National Institute for Health and Care Excellence

Health Technology Evaluation

Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (MA review of TA779) [ID6326]

Response to stakeholder organisation comments on the draft remit and draft scope

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit and proposed process

Section	Stakeholder	Comments [sic]	Action
Appropriateness of an evaluation and proposed evaluation route	GSK	GSK believes that it is appropriate to evaluate this technology through the NICE Single Technology Appraisal process.	Thank you for your comment.
Wording	GSK	The wording of the remit reflects the proposed issues of clinical and cost effectiveness that NICE should consider.	Thank you for your comment.
Additional comments on the draft remit	GSK	No additional comments.	N/A

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	GSK	The background information is accurate and complete.	Thank you for your comment.
Population	GSK	The population in the scope is described as 'People with previously treated advanced or recurrent endometrial cancer (EC) with high microsatellite instability (MSI-H) or mismatch repair deficiency (dMMR)' GSK suggests the following wording changes that more appropriately reflect the changing treatment pathway in first line (1L): 'People with mismatch repair deficient (dMMR)/high microsatellite instability (MSI-H) recurrent or advanced endometrial cancer (EC) that has progressed on or following prior treatment with a platinum-containing regimen.	Thank you for your comment. The population has been updated to: 'People with advanced or recurrent MSI-H or dMMR endometrial cancer, whose disease has progressed on or following treatment with a platinum-containing therapy'
Subgroups	GSK	There are no subgroups within this population that would be appropriate for this topic.	Thank you for your comment. No changes needed.
Comparators	GSK	GSK agrees that the comparators listed in the draft scope are standard treatments currently used in the NHS for certain groups of EC patients, however, do not believe that all are relevant comparators for dostarlimab.	Thank you for your comments. The comparators have been

Section	Consultee/ Commentator	Comments [sic]	Action
		GSK believe that the relevant comparators for this appraisal should be limited to pembrolizumab (TA914) and pembrolizumab with lenvatinib (TA904). There has been a significant shift in clinical practice[1] with the introduction of immunotherapy (IO) treatments into baseline commissioning such as pembrolizumab monotherapy and pembrolizumab with lenvatinib in second line (2L) since the original appraisal for dostarlimab (TA779). GSK believes that treatment with chemotherapy after a platinum-containing regimen would now be reserved for people who cannot tolerate an IO treatment and should not therefore be included as a comparator. As per the BGCS guidelines, hormone therapy is used as an option if all other treatment options (including chemotherapy and IO) are exhausted[2]. It is used with palliative intent rather than with an expectation of clinical response. Similarly, best supportive care (BSC) is reserved for patients not fit for active treatment. This has been acknowledged previously as part of TA904 which has recommended pembrolizumab with lenvatinib in an analogous setting. Therefore, GSK suggests that the only relevant comparators for this appraisal are pembrolizumab and pembrolizumab with lenvatinib. References: 1. ESGO-ESTRO-ESP Guidelines on the management of endometrial carcinoma – Update 2025. Presented at ESGO 2025, 20–23 Feb, Rome, Italy. 2. Morrison J, Balega J, Buckley L, Clamp A, Crosbie E, Drew Y, et al. British Gynaecological Cancer Society (BGCS) uterine cancer guidelines: Recommendations for practice. Eur J Obstet Gynecol Reprod Biol. 2022; 270:50-89.	updated and do not include hormone therapy or best supportive care. But the comparators in the scope remain broad by including chemotherapy. In its submission for NICE evaluation, the company should provide justification of the comparators it considers are relevant, including with input from clinical experts.

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Outcomes	GSK	The outcomes listed in the scope are appropriate and will capture the most important health related benefits of the technology.	Thank you for your comments.
Equality	GSK	There are no equality issues that are not addressed currently by the scope. The following equity considerations have been identified to be relevant to this submission: • In the UK, endometrial cancer survival outcomes are associated with socio-economic deprivation. Women from the middle and most deprived socio-economic groups were more likely to die from endometrial cancer, with a two-fold and a 53% increased risk respectively, compared with the less deprived women[1]. • Ethnicity influences endometrial cancer survival outcomes. A study found significant demographic differences between co-located South Asian and White patients with endometrial cancer, including younger age at diagnosis and more premenopausal cases in the South Asian patient group[2]. This suggests potential disparities in cancer referral criteria based on ethnicity. • Recent ONS data demonstrated significant disparities in endometrial cancer mortality, with Black ethnic groups in the UK experiencing notably higher rates compared with other ethnicities. Diagnosis at late stages appears more frequent among Black Caribbean and Black African women compared with women from other groups[3]. References cited: 1. Njoku K, Barr CE, Hotchkies L, et al. Impact of socio-economic deprivation on endometrial cancer survival in the North West of	Thank you for your comments. These have been recorded for committee consideration in the Equality Impact Assessment for scoping.

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		England: a prospective database analysis. BJOG 2021; 128(7): 1215-24. 2. Mohammed S, Polymeros K, Wickham-Joseph R, et al. Comparing characteristics of endometrial cancer in women of South Asian and White ethnicity in England. Cancers 2021; 13(23): 6123. 3. Moss EL, Teece L, Darko N. Uterine cancer mortality and Black women: time to act. The Lancet Oncology 2023; 24(6): 586-8.	
Other considerations	GSK	No additional considerations.	N/A
Questions for consultation	GSK	**Where do you consider dostarlimab will fit into the existing care pathway for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency?** GSK expects dostarlimab to be used in line with the current CDF recommendation as an alternative treatment option to pembrolizumab +/- lenvatinib. **In current practice, are there people who have chemotherapy or hormone therapy after a platinum containing regimen? Which people would have these treatments after a previous platinum containing regimen?** As described in the 'Comparators' section, GSK expects that with the introduction of IO therapy in this setting, use of chemotherapy and hormone	Thank you for your comment. Thank you for your comment. The comparators have been

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		therapy will be limited to a group of patients who are unsuitable for IO treatment.	updated – please see earlier response.
		Is pembrolizumab with lenvatinib used to treat advanced or recurrent endometrial cancer with mismatch repair deficiency (dMMR) or high microsatellite instability (MSI-H). If yes would this be the same group of people who would have pembrolizumab monotherapy?	
		Pembrolizumab with lenvatinib is recommended, within its marketing authorisation, for treating advanced or recurrent EC in adults whose cancer has progressed on or after platinum-based chemotherapy, irrespective of MMR/MSI status.	Thank you for your comments. No updates needed.
		The TA904 recommendation covers a broader patient population than the proposed indication for this topic and it is anticipated that pembrolizumab with lenvatinib is predominantly used to treat MMRp/MSS EC, however GSK are also aware of use of this combination in dMMR/MSI-H EC.	
		This is the same population covered in TA914 for pembrolizumab monotherapy (dMMR/MSI-H EC).	
		Please select from the following, will dostarlimab be:	Thank you for your comment.
		A. Prescribed in secondary care with routine follow-up in secondary care	
		For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.	
		Setting for prescribing and routine follow-up is similar for comparators and subsequent treatments.	Thank you for your comment.
		Do you consider that the use of dostarlimab 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	

Section	Consultee/ Commentator	Comments [sic]	Action
		understand to be available to enable the committee to take account of these benefits. No further considerations.	Thank you for your comment.
Additional comments on the draft scope	GSK	No further comments.	N/A

The following stakeholders indicated that they had no comments on the draft remit and/or the draft scope

[None]