# Health Technology Briefing
# December 2025

# Surovatamig for treating relapsed or refractory follicular lymphoma

| Company/Developer | AstraZeneca UK Ltd. |
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☒ New Active Substance ☐ Significant Licence Extension (SLE)

| NIHRIO ID: 39344 | NICE ID: Not Available | UKPS ID: 674729 |
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## Licensing and Market Availability Plans

Currently in phase II clinical development

## Summary

Surovatamig is currently in development for the treatment of relapsed or refractory follicular lymphoma. Follicular lymphoma develops when the body makes abnormal white blood cells called B lymphocytes. The abnormal lymphocytes do not work properly and build up causing blockages in parts of the immune system known as lymph nodes (glands). Relapsed lymphoma means that the disease has returned after responding to treatment. Refractory lymphoma means that the disease no longer responds to a specific treatment. The exact cause of follicular lymphoma is not known, but the risk is higher in people with a weak immune system, those taking medicines that suppress immunity, or those who have had been exposed to the Epstein-Barr virus. Outcomes for patients with disease progression are poor, and existing treatments are often not well tolerated, therefore there is a need to develop new treatment options for follicular lymphoma.

Surovatamig, administered via infusion into the vein, works by bringing T-cells (a kind of immune cell) directly to the cancerous lymphocytes, so they can recognise and destroy them. It has been designed to lower the risk of severe side effects, like strong immune reactions. If approved (licensed), surovatamig would provide an additional treatment option for patients with relapsed or refractory follicular lymphoma.

This briefing reflects the evidence available at the time of writing and a limited literature search. It is not intended to be a definitive statement on the safety, efficacy or effectiveness of the health technology covered and should not be used for commercial purposes or commissioning without additional information. A version of the briefing was sent to the company for a factual accuracy check. The company was available to comment.
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## Proposed Indication

Treatment of relapsed or refractory follicular lymphoma.[1]

## Technology

### Description

Surovatamig (AZD0486) is a novel, IgG4 fully human CD19xCD3 bispecific T-Cell Engager (TCE) incorporating a unique low affinity anti-CD3 moiety designed to reduce cytokine release while retaining potent T-cell mediated cytotoxicity of malignant B cells.[2] Upon administration, surovatamig binds to both the CD3 antigen on cytotoxic T lymphocytes (CTLs) and the CD19 antigen expressed on malignant B cells. This activates and redirects CTLs to CD19-expressing tumour cells, resulting in CTL-mediated killing of tumour cells.[3]

Surovatamig is currently in clinical development for the treatment of relapsed or refractory follicular lymphoma. In the phase II clinical trial (SOUNDTRACK-B, NCT06526793), surovatamig is administered via intravenous infusion.[1]

### Key Innovation

Follicular lymphoma is incurable with a relapsing/remitting pattern and decreasing progression-free survival interval per recurrence. In the relapsed/refractory setting, patients failing chimeric antigen receptor T-cell therapy (CAR T) or CD20 bispecific TCE have few options.[4] In CAR T-cell therapy, immune-mediated adverse events, such as cytokine release syndrome and immune effector cell-associated neurotoxicity, are well described.[5] In addition, CD20 TCE are limited by CD20 antigen loss.[4]

Surovatamig results in high complete response rates with low incidence of high-grade immune-mediated toxicity compared to alternative TCE therapies. Importantly, it remains active in patients with lymphomas that have lost CD20 expression, an important mechanism of treatment failure following CD20 targeting TCEs.[5] A silenced fragment crystallizable (Fc region) prevents nonspecific binding, antibody-dependent cellular cytotoxicity, and confers a long half-life suitable for intermittent administration.[2] If licensed, surovatamig would provide an additional treatment option for patients with relapsed or refractory follicular lymphoma.

### Regulatory & Development Status

Surovatamig does not currently have Marketing Authorisation in the EU/UK for any indication.

Surovatamig is also in phase II/III clinical development as a monotherapy for relapsed and refractory acute lymphoblastic leukaemia and for relapsed and refractory large B-cell lymphoma.[6]

## Patient Group

### Disease Area and Clinical Need

Follicular lymphoma is a common type of slow growing (low grade) non-Hodgkin lymphoma (NHL). Follicular lymphoma develops when the body makes abnormal white blood cells called B lymphocytes. The abnormal lymphocytes do not work properly and build up in the lymph nodes or other body organs. It is called 'follicular' because the cells usually develop in clumps called 'follicles'. The main symptoms include: painless swellings in the neck, armpit, or groin; heavy sweating in the night; high temperatures that come and go with

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no obvious cause; and weight loss.[7] The causes of follicular lymphoma are mostly unknown.[8] The risk of developing the condition is increased by medical conditions that weaken the immune system, immunosuppressant medicine, and previous exposure to the Epstein-Barr virus. Having a close relative with NHL may also slightly increase the risk.[9] Relapsed lymphoma means that the disease has returned after responding to treatment; this is sometimes also called a recurrence. Refractory lymphoma means that the patient's disease no longer responds to a specific treatment.[10]

