Approved at the meeting of the Council for Choices in Health Care in Finland (COHERE) on 12 December 2019

Tisagenlecleucel therapy (Kymriah) in the treatment of diffuse large B-cell lymphoma

Tisagenlecleucel (Kymriah) is included in Finland's national range of public health services for the treatment of adult patients with goog condition (WHO 0-1) and with relapsed or refractory diffuse large B-cell lymphoma after two or more lines of systemic therapy, but only if the conditions set out in this recommendation are met.

According to the Council for Choices in Health Care in Finland (COHERE), this is a promising new treatment. For some patients, this treatment can provide sustained long-term response. Treatment outcomes with tisagenlecleucel appear to be better than those reported with other previous treatment options. A significant number of patients responded to treatment and survived over a longer follow-up period.

However, the lack of comparator data and the small number of patients treated so far makes assessing the effectiveness of treatment uncertain. Treatment is associated with frequent serious adverse reactions for which more follow-up data is required. In addition, information is needed on the efficacy of the treatment as part of standard healthcare service.

Tisagenlecleucel is a CAR T-cell therapy in which the patient's own T cells have been genetically modified to recognise and kill cancer cells. Tisagenlecleucel treatment is demanding and requires patient monitoring and possibly intensive care. Treatment is associated with serious adverse reactions. Some patients develop a condition that requires intensive care. Treatment can only be provided in treatment centres approved by the manufacturer.

The total costs of treatment are very high, and there is considerable uncertainty associated with clinical evidence. The public list price for the treatment is EUR 320,000, and its introduction involves additional costs that create a burden on the healthcare system. Finnish Medicines Agency Fimea estimates that the number of patients eligible for CAR T-cell therapy would be around 40 per year. The additional costs would be around EUR 13 million per year compared to standard care. The cost effectiveness of the treatment has not been assessed in Finland. Including the treatment in the service range requires an agreement on a significant discount between the seller and the organiser of services.

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information about service choices in health care is available on the COHERE Finland website: www.palveluvalikoima.fi.

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