

Plain English Summary

Polatuzumab vedotin for treating relapsed or refractory diffuse large B-cell lymphoma

What does the guidance say?

Polatuzumab vedotin is not recommended for listing on the Medication Assistance Fund (MAF) for government funding for patients with relapsed or refractory diffuse large B-cell lymphoma who meet certain conditions.

What is diffuse large B-cell lymphoma?

Diffuse large B-cell lymphoma (DLBCL) is a type of fast-growing blood cancer that causes white blood cells (B-cell lymphocytes) to grow uncontrollably. It is the most common type of non-Hodgkin lymphoma and usually occurs in older adults, affecting up to 300 people each year in Singapore.

Symptoms may include swollen lymph nodes, fatigue, fever, night sweats, weight loss and frequent infections.

Many patients with DLBCL achieve remission (i.e., when the cancer is gone or no longer requires treatment) with chemotherapy. However, sometimes the cancer can come back or continues to worsen, and a different treatment will be given. Some patients may be able to have a stem cell transplant (haematopoietic cell transplant). This refers to a procedure where stem cells are removed from the blood and then later put back (reinfused) into the body after high doses of chemotherapy are given. This helps to restore the bone marrow and rebuild the immune system.

Doctors determine which treatment is likely to work best by considering the age of the patient and their general health, as well as which treatments have been tried before.

What is polatuzumab vedotin?

Polatuzumab vedotin belongs to a group of targeted medicines called antibody-drug conjugates. It specifically targets the CD79b protein found on cancer cells and stops the cancer from growing. Doctors will usually prescribe it for patients whose cancer has come back after treatment has finished (relapsed) or has worsened despite previous treatment (refractory), if they cannot have a haematopoietic cell transplant.

Polatuzumab vedotin is given as a slow drip into a vein (intravenously) in combination with two other drugs (bendamustine and rituximab). Your doctor will tell you how much you need to have and how long you need to have it for.

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Why was polatuzumab vedotin not recommended for MAF?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Polatuzumab vedotin was not recommended because its benefit in improving survival for certain patients with relapsed or refractory DLBCL does not justify its cost. If you need polatuzumab vedotin for DLBCL, you can speak to a medical social worker to find out if there is other financial assistance available to help with the cost of treatment.

Is this the right treatment for me?

There are different types of treatments available for DLBCL. Your doctor may recommend you have polatuzumab vedotin when other drugs are unsuitable or cannot adequately control your condition. Your doctor should give you clear information, listen to your views and concerns, and talk to you about your treatment options.

Some of the questions you may want to ask your doctor when making decisions about your care are:

- How will the treatment affect my day-to-day activities?
- How well does it work compared to other treatments?
- What are the side effects and risks of treatment, and how likely are they?
- How much does the treatment cost?
- How long will I need to be on the treatment for?
- What happens if the treatment stops working?
- What happens if I do not want to have treatment?

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 Agency for Care Effectiveness - ACE  Agency for Care Effectiveness (ACE)

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