National Institute for Health and Care Excellence

Health Technology Evaluation

Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments [ID3970]

Response to stakeholder organisation comments on the draft remit and draft scope

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 and proposed process

Section	Stakeholder	Comments [sic]	Action
Wording	Roche	The anticipated licence is as follows: [redacted] We recommend the remit is updated to reflect this. Further, we recommend that the technology appraisal and scope titles are updated to reflect this for transparency to the clinical and patient community. We suggest it is updated to: [redacted]	The title has been updated to: "Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after two or more systemic treatments". The remit uses 'within it's marketing authorisation' to capture the full indication in line with MA wording. No action required.
Timing issues	Roche	Treatment for people with relapsed/refractory diffuse large B-cell lymphoma (R/R DLBCL) is an area of high unmet need. Glofitamab is an innovative	Comment noted.

Section	Stakeholder	Comments [sic]	Action
		medicine that has therefore received PIM designation by the MHRA. Roche is in the process of setting up an early access to medicines scheme (EAMS) and timely appraisal decisions around the time of marketing authorisation could provide continued access to patients.	The extent to which the technology may be innovative will be considered in any evaluation of the technology. No change to scope.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Roche	We recommend removing references to other types of NHL (e.g. FL, HGBCL, PMBCL, etc.) as the present submission is specific to DLBCL. Please remove the following information from the second paragraph: *"Some follicular lymphomas transform into DLBCL (transformed high grade follicular lymphoma). Subsets of DLBCL include high grade B-cell lymphoma (HGBCL) which is an aggressive form of the disease associated with specific genetic changes and primary mediastinal large B-cell lymphoma (PMBCL) which develops when abnormal B-cells develop in the thymus gland and accumulate in the lymph nodes behind the breast-bone (mediastinum)."*	The second paragraph has been amended as suggested.
Population	Roche	Glofitamab as monotherapy is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), after two or more lines of systemic therapy	The population has been updated to reflect after two or more systemic therapies.

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Subgroups	Roche	No subgroups to be considered.	Thank you for your comment. No action required.
Comparators	Roche	We agree with the list of comparators.	Thank you for your comment. No action required.
Outcomes	Roche	Yes, the listed outcomes capture the most important health-related benefits and harms.	Thank you for your comment. No action required.
Innovation	Roche	Compared to available therapies, glofitamab monotherapy offers a fixed duration, readily available ("off-the-shelf"), chemotherapy-free regimen, with a new mechanism of action (MoA), to treat patients with R/R DLBCL who have received two or more prior therapies. We consider glofitamab to be an innovative technology in the context of this appraisal; we expect that glofitamab will be the first CD20xCD3 bispecific antibody licensed for the treatment of DLBCL, having the potential to improve outcomes and health-related quality of life in multiply relapsed disease, as a non-chemo, monotherapy option. [redacted] Glofitamab is a readily available T-cell engaging therapy that does not require the lengthy manufacturing times involved with CAR-T cell therapy. It can be initiated very soon after the decision to treat, with no need for bridging treatments, which is important to patients with this aggressive disease. In addition, CAR-T cell therapy can only be delivered in 10 centres in the UK. Bispecific antibodies, such as glofitamab, are expected to be deliverable to patients in any haematology/oncology units that have access to appropriate	Comment noted. The extent to which the technology may be innovative will be considered in any evaluation of the technology. No change to scope.

Section	Consultee/ Commentator	Comments [sic]	Action
		medical support to manage severe reactions associated with cytokine release syndrome. Unlike treatment with CAR-T cell therapy, most patients will not have to have lengthy periods away from home, with associated psychological impact, if they are treated with glofitamab. [redacted]	
Equality	Roche	No equality issues have been identified.	Thank you for your comment. No action required.
Other considerations	Roche	No other considerations.	Thank you for your comment. No action required.
Questions for consultation	Roche	● *Have all relevant comparators for glofitamab been included in the scope? Which treatments are considered to be established clinical practice in the NHS for B-cell lymphoma?* All the relevant comparators have been included in the draft scope. Please refer to the draft scope section above for any further comments. In addition, we wanted to note that we expect axicabtagene ciloleucel (TA559) to be available in routine commissioning by the time of the company submission and, therefore, a comparator. ● *Are the outcomes listed appropriate?* Please refer to the outcomes section above for any comments.	Thank you for your comment. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
		● *Are there any subgroups of people in whom glofitamab is expected to be more clinically effective and cost effective or other groups that should be examined separately? OR Are the subgroups suggested in 'other considerations appropriate?* Please refer to the subgroup section above for any comments. ● Where do you consider glofitamab will fit into the existing care pathway? In general, DLBCL therapy aims to extend patients' lives while improving their QoL. Glofit should not just be seen to replace current therapy, but can also offer an additional line of treatment and alternative treatment option for 3L+ DLBCL patients, or can be considered after failure of current options, such as CAR T-cell therapies. ● The trial gave glofitamab after a loading dose of obinutuzumab. Is this how the drug would be used in NHS clinical practice? Yes, all patients will need to receive a pre-treatment with one dose of obinutuzumab on cycle 1 day 1, ahead of the first glofitamab dose on cycle 1 day 8. Pre-treatment with obinutuzumab is to mitigate cytokine release syndrome. ● *NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims.* No equality issues have been identified.	

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		● *To help NICE prioritise topics for additional adoption support, do you consider that there will be any barriers to adoption of this technology into practice? If yes, please describe briefly.* No barriers to adoption are expected. ● *Would it be appropriate to use the cost comparison methodology for this topic?* Cost-effectiveness analysis is the most appropriate method for this appraisal. ● *Is the new technology likely to be similar in its clinical efficacy and resource use to any of the comparators?* As outlined in the innovation section above, glofitamab is clinically superior to the comparators, which represent the current standard of care. Glofitamab demonstrated a clinically meaningful CR rate and durability of CR observed post-treatment compared to available therapies in the 3L+ DLBCL populations; and when combined with a favourable safety profile, support a positive benefit-risk profile for glofitamab monotherapy in this population. It is anticipated that the resource use for glofitamab will be similar to the comparators, with the exception of CAR-T cell therapy, which has substantially higher resource use than glofitamab. ● *Is the primary outcome that was measured in the trial or used to drive the model for the comparator(s) still clinically relevant?* Yes.	

Section	Consultee/ Commentator	Comments [sic]	Action
Additional comments on the draft scope	Roche	N/A	No action required.

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

African Caribbean Leukaemia Trust

Novartis