

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
Health Technology Evaluation

Trastuzumab deruxtecan for treating HER2-positive advanced gastric or gastro-oesophageal junction adenocarcinoma after trastuzumab-based treatment (review of TA879)

Final scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of trastuzumab deruxtecan for treating HER2-positive advanced gastric or gastro-oesophageal junction adenocarcinoma after trastuzumab-based treatment.

Background

Stomach cancer is a malignant tumour arising from cells in the stomach. The most common types of stomach cancer are gastric or gastro-oesophageal junction adenocarcinoma. Gastrooesophageal junction cancer describes cancers where the centre of the tumour is less than 5cm above or below where the oesophagus meets the stomach. Oesophageal cancer is a malignant tumour arising from cells lining the oesophagus. Although these cancers occur in close to each other in the body, they are considered separate conditions.

Stomach cancer is more common in men than women, with approximately 3,476 cases diagnosed in men, and 1,978 cases in women in England in 2023.¹ Around half of all new cases of gastric cancer in the UK are diagnosed in people aged 75 years and over.² Over the past few years there has been an increase in incidence of tumours at the junction of the oesophagus and stomach.¹

Initial symptoms of gastric or gastro-oesophageal cancer are vague and are similar to other stomach conditions, but symptoms of advanced stages may include a lack of appetite and subsequent weight loss; fluid in the abdomen, vomiting blood, blood in the stool or black stool. The 5-year survival for people diagnosed with stomach cancer between 2016 and 2020 was 23.9% and 18%, respectively.⁴

The aim of treatment in advanced or metastatic gastric or gastro-oesophageal junction adenocarcinoma is primarily palliative; to prevent progression, extend survival and relieve symptoms with minimal adverse effects.

For people who have untreated HER2-positive metastatic gastric or gastrooesophageal junction adenocarcinoma, that express high levels of HER2 as defined by a positive immunohistochemistry score of 3 (IHC3 positive), [NICE technology appraisal 208 recommends](#) trastuzumab in combination with cisplatin and capecitabine or fluorouracil.

[NICE technology appraisal 191](#) recommends capecitabine in combination with a platinum-containing agent as an option for inoperable untreated advanced gastric cancer. Additional treatments are also available for the treatment of HER-negative cancers

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[NICE clinical guideline 83](#) recommends chemotherapy combination regimens for people who have a performance status 0 to 2 and no significant comorbidities. Chemotherapy regimens include doublet treatment with fluorouracil or capecitabine in combination with cisplatin or oxaliplatin or triplet treatment with fluorouracil or capecitabine in combination with cisplatin or oxaliplatin plus epirubicin. For second line palliative chemotherapy may be considered for people with oesophago-gastric cancer.

The technology

Trastuzumab deruxtecan (Enhertu, Daiichi Sankyo) is indicated for the treatment of adult with advanced HER2-positive gastric or gastroesophageal junction adenocarcinoma who have received a prior trastuzumab-based regimen.

Intervention(s)	Trastuzumab deruxtecan
Population(s)	Adults with advanced HER2-positive gastric or gastroesophageal junction adenocarcinoma who had a prior trastuzumab-based regimen
Subgroups	<p>If the evidence allows, the following subgroups will be considered:</p> <ul style="list-style-type: none"> • HER2 status by IHC score • Line of treatment • ECOG performance status
Comparators	<ul style="list-style-type: none"> • Palliative chemotherapy • Trifluridine–tipiracil (for people at third line treatment or beyond) • 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 rates • adverse effects of treatment • health-related quality of life.

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<p>Economic analysis</p>	<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>
<p>Other considerations</p>	<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>
<p>Related NICE recommendations</p>	<p>Related technology appraisals:</p> <p>Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma (2024). NICE technology appraisal TA983</p> <p>Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments (2022). NICE technology appraisal 852</p> <p>Trastuzumab for the treatment of HER-2 positive metastatic gastric cancer (2010). NICE technology appraisal 208</p> <p>Capecitabine for the treatment of advanced gastric cancer (2010). NICE technology appraisal 191</p> <p>Related technology appraisals in development:</p> <p>None.</p> <p>Related NICE guidelines:</p> <p>‘Oesophago-gastric cancer: assessment and management in adults’ (2018). NICE guideline 83. Last reviewed August 2022.</p> <p>Related Interventional Procedures:</p> <p>‘Laparoscopic gastrectomy for cancer’ (2008). NICE interventional procedures guidance 269.</p>

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	Related Quality Standards: Oesophago-gastric cancer (2018) NICE quality standard 176
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References

1. NHS Digital. [Cancer Registration Statistics, England, 2023](#). Accessed: February 2026
2. Cancer Research UK. [Stomach cancer incidence statistics](#). Accessed February 2026.
3. Cancer Research UK. [Oesophageal cancer incidence statistics](#). Accessed February 2026
4. NHS England. Digital [Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021](#). Accessed February 2026.

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