Taotlus nr 1285 „Kõrgriski neuroblastoomi immuunravi beetadinutuksimabi, isotretinoiini ja interleukiin-2-ga“

Meditsiinilise tõenduspõhisuse hinnang

LISAANDMED

Haigekassa lisaküsimused:

1. Teenust „Kõrgriski neuroblastoomi immuunravi beetadinutuksimabi, isotretinoiini ja interleukiin-2-ga“ taotletakse nii kõrgriski neuroblastoomi kui ka taastekkinud/refraktaarse neuroblastoomiga patsientidele. Lisaks kirjutate hinnangus, et kui patsient on saanud esimeses raviliinis säilitusravi beetadinutuksimabiga, siis ei ole ravi taasalustamine enam näidustatud. Eelnevast tulenevalt palun täpsustada, missugune patsiendipopulatsioon saaks ravi beetadinutuksimabiga taastekkinud/refraktaarse haiguse tõttu. Ehk kas kliinilises praktikas võib Eestis olla patsiente, kes pole saanud ravi beetadinutuksimabiga esimeses raviliinis, kuid kes vajavad ühel hetkel ravi beetadinutuksimabiga taastekkinud/refraktaarse neuroblastoomi tõttu?

2. NICE´i hinnangus on välja toodud, et NHSi standardpraktika ei sisalda beetadinutuksimabiga samaaegselt IL-2 manustamist, sh ka juhul, kui induktsioonraviga on saavutatud vaid osaline ravivastus, kuna IL-2 suurendab ravi toksilisust, aga ei tundu parandavat efektiivsust. Kas Eesti praktikas hakataks siiski osalise ravivastuse korral induktsioonravile lisama säilitusravi skeemi IL-2-te?

Eksperdi vastused:

1. NICE'i kohaselt[1] ei ole taastekkinud haiguse ravi aktuaalne, sest pt on saanud juba antud ravi 1. liinis. Eestis on saanud immuunravi vaid 2 patsienti ja taastekkinud/refraktaarse haiguse haiguse korral võib olla patsiente, kes pole saanud ravi beetadinutuksimabiga esimeses raviliinis ja vajaksid nüüd ravi.
(*The clinical effectiveness evidence for the population with relapsed or refractory disease is not relevant to clinical practice: The clinical experts explained that people in the NHS who have relapsed disease are likely to have had dinutuximab beta as part of their multi-agent, multimodal first-line therapy (see section 3.3). The committee noted that none of the patients in APN311-302 and APN311-303 had previous dinutuximab beta, and comments from clinical experts that patients whose disease has relapsed after dinutuximab beta have not been eligible for further dinutuximab beta within any clinical trial. The company explained that it does not support retreatment with dinutuximab beta in the relapsed or refractory population, and that there are no studies planned for patients with relapsed or refractory disease who have had initial treatment with dinutuximab beta. The committee agreed that the populations in APN311-202 and APN311-303 do not represent the population with relapsed or refractory disease who would have dinutuximab beta in NHS clinical practice. Therefore it concluded, with agreement from the company and the experts, that the relapsed or refractory population would not be considered further in this appraisal.)*

[1] https://www.nice.org.uk/guidance/gid-ta10069/documents/appraisal-consultation-document

2. NICE[1] kirjeldab NHS standardpraktikat, mis ei sisalda enamasti IL-2 manustamist. Eesti praktikas oleks soovituslik sama printsiip arvestades APN311- 302 uuringu tulemusi, lõplik otsus oleks arstlik.
(*Standard NHS practice does not include concomitant interleukin-2: The committee discussed whether interleukin-2 would be used in NHS practice in line with the dinutuximab beta marketing authorisation, which states that dinutuximab beta should be combined with interleukin-2 when induction therapy does not achieve a complete response. Clinical experts explained that adding interleukin-2 increases toxicity but does not appear to improve efficacy. The patient experts stated that less toxicity allows patients to leave hospital sooner, which is important. The clinical experts explained that standard practice since APN311-302 finished recruiting is not to offer interleukin-2, even when there is residual disease. This is supported by the International Collaboration for Neuroblastoma Researchand the UK Children's Cancer and Leukaemia Group, and followed by paediatric oncologists in the NHS. In practice further lines of chemotherapy are often used to reduce the need for interleukin-2. The committee noted that this is not in line with the marketing authorisation for dinutuximab beta. But it concluded that standard NHS practice does not include concomitant interleukin-2 in most patients*.)