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## Obinutuzumab as first-line treatment for follicular lymphoma

Approved at the Council for Choices in Health Care in Finland's meeting on 18 December 2018

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| Council for Choices in Health Care in Finland recommendation |   | Obinutuzumab as first-line treatment for follicular lymphoma is not included in Finland's national range of services.   |
| Areas of assessment  | Severity and prevalence of the health issue | <p>Follicular lymphoma is generally a slow progressing cancer, and its prognosis is positive in comparison to many other cancers. Persons diagnosed with follicular lymphoma are usually elderly and patients with the disease usually live for 15-20 years after their diagnosis.</p> <p>Follicular lymphoma generally has few symptoms and at the time of diagnosis has spread extensively. Advanced follicular lymphoma cannot be cured with modern treatment options. Follicular lymphoma may reduce the expected lifespan of younger patients, but the cancer can possibly be managed in elderly patients for the duration of their lives. Follicular lymphoma can react favourably to treatment numerous times.</p> <p>In Finland, around 240 people are diagnosed with follicular lymphoma each year, and approximately 50 people die annually of the disease. It has been estimated that around 60% of patients meaning 140 new patients each year could be eligible for a combination of immunotherapy (obinutuzumab or rituximab) and chemotherapy as first-line treatment.</p> |
|  | Treatment alternatives                      | Rituximab is obinutuzumab's most important comparative treatment. It is used in the same way as an induction treatment with chemotherapy and as maintenance treatment for patients who have responded favourably to treatment.  |
|  | Effectiveness                               | Studies have compared treatment that includes obinutuzumab to treatment that includes rituximab. There seemed to be no difference in the impact of treatment with obinutuzumab and its comparator on survival or quality of life during the three-year follow-up. The progression-free survival (PFS) of patients given the obinutuzumab drug before seemed to be somewhat longer than for those who were given the comparator. There is as of yet no research data on the long-term effects of obinutuzumab.   |
|  | Safety                                      | Obinutuzumab has been described as having serious adverse reactions most of which are rare. Obinutuzumab has a larger number of serious adverse reactions than its comparative drug. The most common side effects are infusion reactions, neutropenia and nausea. Patients experienced these as often or slightly more often when taking obinutuzumab than when taking its comparator. Exposure to obinutuzumab's adverse effects is a risk as it can potentially affect the progression of the disease.  |
|  | Costs and budget impacts                    | The average medication and dosing cost per patient for first-line obinutuzumab treatment is 73,000 euros and for 40,600 euros for rituximab meaning that Obinutuzumab treatment comes with an additional cost of 32,400 euros.  |
|  | Ethical and financial aspects as a whole    | In comparison to its comparator, obinutuzumab's therapeutic effects are modest, it poses a slightly higher risk of adverse drug reactions and its costs are high in relation to its benefits. The use of obinutuzumab cannot be considered justified from the perspective of society's and the healthcare system's financial resources.   |
| Diagnosis (ICD-10) codes                                     |   | Follicular (nodular) non-Hodgkin's lymphoma C82   |
| Background information and references                        |   | Explanatory memorandum by the Council for Choices in Health Care in Finland<br>Finnish Medicines Agency assessment summary  |