NICE National Institute for Health and Care Excellence

# Resource impact summary report

Resource impact

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# Contents

# 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 with etoposide and either carboplatin or cisplatin 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.

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.

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.

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.

## 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, including population growth.

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

| Eligible population and uptake | Current practice (without durvalumab) | 2025 to 2026 | 2026 to 2027 | 2027 to 2028 | 2028 to 2029 | 2029 to 2030 |
|---|---|---|---|---|---|---|
| People eligible for durvalumab | 1,720 | 1,740 | 1,760 | 1,775 | 1,790 | 1,810 |
| Uptake for durvalumab (%) | 0 | 10 | 20 | 30 | 30 | 30 |
| People having durvalumab each year | 0 | 170 | 350 | 530 | 540 | 540 |

The following assumptions have been used to calculate the eligible population:

- 71% of people who have small-cell lung cancer have chemotherapy. This assumption is based on the most recent audit data from the National Lung Cancer Audit state of the nation 2024 version 2
- 75% of the above population have extensive-stage disease. This is based on the average of 67% and 85% from these 2 studies:
  - A 2022 update on extensive stage small-cell lung cancer
  - Radiation therapy for extensive-stage small-cell lung cancer in the era of immunotherapy.

The market share for durvalumab is a NICE estimate for illustrative purposes.

# Treatment options for the eligible population

The comparator treatment for the eligible population is atezolizumab in combination with etoposide and carboplatin. Durvalumab works in a similar way to atezolizumab and may be offered to the same population.

In the combination treatment phase, both treatments are assumed to be given every 3 weeks for 4 cycles. In the monotherapy phase, durvalumab is estimated to be given for 3 cycles every 4 weeks, and atezolizumab given for 3 cycles every 3 weeks. This is based on the company submission and can be amended locally.

Durvalumab is administered by intravenous infusion, which is given for 60 minutes. The company analysis assumes 100% of patients would have durvalumab as intravenous infusions. Additional time may be needed to gain venous access, arranging line insertions and the necessary flushes. This can be estimated in the capacity requirements section on the 'Inputs and eligible population' worksheet of the template.

In the combination phase, atezolizumab is administered by intravenous infusion for 30 minutes. In the monotherapy treatment phase, atezolizumab may be administered subcutaneously or by intravenous infusion. The resource impact template allows users to apply a percentage split to calculate a weighted average administration cost depending on local practice.

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

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 main impact on capacity activity in each of the next 5 years.

**Table 2 Capacity impact (activity) in England**

| Capacity impact | 2025 to 2026 | 2026 to 2027 | 2027 to 2028 | 2028 to 2029 | 2029 to 2030 |
|---|---|---|---|---|---|
| Change in administration time (hours) | 780 | 1,580 | 2,390 | 2,590 | 2,790 |

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** | 30 days |
| **Programme budgeting category** | 2D Cancers and Tumours - Lung |
| **Commissioner** | NHS England |
| **Providers** | NHS hospital trusts |
| **Pathway position** | Untreated extensive stage population after first line chemotherapy |

# About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer and should be read with it. See terms and conditions on the NICE website.

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