National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Daratumumab in combination for untreated multiple myeloma when stem cell transplant is suitable

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
Wording	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	Myeloma UK considers the remit to reflect the issues of clinical and cost effectiveness.	Comment noted.
Timing Issues	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	No comment.	Response noted.
Additional comments on the draft remit	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	No comment.	Response noted.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	We consider this information to be complete and accurate.	Comment noted.
The technology/ intervention	Janssen-Cilag	This section of the draft scope only refers to an intravenous formulation however, on 4th June 2020, daratumumab received European Commission (EC) approval for a subcutaneous (SC) licence extension based on the registrational Phase III Columba study.	Thank you for your comment. The scope has been updated to include subcutaneous administration.
	Myeloma UK	Yes	Comment noted.
Population	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	We consider the population to be appropriately defined.	Comment noted.
Comparators	Janssen-Cilag	The myeloma treatment pathway has evolved considerably since 2013 when cyclophosphamide, thalidomide and dexamethasone (CTd) was deemed to be the appropriate comparator for bortezomib, thalidomide and dexamethasone (BTd) in TA311. Janssen has also received external feedback that CTd is now rarely used and, on this basis, believe that CTd should be removed as a comparator. Janssen understand that bortezomib in combination with cyclophosphamide and dexamethasone (BCd), or bortezomib with dexamethasone (Bd) tend to only be administered for a small number of patients where thalidomide is not considered suitable (e.g. due to baseline neuropathy or neurotoxicity). Therefore, BTd is considered to represent the primary comparator for this appraisal.	Comment noted. The comparators listed in the scope aim to cover all treatments used in clinical practice in England. This would include: • bortezomib with dexamethasone or with dexamethasone and thalidomide • bortezomib in combination with

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			• cyclophosphamide and dexamethasone • cyclophosphamide, thalidomide and dexamethasone.
	Myeloma UK	Yes	Comment noted.
Outcomes	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	Yes	Comment noted.
Economic analysis	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	No comment.	Response noted.
Equality and Diversity	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	No comment.	Response noted.
Other considerations	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	No additional suggestions.	Comment noted.
Innovation	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	Daratumumab is an innovative technology which we consider having potential to make a significant and substantial impact.	Comment noted. The appraisal committee will consider

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		Forthcoming data from the phase III trial CASSIOPEIA demonstrates the improved depth of response and progression-free survival with acceptable safety of transplant-eligible patients with previously untreated myeloma to the proposed technology. The Castor Phase III trial, a trial involving 498 patients, also demonstrated an excellent improvement in the response rates to treatment when daratumumab is used in combination with bortezomib and dexamethasone. This was compared to bortezomib and dexamethasone alone. In addition, data from the CASTOR trial shows that the adverse events associated with daratumumab significantly decline after the first few cycles. Patients report that daratumumab is tolerable and has an acceptable side-effect profile.	the innovative nature of daratumumab during the appraisal.
Questions for consultation	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	• There are no treatments routinely used for consolidation after stem cell transplant in clinical practice in the NHS. • Bortezomib in combination with thalidomide and dexamethasone (BTd) is considered to be the established first treatment in NHS clinical practice for transplant-eligible myeloma patients. Daratumumab has the potential to substantially improve the response of patients within this population. • We therefore consider that daratumumab in combination with bortezomib, thalidomide and dexamethasone will fit into the existing Myeloma pathway as an induction treatment for transplant-eligible treatments.	Comments noted.
Additional comments on the draft scope	Janssen-Cilag	No comment.	Response noted.
	Myeloma UK	No comment.	Response noted.

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

Celgene