National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma

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	Celgene	No comments.	No change to scope.
Timing Issues	Celgene	No comments.	No change to scope.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Celgene	No comments.	No change to scope.
The technology/ intervention	Celgene	No comments.	No change to scope.
Population	Celgene	The population should be defined as per the anticipated licence: [redacted]	Thank you for your comment. As the

Section	Consultee/ Commentator	Comments [sic]	Action
		[redacted]	patient population of TRANSCEND NHL 001 is broader than the proposed marketing authorisation wording, and the proposed marketing authorisation wording is marked as CIC, the population has been kept broad to maintain confidentiality. If evidence allows the company can propose a narrower positioning in its submission for the committee to consider. No change to scope.
Comparators	Celgene	For patients with R/R aggressive large B-cell lymphoma, there is not an established standard of care, and patients are treated with a combination of different chemotherapy options (salvage chemotherapy), with or without rituximab. Patients are still able to go on to receive stem cell transplantation after salvage chemotherapy. Pixantrone was not considered a relevant comparator by the Appraisal Committee in either TA559 or TA567. It is rarely used in clinical practice because of doubts about its efficacy (this was supported by the NHS England statement in TA559 and clinical input during both appraisals). Therefore, pixantrone should be removed from the list of comparators.	Thank you for your comment. Pixantrone is recommended by NICE as an option for treating multiply relapsed or refractory aggressive non-Hodgkin B-cell lymphoma if the person has previously been treated with rituximab and are receiving third- or fourth-line treatment

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		Rituximab monotherapy should also be excluded from the list of comparators. Most patients will have received rituximab in combination in the frontline setting, and therefore it is unlikely to be given as a monotherapy in the patient population considered in the decision problem. BSC should be considered as part of salvage chemotherapy, rather than as an individual comparator. This is consistent with the decision problem addressed in previous appraisals of CAR T cell therapies in DLBCL (TA559 and TA567).	(TA306). Pixantrone is therefore a relevant comparator and has not been removed from the scope. The company can provide justification in its submission to support its exclusion as a comparator. No change to scope. Rituximab is recommended by NICE as an option for treating people with relapsed or refractory stage 3 or 4 follicular lymphoma, when all alternative treatment options have been exhausted (TA137). Rituximab monotherapy is therefore a relevant comparator and has not been removed from the scope. The company can provide justification in its submission to support its exclusion as

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			a comparator. No change to scope. BSC has been included as a separator comparator to ensure that all treatments for each subtype are captured within the scope. No change to scope.
Outcomes	Celgene	The following outcomes are also relevant in addition to those listed; • Overall response rate • Complete response rate	Thank you for your comment. The wording has been adjusted to make it clearer that both overall response rate and complete response rate will be considered.
Economic analysis	Celgene	A lifetime horizon is appropriate for this technology	Thank you for your comment. No change to scope.
Equality and Diversity	Celgene	No comments	No change to scope.

Section	Consultee/ Commentator	Comments [sic]	Action
Other considerations	Celgene	No comments	No change to scope.
Innovation	Celgene	Lisocabtagene maraleucel is a CD19-directed 4-1BB co-stimulated autologous chimeric antigen receptor (CAR) T cell product with a highly controlled manufacturing process that enables administration of a defined composition with a precise dose of CD8+ and CD4+ CAR+ T cells. The manufacturing process control strategy have been designed to minimise between-drug product lot variability in quality attributes, which may contribute to an improved safety and efficacy profile compared to other CD19-targeted CAR T cell products in clinical development for NHL.[1] In the pivotal TRANSCEND NHL001 study (NCT02631044), rates of grade 3/4 cytokine release syndrome and neurotoxicity were 2% and 10% respectively based on currently available data.[2] This toxicity profile has led to lisocabtagene maraleucel being studied in the outpatient setting.[3] Currently available response and overall survival data from the same study[2] suggest that lisocabtagene maraleucel is a highly innovative technology for patients with aggressive B-cell non-Hodgkin lymphoma, for whom the current standard of care is salvage chemotherapy with or without rituximab.	Thank you for your comment. The safety and efficacy benefits of lisocabtagene maraleucel will be captured in the cost-effectiveness analysis. No change to scope.
Questions for consultation	Celgene	No comments.	No change to scope.

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

Pfizer
Lymphoma Action