NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

Published: 12 February 2025

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Contents

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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 olaparib, within its marketing authorisation, as an option for treating HER2-negative locally advanced or metastatic breast cancer with germline BRCA1 or BRCA2 mutations in adults who have had:

- an anthracycline and a taxane as neoadjuvant or adjuvant treatment, or for metastatic disease, unless these are not suitable, and
- endocrine therapy if they have hormone receptor (HR)-positive breast cancer, unless this is not suitable.

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

If people with the condition and their healthcare professional, after discussing the advantages and disadvantages of all the options, consider olaparib to be 1 of a range of suitable treatments, the lowest cost option should be used. Administration costs, dosages, price per dose and commercial arrangements should all be taken into account.

Eligible population for olaparib

The NHS England Digital Cancer Registration Statistics, England, 2022 states that 50,978 adults were diagnosed with breast cancer in 2022.

The Cancer Research UK Early Cancer Diagnosis Data Hub states 14.5% of people with breast cancer have stage 3 or 4 cancer on diagnosis and 85.5% of people have stage 1 or 2 cancer on diagnosis. Of those with stage 1 or 2 cancer, a breast cancer consultant estimates that 30% progress to stage 3 or 4.

Macmillan Cancer Support, Receptors for breast cancer states 82.5% of people have HER2 negative cancer.

The Health Policy Partnership Genetic testing for BRCA mutations country profile for United Kingdom 2019 (PDF only) states 1.5% to 2.0% of breast cancer cases are caused by BRCA mutations.

This equates to around 296 adults with BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy who are eligible for treatment with olaparib each year.

Table 1 shows the population who are eligible for olaparib in each of the next 5 years, including population growth.

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

Eligible population and uptake	Current practice	2025 to 2026	2026 to 2027	2027 to 2028	2028 to 2029	2029 to 2030
People eligible for olaparib	296	298	301	304	307	310
Uptake for olaparib (%)	0	20	45	47.5	47.5	47.5
People having olaparib each year	0	60	136	144	146	147

The market share for olaparib is based on breast cancer consultant opinion.

Treatment options for the eligible population

HER2-negative, locally advanced or metastatic breast cancer with germline BRCA1 or BRCA2 mutations is usually treated with an anthracycline and a taxane (chemotherapy). If the breast cancer is also HR-positive, endocrine therapy with chemotherapy may also be used. Usual treatment after chemotherapy, and endocrine therapy if appropriate, is more chemotherapy or talazoparib.

Clinical trial evidence shows that people who have olaparib have longer before their cancer gets worse than people who have chemotherapy. Olaparib has not been directly compared with talazoparib in a clinical trial. But an indirect comparison suggests that it is likely to work as well as talazoparib.

A cost comparison suggests olaparib has similar or lower costs than talazoparib when all relevant costs are taken into account including commercial agreements.

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 olaparib available to the NHS with a discount.

Users can input the confidential price of olaparib 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

Olaparib is orally administered daily by the patient. It is anticipated that olaparib will be dispensed in secondary care or through the homecare service. The resource impact template applies the oral chemotherapy tariff once per treatment cycle (pack) of olaparib dispensed in secondary care and a £50 administrative cost per pack when dispensed through the homecare service. Users can update the resource impact template to reflect the proportion expected to have olaparib in secondary care or through the homecare service.

There may be other capacity benefits such as fewer appointments with an oncologist because the treatment cycle of olaparib is shorter than the comparator.

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 2 Key information

Time from publication to routine commissioning funding	30 days
Programme budgeting category	02F cancer, breast
Commissioner(s)	NHS England
Provider(s)	Secondary care - acute
Pathway position	Second line treatment (after anthracycline or taxane or endocrine therapy)

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on olaparib for treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy and should be read with it. See terms and conditions on the NICE website.

ISBN: 978-1-4731-6851-0