Follicular lymphoma is the most common type of low grade lymphoma. Each year around 2,300 people are diagnosed with follicular lymphoma in the UK. It mainly affects adults over the age of 60.[7] In England (2024-25), there were 22,617 finished consultant episodes (FCEs) and 21,774 admissions for follicular lymphoma (ICD-10 code C82), which resulted in 20,141 day cases and 12,463 FCE bed days.[11] The age standardised incidence rate of follicular lymphoma in England is 4 per 100,000 (2020), and there were 2,172 new cases in 2020. In the same time period, there were 269 deaths where follicular lymphoma was the underlying cause.[12] For patients diagnosed between 2010 and 2019, followed up to September 2022, the one-year and five-year survival rates for follicular lymphoma were 96.5% and 84.4%, respectively.[13]

## Recommended Treatment Options

The National Institute for Health and Care Excellence (NICE) currently recommends the following therapies for the treatment of relapsed or refractory follicular lymphoma:

- Obinutuzumab with bendamustine after rituximab.[14]
- Lenalidomide with rituximab for previously treated follicular lymphoma.[15]
- Rituximab for stage 3 or 4 follicular lymphoma.[16]

## Clinical Trial Information

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| Trial | **SOUNDTRACK-B;** NCT06526793; A Modular Phase 2, Single-arm, Multicenter, Open-label Study to Evaluate the Efficacy and Safety of AZD0486 in Participants With Relapsed or Refractory (R/R) B-cell Non-Hodgkin Lymphoma<br>**Phase II –** Recruiting<br>**Location(s):** Six EU countries, UK, USA, Canada, Japan and other countries<br>**Primary completion date:** March 2027 |
| Trial Design | Non-randomised, sequential assignment, open label |
| Population | N=240 (estimated); adults with relapsed or refractory follicular lymphoma or diffuse large B-cell lymphoma after ≥ 2 prior therapies; aged 18 to 80. |
| Intervention(s) | Surovatamig via intravenous infusion. |
| Comparator(s) | - |
| Outcome(s) | Primary outcome measure: Overall response rate (ORR) [Time frame: from first dose to end of treatment or data cutoff, whichever comes first, assessed up to about 24 months]<br><br>See trial record for full list of all outcomes. |
| Results (efficacy) | - |
| Results (safety) | - |

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## Estimated Cost

The cost of surovatamig was confidential at the time of producing this briefing.

## Relevant Guidance

### NICE Guidance

- NICE technology appraisal in development. Lisocabtagene maraleucel for treating relapsed or refractory low-grade B-cell follicular lymphoma after 1 or more treatments (GID-TA11754). Expected date of issue to be confirmed.
- NICE technology appraisal in development. Odronextamab for treating relapsed or refractory follicular lymphoma (GID-TA11829). Expected date of issue to be confirmed.
- NICE technology appraisal in development. Subcutaneous mosunetuzumab for treating relapsed or refractory follicular lymphoma after 2 or more treatments (GID-TA11705). Expected date of issue to be confirmed.
- NICE technology appraisal in development. Epcoritamab for treating relapsed or refractory follicular lymphoma after 2 or more systemic treatments (GID-TA11385). Expected February 2026.
- NICE technology appraisal in development. Tafasitamab with lenalidomide and rituximab for treating relapsed or refractory follicular lymphoma after 1 or more systemic treatments (GID-TA11488). Expected July 2026.
- NICE technology appraisal in development. Epcoritamab with rituximab and lenalidomide for treating relapsed or refractory follicular lymphoma after 1 or more systemic treatments (GID-TA11768). Expected date of issue to be confirmed.
- NICE technology appraisal in development. Ibrutinib for treating relapsed or refractory follicular lymphoma (GID-TA10223). Expected date of issue to be confirmed.
- NICE technology appraisal. Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab (TA629). May 2020.
- NICE technology appraisal. Lenalidomide with rituximab for previously treated follicular lymphoma (TA627). April 2020.
- NICE technology appraisal. Rituximab for the treatment of relapsed or refractory stage 3 or 4 follicular non-Hodgkin's lymphoma (TA137). February 2008.
- NICE guideline. Non-Hodgkin's lymphoma: diagnosis and management (NG52). July 2016.

### NHS England (Policy/Commissioning) Guidance

- NHS England. Proton Beam Therapy for Adult Lymphoma. 190702P. 2021.
- NHS England. Clinical commissioning policy: Bendamustine with rituximab for first line treatment of advanced indolent non-Hodgkin's lymphoma (all ages). 170055P. 2018.

### Other Guidance

- British Society for Haematology (BSH). Guideline on the investigation and management of follicular lymphoma. 2021.[17]
- The European Society for Medical Oncology (ESMO). Newly diagnosed and relapsed follicular lymphoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. 2021.[18]
- RM Partners, South East London Cancer Alliance (SELCA), North Central and East London Cancer Alliance. Pan-London Haemato-Oncology Clinical Guidelines. 2020.[19]

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