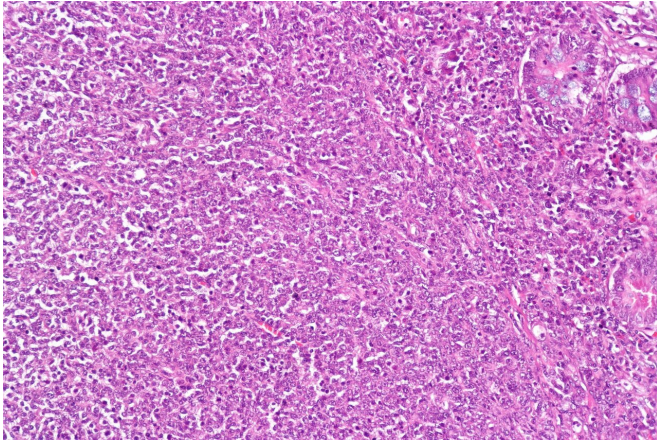


Non-Hodgkin lymphoma treatment gets an initial 'no' for NHS use in England

12 March 2020



Diffuse large B cell lymphoma of the small intestine.
Credit: [Wikimedia commons/CC BY-SA 4.0](https://commons.wikimedia.org/wiki/File:Diffuse_large_B_cell_lymphoma_of_the_small_intestine)

The National Institute for Health and Care Excellence (NICE) has not recommended a new combination therapy for adults with an aggressive type of non-Hodgkin lymphoma on the NHS in England.

Adding polatuzumab vedotin to rituximab and bendamustine would have been a new treatment option for people with diffuse large B cell lymphoma whose cancer has either not responded to, or come back after, [initial treatment](#). It was being considered for people who can't have a [stem cell transplant](#).

Rose Gray, policy manager at Cancer Research UK said the decision would be "hugely disappointing for people affected by this type of blood cancer."

A combination treatment

Around 5,500 people are diagnosed with diffuse large B cell lymphoma every year. And around half of these cancers do not respond to, or come back

after, initial treatment, according to NICE.

If someone isn't fit enough to have intensive therapy at this point, which includes a stem cell transplant, there is no standard of care. This includes many people who are older, or who have already had a stem cell transplant. It also includes those whose disease is not controlled enough to be eligible for a stem cell transplant.

Experts said that a new treatment option would be particularly beneficial for these groups.

The proposed new treatment combines three drugs:

- Polatuzumab vedotin: an antibody [drug](#) that sticks to lymphoma [cells](#), allowing chemotherapy to be delivered directly to the cancer.
- Rituximab: a targeted cancer drug, already effective in treating some types of non-Hodgkin lymphoma.
- Bendamustine: a chemotherapy drug that works by interfering with DNA in cancer cells.

In [clinical trials](#), this three-drug combo was compared to the [combination](#) of just rituximab and bendamustine, which NICE agreed is a reasonable comparison for what patients might already receive on the NHS.

Initial trial results found more people responded to the combination with polatuzumab combination, which also increased the time before the disease spreads significantly and improved survival.

Unclear long-term benefits

However, NICE said that while the trial shows this drug combination could be effective for many patients in the short-run, it's not yet clear whether it could help patients stay [cancer-free](#) in the longer-

term.

This is because the clinical trial involved a relatively small number of patients, and hasn't yet been running for long enough to show the combo's long-term effectiveness.

NICE decided further data is needed to prove the drug would be a cost-effective treatment option for use in the NHS in England at its current price.

Gray said: "We urge NICE, NHS England and the treatment's manufacturer to continue to work together to agree a deal which will allow the treatment to be approved when this decision is reviewed later this year."

NICE decisions are usually adopted in Wales and Northern Ireland as well as England, so the decision is likely to affect patients in all three nations. Scotland has a separate process for reviewing which drugs should be available on the NHS.

More information: NICE (2020) Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma: www.nice.org.uk/guidance/indiv...id-ta10463/documents

Provided by Cancer Research UK

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