

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Tislelizumab with chemotherapy for untreated recurrent or metastatic nasopharyngeal cancer [ID6304]

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of tislelizumab with chemotherapy within its marketing authorisation for the first-line treatment of recurrent nasopharyngeal cancer that cannot be treated with curative surgery or radiotherapy, or metastatic nasopharyngeal cancer.

Background

Nasopharyngeal cancer (NPC) is a type of head and neck cancer that arises from abnormal and uncontrolled cell growth at the part of the throat connecting the back of the nose to the back of the mouth (the nasopharynx). The 3 types of NPC include keratinizing, non-keratinizing (differentiated and non-differentiated) and basaloid squamous cell carcinoma.

NPC can be difficult to recognise early as symptoms often present after the cancer has progressed to a later stage. Symptoms can include nosebleeds, headaches, hearing loss and a lump in the neck that persists for more than 3 weeks. The exact cause of NPC is unknown, but risk factors can include smoking and coming into contact with the Epstein-Barr virus (EBV), a common virus that causes glandular fever.

Around 260 people are diagnosed with NPC in the UK every year.¹ It is more common in men than women. NPC makes up around 2% of all head and neck cancer cases. Since the early 1990s, head and neck cancer incidence rates have increased by more than 36% in the UK. Rates in females have increased by 48% and rates in males have increased by 24%.² In 2024, there were 147 recorded deaths in England for 'Malignant neoplasm of nasopharynx'.³

Recurrent or metastatic NPC can be treated with first-line systemic chemotherapy, or radiotherapy and surgery. First-line treatments can include nasopharyngectomy, brachytherapy, radiosurgery, stereotactic radiotherapy, IMRT or surgery followed by chemoradiation. There are no licensed treatments for later lines of treatment. Surgery is often not possible due to the affected area being difficult to access.

The technology

Tislelizumab (Tevimbra, BeOne Medicines) in combination with gemcitabine and cisplatin is indicated for the first line treatment of recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal cancer.

Intervention(s)	Tislelizumab with gemcitabine and cisplatin
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Population(s)	Adults with first-line recurrent nasopharyngeal cancer that cannot be treated with curative surgery or radiotherapy, or metastatic nasopharyngeal cancer
Comparators	<ul style="list-style-type: none"> • Chemotherapy combinations including: <ul style="list-style-type: none"> ○ Cisplatin ○ Gemcitabine ○ Fluorouracil (5FU) ○ Docetaxel ○ Paclitaxel ○ Capecitabine ○ Carboplatin • Toripalimab (Subject-to-NICE evaluation) • Best supportive care
Outcomes	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> • overall survival • progression-free survival • response rate • duration of response • adverse effects of treatment • health-related quality of life.
Economic analysis	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</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> <p>The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.</p> <p>The availability and cost of biosimilar and generic products should be taken into account.</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 in development: Toripalimab with chemotherapy for untreated recurrent or metastatic nasopharyngeal cancer. NICE technology appraisal guidance [ID6406]. Publication date to be confirmed.</p> <p>Related NICE guidelines: Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over (2016) NICE guideline 36. Review date not stated.</p> <p>Related quality standards: Head and neck cancer (2017) NICE quality standard 146.</p>

References

1. Cancer Research UK (2024). [What is nasopharyngeal cancer?](#) Accessed January 2026.
2. Cancer Research UK (2019) [Head and neck cancers statistics](#). Accessed January 2026.
3. Office for National Statistics, NOMIS. (2024). [Mortality statistics - underlying cause, sex and age](#). Accessed January 2026.