NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: April 2020

Intervention: Addition of rituximab to first-line standard chemotherapy

Indication: CD20 positive B-cell precursor acute lymphoblastic leukaemia (adults)

ID: 1748

Gateway: 2 Round 2

Programme: Cancer

CRG: Chemotherapy

Information provided to the Panel

Clinical Panel Report – July 2018

Clinical Panel Report – November 2018

Clinical Priorities Advisory Group (CPAG) Summary Report

Policy Proposition

Evidence Review completed by Solutions for Public Health

Cover Note

Key elements discussed

This policy proposition is for the routine commissioning of the addition of rituximab to first-line standard chemotherapy for CD20 positive B-cell precursor acute lymphoblastic leukaemia.

This policy proposition was presented to Clinical Panel in December 2018 as a routine commissioning proposition. However, Clinical Panel reverted it to a not for routine commissioning position as the degree of benefit was deemed to be limited. Following concerns raised at stakeholder testing and consultation further work was undertaken and it was agreed this policy proposition could be considered as a routine commissioning proposition, hence returning to Panel for reconsideration.

Four papers fulfilled the PICO and are included in the evidence review. This includes one Canadian economic evaluation study. Significant improvements in event free survival (EFS) could be seen from the studies although largely no improvement in overall survival for total population presented.

It was noted there were some study design and methodological flaws so some caution to be taken from the study conclusions.

The Panel discussed the importance of event free survival. It was highlighted that this was the key primary end point of the studies. The need for intensive second line chemotherapy would be reduced.

The Panel questioned the age of eligibility for this proposition – starting at 19 years. The Panel considered the proposition would follow what is stated in the licence for rituximab.

It was queried that the evidence base refers to Philadelphia chromosome negative patients, but this does not appear in inclusion criteria or policy proposition title. Most B-cell ALLs don't have the Phil chromosome. Following discussion it was considered that there does not need to be a differentiation in the inclusion criteria as being CD-20 positive is the important thing.

Recommendation

Clinical Panel recommends that this proposition progress as a for routine commissioning policy proposition, as stated.

Why the panel made these recommendations

The Panel considered that the proposition reflected the evidence base presented, which demonstrated the importance of event free survival.

Documentation amendments required

Policy Proposition:

- Amend the proposition to the age group of 18 years and above

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Declarations of Interest of Panel Members: None.

Panel Chair: James Palmer, Medical Director Specialised Services.

Post Panel notes

Post Clinical Panel, the policy was amended to include patients aged 18 years and above.