



<b>Title</b>	<b>Radioimmunotherapies for Non-Hodgkin Lymphoma: Systematic Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines</b>
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<b>Reference</b>	2009

## Aim

To determine the clinical and cost effectiveness of using radioimmunotherapies in treating non-Hodgkin lymphoma (NHL) and guidelines for using radioimmunotherapies in the treatment of NHL.

## Conclusions and results

Based on the evidence, the use of <sup>131</sup>I-tositumomab and <sup>90</sup>Y-ibritumomab may be treatment options for patients with refractory or relapsed NHL. The guidelines recommended the use of these drugs in patients with NHL that is refractory to chemotherapy. The cost-effectiveness information, which was not presented from a Canadian perspective, suggests that the use of <sup>131</sup>I-tositumomab may be a cost-effective option during third- or fourth-line NHL treatment, depending on a third-party payer's willingness to pay for a quality-adjusted life year. The evidence suggests that the use of <sup>131</sup>I-tositumomab and <sup>90</sup>Y-ibritumomab be reserved for individuals with follicular NHL whose initial treatment fails to produce a response.

## Methods

A literature search encompassed key health technology assessment resources, international health technology agencies, and a focused Internet search. The search was limited to articles published in English. Grey literature was identified by searching the websites of health technology assessment agencies, professional associations, and other specialized databases. These searches were supplemented by hand-searching the bibliographies and abstracts of key papers, and through contacts with appropriate experts and agencies. Two individuals screened and selected articles for inclusion in the report. Any disagreements were resolved through discussion until consensus was achieved.