NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Final draft guidance

Durvalumab with chemotherapy for neoadjuvant and adjuvant treatment then alone for adjuvant treatment of resectable gastric or gastro-oesophageal junction adenocarcinoma

1 Recommendation

1.1 Durvalumab can be used, within its marketing authorisation, as an option for neoadjuvant and adjuvant treatment with 5-fluorouracil, leucovorin, oxaliplatin and docetaxel (FLOT) chemotherapy, then alone as adjuvant treatment, for resectable gastric or gastro-oesophageal junction adenocarcinoma in adults. Durvalumab can only be used if the company provides it according to the commercial arrangement (see section 2).

What this means in practice

Durvalumab with FLOT chemotherapy as neoadjuvant and adjuvant treatment, followed by durvalumab alone as adjuvant treatment must be funded in the NHS in England for the condition and population in the recommendations, if it is considered the most suitable treatment option. It must be funded in England within 90 days of final publication of this guidance.

There is enough evidence to show that it provides benefits and value for money, so it can be used routinely across the NHS in this population.

Why this recommendation was made

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Usual treatment for resectable gastric or gastro-oesophageal junction adenocarcinoma before surgery (neoadjuvant) and after surgery (adjuvant) is FLOT chemotherapy.

Clinical trial evidence shows that durvalumab plus FLOT chemotherapy as neoadjuvant and adjuvant treatment, then durvalumab alone as adjuvant treatment, increases how long people have before their cancer gets worse and how long they live compared with placebo plus FLOT chemotherapy as neoadjuvant and adjuvant treatment, then placebo alone as adjuvant treatment.

Although there are some uncertainties in the clinical-effectiveness evidence and the economic model, the most likely cost-effectiveness estimates are within the range that NICE considers an acceptable use of NHS resources. So, durvalumab can be used for neoadjuvant and adjuvant treatment with FLOT chemotherapy, then alone as adjuvant treatment.

For all the evidence, see the committee papers. For more information on streamlined evaluations, see NICE's technology appraisal and highly specialised technologies guidance manual.

2 Information about durvalumab with FLOT chemotherapy

Marketing authorisation indication

2.1 Durvalumab (Imfinzi, AstraZeneca) with FLOT chemotherapy as neoadjuvant and adjuvant treatment, then alone as adjuvant treatment, is indicated for the treatment of adults with resectable gastric or gastro-oesophageal junction adenocarcinoma.

Dosage in the marketing authorisation

2.2 The dosage schedule will be available in the summary of product characteristics for durvalumab.

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Price

2.3 The list price of durvalumab is £592.00 per 2.4-ml vial and £2,466.00 per 10-ml vial (excluding VAT; BNF online, accessed April 2026). The list price of 5-fluorouracil, leucovorin, oxaliplatin and docetaxel varies by pack size and dose.

2.4 The company has a commercial arrangement (commercial access agreement). This makes durvalumab available to the NHS with a discount. The size of the discount is commercial in confidence.

Sustainability

2.5 For information, the Carbon Reduction Plan for UK carbon emissions is published on AstraZeneca's webpage on sustainability.

3 Implementation

3.1 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 90 days of its date of publication.

3.2 Chapter 2 of Appraisal and funding of cancer drugs from July 2016 (including the new Cancer Drugs Fund) – A new deal for patients, taxpayers and industry states that for those drugs with a draft recommendation for routine commissioning, interim funding will be available (from the overall Cancer Drugs Fund budget) from the point of marketing authorisation, or from release of positive draft guidance, whichever is later. Interim funding will end 90 days after positive final guidance is published (or 30 days in the case of drugs with an Early Access to Medicines Scheme designation or cost comparison evaluation), at which point funding will switch to routine commissioning budgets. The NHS England Cancer Drugs Fund list provides up-to-date information on

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all cancer treatments recommended by NICE since 2016. This includes whether they have received a marketing authorisation and been launched in the UK.

3.3 The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 60 days of the first publication of the final draft guidance.

3.4 When NICE recommends a treatment 'as an option', the NHS must make sure it is available within the period set out in the paragraphs above. This means that, if a patient has resectable gastric or gastro-oesophageal junction adenocarcinoma and the healthcare professional responsible for their care thinks that durvalumab is the right treatment, it should be available for use, in line with NICE's recommendations.

4 Evaluation committee members and NICE project team

Evaluation committee members

The 4 technology appraisal committees are standing advisory committees of NICE. This topic was considered as a streamlined evaluation by the lead team of committee B, which includes the chair.

Committee members are asked to declare any interests in the technology being evaluated. If it is considered there is a conflict of interest, the member is excluded from participating further in that evaluation.

Chair

Charles Crawley

Chair, technology appraisal committee B

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NICE project team

Each evaluation is assigned to a team consisting of 1 or more health technology analysts (who act as technical leads for the evaluation), a technical adviser, a project manager, and an associate director or principal technical adviser.

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