NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended durvalumab for neoadjuvant treatment with platinum-based chemotherapy, then continued alone as adjuvant treatment as an option for treating non-small-cell lung cancer (NSCLC) in adults whose cancer:

- is resectable (tumours 4 cm or over, or node positive) and
- has no epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.

Durvalumab is only recommended if the company provides it according to the commercial arrangement.

Eligible population for durvalumab

Table 1 shows the population who are eligible for durvalumab and the number of people who are expected to have durvalumab in each of the next 5 years.

Table 1 Population expected to be eligible for and have durvalumab in England

Eligible population and uptake	Current practice	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
People eligible for durvalumab	2,000	2,020	2,040	2,060	2,070	2,090
Uptake for durvalumab (%)	0	15	30	33	33	33
People starting treatment each year in neoadjuvant setting	0	300	610	685	690	700

Eligible population and uptake	Current practice	2024 to 2025	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029
People who have adjuvant treatment after neoadjuvant treatment (%)	66	66	66	66	66	66
People continuing treatment in adjuvant setting	0	200	400	450	460	460

The uptake for durvalumab is based on the assumption that the market share of the 3 treatment options will equalize over time by year 5 to 33% each.

Treatment options for the eligible population

The comparator treatments for the eligible population are pembrolizumab with chemotherapy and nivolumab with chemotherapy in the neoadjuvant setting. It is assumed that a proportion of people who had durvalumab with chemotherapy and pembrolizumab with chemotherapy will go on to have the respective treatment option as a monotherapy in the adjuvant setting. Adjuvant nivolumab is not a recommended treatment option and so people who have neoadjuvant nivolumab with chemotherapy have monitoring only in the adjuvant setting.

All 3 options are given intravenously, although durvalumab is given as a 60-minute infusion rather than a 30-minute transfusion for the other treatment options.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

The company has a commercial arrangement. This makes durvalumab available to the NHS with a discount.

Users can input the confidential price of durvalumab and amend other variables in the resource impact template.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Capacity impact

Table 2 shows the impact on capacity activity in each of the next 5 years.

Table 2 Capacity impact (activity) in England

Capacity impact	Current practice	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029	2029 to 2030
Number of intravenous administrations	8,800	14,000	19,000	20,000	20,200	20,400

For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Key information

Table 3 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	2D Cancers & Tumours – Lung
Commissioner(s)	NHS England
Provider(s)	NHS Hospital trusts
Pathway position	Neoadjuvant and adjuvant therapy

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer and should be read with it. See terms and conditions on the NICE website.

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