Pharmacotherapeutic report rituximab (Mabthera®) for the indication: maintenance treatment of follicular lymphoma

Summary
The Pharmaceutic Aid Committee (CFH) has approved a pharmacotherapeutic report for the drug rituximab (Mabthera®) for the maintenance treatment of follicular lymphoma in patients suffering from recidivism or refractory disease. The new means of treatment was compared with existing forms of treatment for this disorder in order to determine its therapeutic value. The CFH has reached the conclusion that for patients who have undergone previous treatment, the effect of chemotherapy treatment, whether in combination with rituximab or not, lasts longer if maintenance therapy with rituximab is given instead of waiting until progression occurs. The best treatment results are obtained if initial treatment is comprised of a combination of chemotherapy and rituximab. This can lead to a considerable delay in switching to third-line or fourth-line treatment. As yet it is not clear which treatment scheme is most satisfactory and whether the maintenance treatment with rituximab also needs to be continued after a period of two years. For patients who have not been treated previously, there is no clarity about the degree to which maintenance treatment with rituximab contributes to perpetuating the results of first-line treatment with chemotherapy and rituximab.

The administration of rituximab often goes hand-in-hand with a flu-like infusion reaction or an acute hypersensitivity reaction. These reactions are usually not severe and are reduced or disappear during subsequent courses of treatment. Late reactions can also develop. Most side effects during maintenance treatment occur at the start of treatment. This is partially due to the after-effects of the chemotherapy used during the induction treatment. Haematological side effects, such as leucopoenia and neutropenia, occur relatively often during maintenance treatment, and there is an increased risk of infections.

Final conclusion on therapeutic value
In comparison with failing to treat until progression occurs and where necessary applying third-line and fourth-line treatment, rituximab has a therapeutic added value in the maintenance treatment of patients with recidives or refractory low-grade follicular lymphoma who respond to second-line chemotherapy, particularly in combination with rituximab. For the moment, the added value is a considerable prolongation in progression-free survival and the reduction in the risk of death due to the disease.