

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
Health Technology Evaluation

**Tislelizumab with platinum-based chemotherapy for untreated advanced
oesophageal squamous cell cancer**

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of tislelizumab within its marketing authorisation for treating unresectable, locally advanced or metastatic, PD-L1-positive oesophageal squamous cell cancer with a TAP score of 5% or more that has not been previously treated.

Background

Oesophageal cancer is a malignant tumour arising from cells lining the oesophagus (gullet), which is the muscular tube through which food passes from the throat to the stomach. The two main types of oesophageal cancer are squamous cell carcinoma (SCC) and adenocarcinoma. Cancers in the upper or middle oesophagus are usually squamous cell cancer, whereas cancers in the lower oesophagus including where the oesophagus joins the stomach, are usually adenocarcinomas. The most common symptom of oesophageal cancer is difficulty swallowing. Other symptoms include food regurgitation, nausea or vomiting, unexplained weight loss, pain in the chest, back or throat, and persistent indigestion or cough.

In 2023, there were 9,089 new diagnoses, across all types of oesophageal cancer, in England.¹ Oesophageal SCC accounts for 25% of all oesophageal cancers recorded in England and Wales.² Between January 2021 and December 2022, there were 3,389 recorded cases of oesophageal SCC in England, with women accounting for 53% of those cases.² Oesophageal SCC is more common in older people and risk factors include smoking tobacco and alcohol consumption. Around 59% of all new cases of oesophageal SCC are diagnosed in people 70 years and over (2022 to 2023).² Because of the nature of symptoms, oesophageal SCC is often diagnosed at an advanced stage. Between 2021 and 2022, 56% of cases were diagnosed at stage 3 (locally advanced) or 4 (metastatic).² For adults diagnosed between 2015 and 2019 in England, the 1-year survival rate for people with all types of oesophageal cancer was around 57% and 5-year survival rate was 18%.³

NICE clinical guideline ([NG83](#)) recommends chemotherapy combination regimens for people who have a performance status 0 to 2 and no significant comorbidities. Chemotherapy regimens include doublet treatment with fluorouracil or capecitabine in combination with cisplatin or oxaliplatin, or triplet treatment with fluorouracil or capecitabine in combination with cisplatin or oxaliplatin plus epirubicin.

NICE technology appraisal [737](#) recommends pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy as an option for untreated locally advanced unresectable or metastatic carcinoma of the oesophagus whose tumours express PD-L1 with a combined positive score (CPS) of 10 or more. NICE technology appraisal [865](#) recommends nivolumab with fluoropyrimidine-based and platinum-based combination chemotherapy as an option for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma in adults whose

tumours express PD-L1 at a level of 1% or more only if pembrolizumab plus chemotherapy is not suitable.

The technology

Tislelizumab (Tevimbra, BeOne Medicines) in combination with platinum-based chemotherapy has a marketing authorisation in the UK for the first-line treatment of adult patients with unresectable, locally advanced or metastatic, oesophageal squamous cell carcinoma whose tumours express PD-L1 with a TAP score of 5% or more. It was studied in a clinical trial in people with unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma.

Intervention(s)	Tislelizumab with chemotherapy
Population(s)	Adults with unresectable, untreated locally advanced or metastatic, oesophageal squamous cell carcinoma that expresses PD-L1 with a TAP score of 5% or more
Subgroup(s)	<p>If evidence allows, results by the following may be considered:</p> <ul style="list-style-type: none"> • PD-L1 expression • disease stage • prior definitive therapy (e.g surgery, radiotherapy) • ECOG performance status
Comparators	<ul style="list-style-type: none"> • chemotherapy alone, which includes doublet treatment with fluorouracil or capecitabine plus cisplatin or oxaplatin <p>For people whose tumours express PD-L1</p> <ul style="list-style-type: none"> • nivolumab with platinum- and fluoropyrimidine-based chemotherapy • pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy
Outcomes	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> • overall survival • progression-free survival • response rate • adverse effects of treatment • health-related quality of life.

Economic analysis	<p>If the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost comparison may be carried out.</p> <p>The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.</p> <p>The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p>
Other considerations	<p>Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.</p>
Related NICE recommendations	<p>Related Technology Appraisals:</p> <p>Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma. NICE Technology appraisal guidance 997</p> <p>Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma (2023). NICE Technology appraisal guidance 865.</p> <p>Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer (2021). NICE Technology appraisal guidance 737.</p> <p>Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer (2021). NICE Technology appraisal guidance 707.</p> <p>Related NICE guidelines:</p> <p>Oesophago-gastric cancer: assessment and management in adults (2018). NICE guideline 83.</p> <p>Suspected cancer: recognition and referral (2015, updated 2021). NICE guideline 12.</p> <p>Barrett's oesophagus: ablative therapy (2010). NICE clinical guideline 106</p>
Related National Policy	<p>The NHS Long Term Plan, 2019. NHS Long Term Plan</p>

	<p>NHS England (2018/2019) NHS manual for prescribed specialist services (2018/2019) Chapter 105 – Specialist cancer services (adults). NHS England commissions upper gastrointestinal cancers, page 275.</p> <p>NHS England (2018) 2013/14 NHS standard contract for cancer: oesophageal and gastric (adult)</p> <p>Department of Health and Social Care (2016) NHS outcomes framework 2016 to 2017</p> <p>NHS Digital (2022) NHS Outcomes Framework England, March 2022 Annual Publication</p>
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References

1. NHS England Digital, [Cancer registration Statistics in England 2023](#). Accessed February 2026
2. [National Oesophago-Gastric Cancer Audit State of the Nation Report September 2025](#). Accessed February 2026
3. [NHS England Digital, Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021](#). Accessed February 2026