Appendix B

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Toripalimab with chemotherapy for untreated recurrent or metastatic nasopharyngeal cancer ID6406

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of toripalimab with chemotherapy within its marketing authorisation for treating recurrent or metastatic nasopharyngeal cancer.

Background

Nasopharyngeal cancer (NPC) is a type of head and neck cancer that arises from abormal 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 keratinisng, non-keratiningi 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 England in 2023 there were 128 recorded deaths for 'Malignant neoplasm of nasopharynx'.[3]

Recurrent or metastatic NPC can be treated with chemotherapy or radiotherapy and surgery. First-line treatments can include nasopharyngectomy, brachytherapy, radiosurgery, stereotactic radiotherapy, IMRT, or surgery followed by chemoradiation. Surgery is often not possible due to the affected areas being difficult to access.

The technology

Toripalimab (Loqtorzi, LEO Pharma) is indicated in combination with cisplatin and gemcitabine for the first-line treatment of recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma. in adults.

Intervention(s)	Toripalimab with cisplatin and gemcitabine

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Appendix B

Population(s)	Adults with recurrent, unresected or metastatic nasopharyngeal cancer

Comparators	• Chemotherapy without toripalimab including:
	  ○ Cisplatin
	  ○ Gemcitabine
	  ○ Carboplatin
	  ○ fluorouracil (5FU)
	  ○ docetaxel
	  ○ paclitaxel
	  ○ capecitabine
	• Best supportive care

Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rate • duration of response • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. 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. Costs will be considered from an NHS and Personal Social Services perspective.
Other considerations	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.
Related NICE recommendations	**Related technology appraisals in development:** Tislelizumab with chemotherapy for untreated recurrent or metastatic nasopharyngeal cancer. NICE technology appraisal guidance [ID6304] Publication date to be confirmed **Related NICE guidelines:**

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Appendix B

	Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over (2016) NICE guideline 36. Review date not stated. Head and neck cancer (2017) NICE quality standard 146

Questions for consultation

Where do you consider toripalimab will fit into the existing care pathway for nasopharyngeal cancer?

What treatments are established clinical practice for adults with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma?

What would you consider appropriate comparators for toripalimab?

In clinical practice, how would you determine if someone with nasopharyngeal carcinoma would not be able to have surgery or radiotherapy?

Please select from the following, will toripalimab be:
A. Prescribed in primary care with routine follow-up in primary care
B. Prescribed in secondary care with routine follow-up in primary care
C. Prescribed in secondary care with routine follow-up in secondary care
D. Other (please give details):
For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would toripalimab be a candidate for managed access?

Do you consider that the use of toripalimab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

Please indicate if any of the treatments in the scope are used in NHS practice differently than advised in their Summary of Product Characteristics. For example, if the dose or dosing schedule for a treatment is different in clinical practice. If so, please indicate the reasons for different usage of the treatment(s) in NHS practice. If stakeholders consider this a relevant issue, please provide references for data on the efficacy of any treatments in the pathway used differently than advised in the Summary of Product Characteristics.

How many people in England are likely to be eligible for this treatment?

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which toripalimab is licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;

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- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE intends to evaluate this technology through its Single Technology Appraisal process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

References

1. Cancer Research UK (2024). What is nasopharyngeal cancer? Accessed September 2025.

2. Cancer Research UK (2019) Head and neck cancers statistics. Accessed September 2025.

3. Office for National Statistics, NOMIS. (2023). Mortality statistics - underlying cause, sex and age. Accessed September 2025.

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