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Clinical Expert Summary
Idelalisib (Zydelig®) 100 mg and 150 mg film-coated tablets

Idelalisib (Zydelig®) as monotherapy for the treatment of adult patients with follicular lymphoma that is refractory to two prior lines of treatment.

1. Existing guidelines

Reference was made to the NICE guideline on non-Hodgkin's lymphoma and to the British Committee for Standards in Haematology guidelines on the investigation and management of follicular lymphoma. One expert said there were no guidelines available that influenced prescribing in Wales for twice-refractory follicular lymphoma.

2. Disease prevalence

One expert estimated that one to two people with twice-refractory follicular lymphoma per year would be eligible for treatment in a catchment area with a population of around 500,000. Another expert noted that it was difficult to estimate numbers of patients in this population but said that in their catchment area they have approximately 0-3 patients per year.

3. Current treatment options

Experts said that there is no uniform standard of care for treating twice-refractory follicular lymphoma and that the treatment algorithm becomes less clear after second-line therapy. Choice of treatment will depend on various treatment- and disease-related factors. The predominant treatment for twice-refractory follicular lymphoma is salvage chemotherapy followed by stem cell transplant in people who are fit enough. Other options included bendamustine-based chemotherapy. Patients with diminishingly short responses or whose disease has become refractory to standard therapies would be considered for experimental options such as clinical trials.

Experts stated that factors affecting treatment choice for people with twice-refractory follicular lymphoma included what treatment they had received at previous lines. Experts stated that first-line treatment in Wales is rituximab plus cyclophosphamide, vincristine and prednisolone (R-CVP), although rituximab plus bendamustine or rituximab plus cyclophosphamide, doxorubicin, vincristine and prednisolone (R-CHOP) are also used. It is then recommended that any patient with a response to first-line therapy is offered two years of maintenance rituximab therapy. Choice of second-line treatment depends on the first-line treatment used and the duration of response; some people may be considered for high-dose therapy (autologous or allogeneic transplantation) at this time point.

Other options mentioned were bendamustine-based chemotherapy or entering a clinical trial, if available.

4. Unmet needs

Experts highlighted an unmet need in older people with twice-refractory follicular lymphoma who are not fit enough for stem cell transplant because of co-morbidities. One expert said that there is currently an unmet need for people whose disease is refractory to anti-CD20 antibody therapy (with or without chemotherapy) and for whom high-dose therapy is unsuitable or who have relapsed after it. The expert stated that people in this group who have progressive disease are likely to die of lymphoma because there are no current valid treatment options available to them.

5. Knowledge of product in given indication

Experts reported that haematologists in Wales have experience of using idelalisib for treating chronic lymphocytic leukaemia and are familiar with managing treatment, including side effects. One expert stated that idelalisib would be a useful option within

its licensed indication, that is, for people with follicular lymphoma that is refractory to rituximab and chemotherapy.

One expert said they had used idelalisib to treat three patients. One patient did not respond. Two patients responded well, although one patient stopped treatment due to side effects (but the response had been durable) and one patient continued to respond to idelalisib and tolerated it very well. The response of this patient allowed the patient to proceed to stem cell transplantation.

It should be noted that two experts involved in compiling this response declared a personal specific interest in relation to idelalisib for the indication under consideration.