NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Tislelizumab for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy (review of TA1068)

Final scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of Tislelizumab within its marketing authorisation for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy.

Background

Oesophageal cancer is a malignant tumour arising from cells lining the oesophagus (gullet), which is the muscular tube through which food passes from the throat to the stomach. The two main types of oesophageal cancer are squamous cell carcinoma and adenocarcinoma. Cancers in the upper or middle oesophagus are usually squamous cell cancer, whereas cancers in the lower oesophagus including where the oesophagus joins the stomach, are usually adenocarcinomas. The most common symptom of oesophageal cancer is difficulty swallowing. Other symptoms include food regurgitation, nausea or vomiting, unexplained weight loss, pain in the chest, back or throat, and persistent indigestion or cough.

Oesophageal cancer is more common in men than women. In England in 2023, there were 2,626 new diagnosis in women and 6,463 in men (a total of 9,089 new cases) .[1] The risk of developing oesophageal cancer increases with age. Around 41% of all new cases in the UK are diagnosed in people aged 75 and over (2017-2019).[2] In England, oesophageal cancer incidence between 2013 and 2017 was higher in more deprived areas.[2] Rates were 43% higher for women and 50% higher for men in the most deprived quintile compared with the least deprived.[2] Due to the nature of the symptoms, oesophageal cancer is often diagnosed at an advanced stage. [3] On average, 70-80% are diagnosed at stage 3 (locally advanced) or 4 (metastatic).[3] For adults diagnosed in 2018 in England, the 1-year age-standardised net survival for people with oesophageal cancer is 45.5% and 5-year survival rate is 16.8%.[2]

NICE technology appraisal 737 recommends pembrolizumab with platinum- and fluoropyrimidine-based as an option for untreated locally advanced unresectable or metastatic carcinoma of the oesophagus or HER-2 negative gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a combined positive score (CPS) of 10 or more. NICE technology appraisal 865 recommends nivolumab with fluoropyrimidine-based and platinum-based combination chemotherapy as an option for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma in adults whose tumours express PD-L1 at a level of 1% or more only if pembrolizumab plus chemotherapy is not suitable.

NICE technology appraisal 707 recommends nivolumab for treating unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma in adults after fluoropyrimidine and platinum-based therapy.

NICE clinical guideline (NG83) 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.

The technology

Tislelizumab (Tevimbra, BeOne) does not currently have a marketing authorisation in the UK for the treatment of adult patients with unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma after prior platinum-based chemotherapy. It has been studied in clinical trials compared with and in combination with chemotherapy compared with chemotherapy alone in adults with advanced unresectable or metastatic oesophageal squamous cell carcinoma.

Intervention(s)	Tislelizumab
Population(s)	Adults with unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma after prior platinum-based chemotherapy.
Comparators	• nivolumab
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rate • adverse effects of treatment • health-related quality of life.
Economic analysis	If the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost comparison may be carried out. 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:** Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer (2024). NICE Technology appraisal guidance 737. Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma (2023). NICE Technology appraisal guidance 865. Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer (2021). NICE Technology appraisal guidance 707. **Related technology appraisals in development:** Durvalumab with chemoradiation for untreated unresectable locally advanced oesophageal squamous cell cancer. NICE technology appraisal guidance [ID6490] Publication date to be confirmed. **Related NICE guidelines:** Oesophago-gastric cancer: assessment and management in adults (2018, updated 2023). NICE guideline 83. Suspected cancer: recognition and referral (2015, updated 2026). NICE guideline 12. Barrett's oesophagus: ablative therapy (2010). NICE clinical guideline 106.

Questions for consultation

Where do you consider tislelizumab will fit into the existing care pathway for unresectable advanced oesophageal squamous cell cancer?

Please select from the following, will tislelizumab 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 tislelizumab be a candidate for managed access?

Do you consider that the use of tislelizumab 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.

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 tislelizumab will be 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;

- 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. NHS Digital (2025) Cancer Registration Statistics, England, 2023. Accessed February 2026.

2. Cancer Research UK. Oesophageal cancer incidence statistics. Accessed February 2026.

3. NHS Digital (2021) Case-mix adjusted percentage of cancers diagnosed at stages 1 and 2 in England, 2019. Accessed February 2026.