

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Circular HSC (SQSD) (NICE) 56/08 TA 137

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Chief Executives of HSS Boards – **for distribution to:**
Directors of Public Health
Directors of Nursing
Directors of Pharmaceutical Services
Directors of Primary Care – for cascade to prescribing and GP
Advisors

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Chief Executives of HSC Trusts – **for distribution to:**
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Directors of Pharmaceutical Services – for cascade to relevant
staff

Date: 22 October 2008

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

For Information

Chairs of HSS Boards
Chairs of HSC Trusts
Chief Executive, Regulation & Quality Improvement Authority
Chief Officers HSC Councils
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NIPPET
Chief Executive, NIPEC
Chief Executive, RMSC

Dear Colleagues

Technology Appraisal No137 – Rituximab for the Treatment of Relapsed or Refractory Stage iii or Stage iv Follicular Non-Hodgkin's Lymphoma

This guidance recommends rituximab within its marketing authorisation, in combination with chemotherapy, as an option for the induction of remission in people with relapsed stage iii or iv follicular non-Hodgkin's lymphoma.

Rituximab monotherapy as maintenance therapy, within its marketing authorisation, is recommended as an option for the treatment of people with relapsed stage iii or iv follicular non-Hodgkin's lymphoma in remission induced with chemotherapy with or without rituximab.

Rituximab monotherapy, within its marketing authorisation, is recommended as an option for the treatment of people with relapsed or refractory stage iii or iv follicular non-Hodgkin's lymphoma in second or subsequent relapse, when all alternative treatment options have been exhausted (that is, if there is resistance to or intolerance of chemotherapy)

DHSSPS advises that this appraisal guidance is valid for Northern Ireland and endorses it for implementation in HSC.

The full NICE technology appraisal is available for download at:
<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11923>

The HSC sector also should note that;

1. The Department expects HSC organisations to put plans in place within 3 months of the date of issue of this e-mail alert to facilitate the implementation of this guidance;
2. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case;
3. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11923> and include costing tools, implementation advice and audit criteria to monitor local practice.

All NICE guidance endorsed by the Department to date can be accessed on the DHSSPS website at <http://www.dhsspsni.gov.uk/sqsd-guidance-nice-guidance>

Circular HSS (PPMD) (NICE) 01/006 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at:
http://www.dhsspsni.gov.uk/nice_guidance_01-06.pdf



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