

Plain English Summary

Blinatumomab for treating relapsed or refractory B-precursor acute lymphoblastic leukaemia

What does the guidance say?

Blinatumomab is recommended for listing on the Medication Assistance Fund (MAF) for government subsidy for patients with relapsed or refractory B-precursor acute lymphoblastic leukaemia (B-ALL) who meet certain criteria.

What is acute lymphoblastic leukaemia?

Acute lymphoblastic leukaemia (ALL, also called acute lymphocytic leukaemia) is a rare, fast-growing cancer that affects the blood and bone marrow and causes white blood cells to grow uncontrollably and produce “leukaemia cells”. As the number of leukaemia cells increases in the blood and bone marrow, there is less room for healthy blood cells, making patients more susceptible to anaemia (lack of red blood cells) and infections. Doctors classify ALL into different subtypes depending on the type of blood cells that are affected.

When leukaemia cells grow instead of B-cell lymphocytes, this is known as B-precursor acute lymphoblastic leukaemia (B-ALL). This is the most common subtype of ALL in children and adults. Early symptoms may include bleeding from the gums, bone pain, fever, frequent infections, pale skin, weakness and shortness of breath.

Some patients with B-ALL have a genetic mutation in the Philadelphia chromosome in the leukaemia cells. This is called Philadelphia chromosome positive ALL (Ph+ ALL). Doctors test patients with ALL for this mutation to determine which treatment is likely to work best.

After treatment, some patients may have a small number of cancer cells that remain in the body, which is known as minimal residual disease (MRD). These cancer cells don't cause symptoms but have the potential to help the cancer to come back (relapsed ALL). Some patients with MRD may need additional treatment to stop a relapse from happening.

Some treatments stop working well after patients have been taking them for a while, and the cancer can begin to worsen. This is known as refractory ALL.

What is blinatumomab?

Blinatumomab is a type of cancer treatment called immunotherapy that helps the immune system find and destroy leukaemia cells. Blinatumomab is given as a drip into a vein (intravenously) continuously for 28 days using an infusion pump, then patients have a break from treatment for 14 days (one treatment cycle is 42 days).

After each cycle, your doctor will review your response to treatment before deciding if you should receive another cycle. Most people need 2 to 3 treatment cycles during their lifetime; a few people may need more. Your doctor will tell you if blinatumomab is a suitable treatment for you, how much you need to take and how long you need to take it for.

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Who can have blinatumomab?

Blinatumomab is used to treat patients if they have B-ALL which has come back or has not improved with previous treatment.

Patients with Ph+ ALL must have previously had a tyrosine kinase inhibitor before receiving blinatumomab.

Patients must not have received blinatumomab previously for B-ALL with MRD. If they have had blinatumomab before, they must not have had a relapse for at least six months after treatment was finished.

Your doctor will assess specific clinical criteria and how your condition responds to treatment to determine how many treatment cycles are required.

Why was blinatumomab recommended for MAF?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Blinatumomab was recommended because its benefit in improving survival for certain patients with relapsed or refractory B-ALL justifies its costs.

What does listing on MAF mean for me?

The MAF helps people pay for expensive treatments that are clinically necessary. If your doctor prescribes blinatumomab for relapsed or refractory B-ALL, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

If you are eligible for MAF, you will be able to receive up to five cycles of subsidised treatment with blinatumomab for relapsed or refractory B-ALL in a lifetime.

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