

Executive Summary of Collaboration Agreement

Project name: An Audit of the 2L DLBCL Patient Pathway in Wales

Organisations involved: Gilead Sciences Ltd and Cardiff and Vale University Health Board

Project Overview: An estimated ~5,000 people are diagnosed with diffuse large B-cell lymphoma (DLBCL) each year in the UK.¹ Approximately 60% of patients are cured with 1st line (1L) chemo-immunotherapy with the remaining needing further treatment.² For nearly 30 years, the standard 2nd line (2L) treatment with curative intent for DLBCL has been high-dose chemotherapy and autologous stem-cell transplantation (HDT-ASCT) for those patients responding to salvage treatment. Based on the results of recent trials,³⁻⁵ however, chimeric antigen receptor T cell (CAR-T) therapies demonstrated a significant survival benefit and, where available, have become the new standard of care for patients relapsing within 12 months from completing 1L chemo-immunotherapy.⁶⁻⁷ In England and Wales, NICE recommended axicabtagene ciloleucel (axi-cel) as an option within the cancer drugs fund in June 2023 for this indication, based on specific eligibility criteria.⁸

Recent evidence demonstrates that access to CAR-T varies between UK regions, and this variation does not appear to be justified by disease or patient characteristics alone (Kite Data on File UKI).⁹ Specifically, for 2L patients with DLBCL, usage of CAR-T therapies in the greater London area is approximately three times higher compared with Wales.⁹ This disparity is indeed supported by anecdotal data from the Mid and South Wales suggesting that the number of patients accessing CAR-T is lower than expected based on the disease incidence and the relevant eligibility criteria.¹⁰ Specifically, 275 patients are diagnosed with DLBCL in Wales every year, of which 80% (220) fall under the South Wales Blood and Marrow Transplant Programme (SWBMT) catchment area. Of these, approximately 50 would be eligible for 2L CAR-T treatment, yet only 20-25 patients were referred in the past year to the tertiary treatment centre in Cardiff (SWBMT data on file).¹⁰

The reasons for the lower rate of CAR-T referrals in Wales are currently unclear, but they can potentially include lack of understanding of the CAR-T specific eligibility criteria, variations in clinical and referring practices between hospitals, timing of PET scanning or choice of specific therapies in earlier lines that preclude subsequent CAR-T use. It is, therefore, important to understand how patients are referred for CAR-T therapies in Wales, and the reasons for the lower-than-expected referrals rates.

The purpose of this Collaborative Working Project (CWP) between Gilead Sciences Ltd and Cardiff and Vale University Health Board is to audit 2L DLBCL treatment against specific criteria with the view to understand how patients are referred for CAR-T therapies and the reasons for the lower referral rates. Based on the project findings, the NHS will consider whether there is a need to optimise the referral pathway and service provided to patients with Relapsed/Refractory (R/R) DLBCL.

Project Objectives:

The aim of this project is to understand how patients with DLBCL are referred for 2L CAR-T therapies and the reasons for the lower-than-expected referral rates in Wales.

The project **objectives** are:

- To conduct an audit of all newly diagnosed DLBCL patients in Wales (estimated ~500 pts) between January 2022 and December 2023 followed through for a minimum of 18 months to referral of R/R patients to tertiary treatment centres.
- To provide education to relevant stakeholders on audit outcomes and on potential referral pathway improvement based on the audit findings. These include: the

SWBMT Programme Team; the Enhanced Secondary Providers; and the Welsh Health Boards. This part of the project will include, as a minimum, Mid and South Wales Health Boards which fall under the SWBMT programme.

- To assess the need for a regional multidisciplinary team (MDT) (in Mid and South Wales) to oversee the management of patients with DLBCL across the Welsh Health Boards. If appropriate, the data generated by the audit will be used to facilitate discussions with NHS specialist commissioners to support funding of a regional MDT to ensure compliance to appropriate treatment pathways and appropriate referral of R/R patients.

The following **patient benefits** are anticipated:

- Experience an improved service based on specific interventions as a result of the audit outcomes, improved knowledge of referring clinicians and potential oversight by a Regional MDT.
- Improved patient care and outcomes.

The following **benefits to the NHS** are anticipated:

- Develop better understanding of the current CAR-T referring pathway and gain insights into the reasons why the CAR-T referral rates are lower than expected to increase confidence that the services delivered are meeting standard of care.
- Provide a more optimised service based on audit findings, including potential implementation of a Regional MDT.
- Publication of the service development outcomes.

The following **benefits to Gilead** are anticipated:

- Seen as a leading partner in the field of DLBCL management.
- A stronger partnership with the NHS.
- Potential expansion of pool of patients eligible for or receiving CART therapies.
- Better understanding of the challenges faced by the NHS in delivering services/care.

Contact:

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