



# 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.

## Recommendations

Nivolumab plus ipilimumab can be used, within its marketing authorisation, as an option for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency in adults.

Nivolumab plus ipilimumab can be used if the company provides it according to the commercial arrangements.

## Eligible population for nivolumab plus ipilimumab

The [Cancer Registration Statistics, England, 2022 - NHS England Digital](#) states that 39,920 adults were diagnosed with colorectal cancer in 2022.

The [Cancer Research UK Early Diagnosis Data Hub](#) states 22.63% of people with colorectal cancer have stage 4 disease on diagnosis.

Blueteq data from NHS England shows that about 702 people are having immunotherapy for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency.

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

**Table 1 Population expected to be eligible for and having nivolumab plus ipilimumab 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 nivolumab plus ipilimumab	702	708	714	721	727	733
Uptake for nivolumab plus ipilimumab (%)	0	40	50	50	50	50
People starting nivolumab plus ipilimumab each year	0	283	357	360	363	367

The uptake for nivolumab plus ipilimumab is based on colorectal cancer consultant opinion.

## Treatment options for the eligible population

Usual treatment for untreated unresectable or metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency in adults is pembrolizumab or chemotherapy.

Clinical trial evidence shows that, compared with chemotherapy, nivolumab plus ipilimumab increases how long people have before their cancer gets worse and how long they live. Indirect comparisons suggest that nivolumab plus ipilimumab also increases how long people have before their cancer gets worse and how long they live compared with pembrolizumab.

Clinical expert advice suggests that nivolumab plus ipilimumab would be expected to displace some first-line use of pembrolizumab.

Pembrolizumab is currently the preferred first-line treatment option, in line with [NICE's technology appraisal on pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency](#).

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 commercial arrangements that make nivolumab and ipilimumab available to the NHS with discounts. Users can input the confidential price of nivolumab and ipilimumab, 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

Nivolumab with ipilimumab would be delivered as day-case treatment in NHS chemotherapy day units. Clinical pathways for this are already established in practice.

There may be a change in the amount of nursing time needed to administer treatment with nivolumab with ipilimumab. This is because of the different scheduling of pembrolizumab (every 3 or 6 weeks) compared with that of nivolumab with ipilimumab (every 2 to 4 weeks).

Colorectal consultants estimated that the average duration of treatment with nivolumab and ipilimumab is 12 months. The [resource impact template](#) allows users to amend the treatment duration to reflect local practice.

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	90 days
Programme budgeting category	02C cancer, Lower GI
Commissioner	NHS England

Provider	Secondary care – acute
Pathway position	First-line treatment

## About this resource impact summary report

This resource impact summary report accompanies the [NICE guidance on nivolumab with ipilimumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency](#) and should be read with it. See [terms and conditions](#) and on the [NICE website](#).

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