NICE National Institute for Health and Care Excellence

NICE guidance

Durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer

Technology appraisal guidance
Published: 19 February 2025

www.nice.org.uk/guidance/ta1041

Your responsibility

The recommendations in this guidance represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take this guidance fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this guidance is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the Yellow Card Scheme.

Commissioners and/or providers have a responsibility to provide the funding required to enable the guidance to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

1 Recommendations

1.1 Durvalumab with etoposide and either carboplatin or cisplatin is recommended as an option for untreated extensive-stage small-cell lung cancer in adults, only if:

- they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, and
- the company provides durvalumab according to the commercial arrangement.

1.2 When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments needed.

1.3 Use the least expensive option of the available treatments (including durvalumab and atezolizumab). Take account of administration costs, dosages, price per dose and commercial arrangements. If the least expensive option is unsuitable, people with the condition and their healthcare professional should discuss the advantages and disadvantages of other treatments.

1.4 These recommendations are not intended to affect treatment with durvalumab that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop.

Why these recommendations were made

Usual first treatment for extensive-stage small-cell lung cancer is atezolizumab plus etoposide and carboplatin. Durvalumab works in a similar way to atezolizumab and may be offered to the same population. Clinical trial evidence is in people with an ECOG status of 0 or 1 (that is, they are more able to do daily tasks and ordinary activities than those with poorer ECOG status).

Durvalumab has not been directly compared in a clinical trial with atezolizumab. Indirect

comparisons suggest that durvalumab is likely to work as well as atezolizumab in terms of how long people have before their cancer gets worse and how long they live.

A cost comparison suggests that durvalumab has similar or lower costs as atezolizumab, when all relevant costs are taken into account including commercial arrangements. So, durvalumab is recommended.

For all evidence see the committee papers. For more information on NICE's evaluation of atezolizumab, see the committee discussion section in NICE's technology appraisal guidance on atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer.

2 Information about durvalumab

Marketing authorisation indication

2.1 Durvalumab (Imfinzi, AstraZeneca) in combination with etoposide and either carboplatin or cisplatin is indicated for 'the first-line treatment of adults with extensive-stage small cell lung cancer'.

Dosage in the marketing authorisation

2.2 The dosage schedule is available in the summary of product characteristics for durvalumab.

Price

2.3 The list price is £592 for a 120-mg vial and £2,466 for a 500-mg vial (excluding VAT; BNF online accessed October 2024).

2.4 The company has a commercial arrangement. This makes durvalumab available to the NHS with a discount. The size of the discount is commercial in confidence.

3 Implementation

3.1 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 90 days of its date of publication. Because durvalumab has been recommended through the cost-comparison process, NHS England and integrated care boards have agreed to provide funding to implement this guidance 30 days after publication.

3.2 Chapter 2 of Appraisal and funding of cancer drugs from July 2016 (including the new Cancer Drugs Fund) – A new deal for patients, taxpayers and industry states that for those drugs with a draft recommendation for routine commissioning, interim funding will be available (from the overall Cancer Drugs Fund budget) from the point of marketing authorisation, or from release of positive draft guidance, whichever is later. Interim funding will end 90 days after positive final guidance is published (or 30 days in the case of drugs with an Early Access to Medicines Scheme designation or cost comparison evaluation), at which point funding will switch to routine commissioning budgets. The NHS England Cancer Drugs Fund list provides up-to-date information on all cancer treatments recommended by NICE since 2016. This includes whether they have received a marketing authorisation and been launched in the UK.

3.3 The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 2 months of the first publication of the final draft guidance.

3.4 When NICE recommends a treatment 'as an option', the NHS must make sure it is available within the period set out in the paragraphs above. This means that, if a patient has untreated extensive-stage small-cell lung cancer and the healthcare professional responsible for their care thinks that durvalumab is the right treatment, it should be available for use, in line with NICE's recommendations.

4 Evaluation committee members and NICE project team

Evaluation committee members

This topic was considered by the lead team of the highly specialised technologies committee, which includes the chair and vice chair.

Committee members are asked to declare any interests in the technologies being evaluated. If it is considered there is a conflict of interest, the member is excluded from participating further in that evaluation.

Chair

Paul Arundel
Chair, highly specialised technologies evaluation committee

NICE project team

Each evaluation is assigned to a team consisting of 1 or more health technology analysts (who act as technical leads for the evaluation), a technical adviser, a project manager and an associate director.

Tom Palmer
Technical lead

Zoe Charles
Technical adviser

Leena Issa
Project manager

Ian Watson
Associate director

ISBN: 978-1-4731-6840-4