Appendix B

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Cemiplimab for treating recurrent or metastatic cervical cancer that has progressed on or after platinum-based chemotherapy (review of TA901)

Final scope

Final remit/evaluation objective

To appraise the clinical and cost effectiveness of cemiplimab within its marketing authorisation for treating recurrent or metastatic cervical cancer that has progressed on or after platinum-based chemotherapy in adults.

Background

Cervical cancer develops when abnormal cells in the lining of the cervix (the entrance to the womb from the vagina) grow in an uncontrolled way and eventually form a tumour.[1] It can start from different types of cells in different parts of the cervix, which gives rise to 2 main subtypes of cancer. The most common subtype, called squamous cell carcinoma, develops from skin-like cells present on the outer surface of the cervix (ectocervix). Another subtype is called adenocarcinoma and it develops from glandular cells that produce mucus inside the cervix (endocervix). It is also possible to have cancer characterised by the presence of both squamous and glandular cells, this is adenosquamous carcinoma. The human papilloma virus (HPV) is the main cause of cervical cancer and has been detected in 99% of cases. HPV types 16 and 18 account for at least two-thirds of cases.[2]

Cervical cancer is said to be recurrent when it has returned following treatment, and metastatic when it has spread beyond the pelvis and pelvic lymph nodes to other places in the body such as the abdomen, liver, intestinal tract, or lungs.[3]

In England in 2022, there were 2,641 newly diagnosed cases of cervical cancer, and 737 recorded deaths from cervical cancer.[4] Survival rates for metastatic or recurrent cervical cancer are significantly lower than for early-stage cervical cancer. About 15% of people diagnosed with stage 4 (metastatic) disease survive for 5 years or more after diagnosis compared with 95% of people diagnosed at stage 1. [5,6]

For people with metastatic or recurrent cervical cancer, the aim of treatment is to prolong survival, relieve symptoms and improve quality of life. Treatment options include chemotherapy alone or in combination with immunotherapies. NICE technology appraisal guidance 939 recommends pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer in adults whose tumours express PDL1 with a combined positive score of at least 1. NICE technology appraisal guidance 183 recommends topotecan in combination with cisplatin as an option for treating recurrent or stage IVB cervical cancer in people who have not previously received cisplatin. There is no standard second-line treatment for people with disease progression on or after systemic treatment. Second line options include single-agent chemotherapy and best supportive care.[7]

Appendix B

The technology

Cemiplimab (Libtayo, Regeneron) is indicated for the treatment of adult patients with recurrent or metastatic cervical cancer and disease progression on or after platinum-based chemotherapy

Intervention(s)	Cemiplimab
Population(s)	Adults with recurrent or metastatic cervical cancer that has progressed on or after having platinum-based chemotherapy
Comparators	• Single-agent chemotherapy • Best supportive care • Tisotumab vedotin monotherapy (subject to NICE evaluation)
Outcomes	The outcome measures to be considered include: • progression free survival • overall survival • response rates • 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. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.
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:**

Appendix B

	Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer. (2023) NICE technology appraisal guidance 939 Topotecan for the treatment of recurrent and stage IVB cervical cancer (2009) NICE Technology appraisal guidance 183 **Related technology appraisals in development:** Tisotumab vedotin for treating recurrent or metastatic cervical cancer that has progressed on or after systemic treatment [ID3753]. Due for publication: June 2026 **Related interventional procedures:** High dose rate brachytherapy for carcinoma of the cervix (2006) NICE interventional procedures guidance 160

References

1. Cancer Research UK (2023). What is cervical cancer? Accessed August 2025.

2. NICE (2022). Clinical knowledge summary on cervical cancer and HPV. Accessed August 2025.

3. Cancer Research UK (2023). Stage 4 cervical cancer. Accessed August 2025.

4. NHS Digital (2024). Cancer registration statistics, England, 2022. Accessed August 2025.

5. Gennigens C, Jerusalem G, Lapaille L et al. (2022) Recurrent or primary metastatic cervical cancer: current and future treatments. ESMO Open : 7(5):100579.

6. Cancer Research UK (2023). Survival for cervical cancer (2023). Accessed August 2025.

7. BMJ Best Practice (2025). Cervical cancer. Accessed June 2025.