SCT) and extracorporeal photopheresis (ECP) may also be a treatment option for some people. Treatment options for cutaneous T-cell lymphoma can be used either alone or in combination. People may have multiple sequential treatments and remain on maintenance therapy with palliative intent although there is no established standard of care.

The technology

Chlormethine gel (Ledaga, Recordati Rare diseases/Helsinn Healthcare SA) is a topical chemotherapy. Chlormethine is an alkylating agent with antineoplastic and immunosuppressive properties. Chlomethine gel is administered topically.

Chlormethine gel has a marketing authorisation for the topical treatment of mycosis fungoides-type cutaneous T-cell lymphoma in adult patients.

Intervention(s)	Chlormethine gel
Population(s)	Adults with mycosis fungoides-type cutaneous T-cell lymphoma
Comparators	• skin directed therapies such as photo therapy (PUVA, UVB) and total skin electron beam therapy In patients for whom the above skin directed therapies are contraindicated: • established clinical management without chlormethine gel (including systemic therapies such as interferons and retinoids)

Outcomes	The outcome measures to be considered include: • skin symptoms (for example erythema, scaling and pruritus) • response rates • duration of response • adverse effects of treatment • health-related quality of life • mortality
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.
Other considerations	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 only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations and NICE Pathways	Related Technology Appraisals: Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma (2019). NICE Technology Appraisal 577. Review date April 2022. Appraisals in development: Mogamulizumab for previously treated cutaneous T-cell lymphoma ID1405. NICE technology appraisal guidance. Expected publication date: 26 August 2020. Related Guidelines: Non-Hodgkin's lymphoma: diagnosis and management (2016) NICE guideline 52. Haematological cancers: improving outcomes (2016) NICE guideline 47. Related Quality Standards: Haematological cancers (2017) NICE quality standard

	150 Related NICE Pathways: Non-Hodgkin's lymphoma (2019) NICE pathway
Related National Policy	The NHS Long Term Plan, 2019. NHS Long Term Plan NHS England (2018/2019) NHS manual for prescribed specialist services (2018/2019) Department of Health and Social Care, NHS Outcomes Framework 2016-2017: Domains 1, 3, 4 and 5. https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017 NHS England (2013/14) NHS Standard Contract for Cancer: Chemotherapy (Adult). B15/S/a.

References

1. ONS (2019) Cancer registration statistics, England: 2017 dataset, accessed June 2019.

2. Committee for Medicinal Products for Human Use (2016) Ledaga: EPAR - Public assessment report, accessed July 2019.