

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**  
**Health Technology Evaluation**

**Tislelizumab for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy**

**Final scope**

**Draft remit/evaluation objective**

To appraise the clinical and cost effectiveness of tislelizumab within its marketing authorisation for treating unresectable, locally advanced or metastatic oesophageal squamous cell cancer after platinum-based chemotherapy.

**Background**

Oesophageal cancer is a malignant tumour arising from cells lining the oesophagus (gullet), which is the muscular tube through which food passes from the throat to the stomach. The two main types of oesophageal cancer are squamous cell carcinoma and adenocarcinoma. Cancers in the upper or middle oesophagus are usually squamous cell cancer, whereas cancers in the lower oesophagus including where the oesophagus joins the stomach, are usually adenocarcinomas. The most common symptom of oesophageal cancer is difficulty swallowing. Other symptoms include food regurgitation, nausea or vomiting, unexplained weight loss, pain in the chest, back or throat, and persistent indigestion or cough.

Oesophageal cancer is more common in men than women. In 2017-19, there were 2,900 new diagnoses in women and 6,500 in men (a total of 9,400 new cases) in the UK. The risk of developing oesophageal cancer increases with age. Around 41% of all new cases in the UK are diagnosed in people aged 75 and over (2016-2018).<sup>1</sup> Because of the nature of symptoms, oesophageal cancer is often diagnosed at an advanced stage. On average, 70-80% are diagnosed at stage 3 (locally advanced) or 4 (metastatic). For adults diagnosed between 2013 and 2017 in England, the 1-year survival rate for people with oesophageal cancer is around 47% and 5-year survival rate is 18%.<sup>2</sup>

NICE technology appraisal [737](#) recommends pembrolizumab with platinum- and fluoropyrimidine-based as an option for untreated locally advanced unresectable or metastatic carcinoma of the oesophagus or HER-2 negative gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a combined positive score (CPS) of 10 or more. NICE technology appraisal [865](#) recommends nivolumab with fluoropyrimidine-based and platinum-based combination chemotherapy as an option for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma in adults whose tumours express PD-L1 at a level of 1% or more only if pembrolizumab plus chemotherapy is not suitable.

NICE technology appraisal [707](#) recommends nivolumab for treating unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma in adults after fluoropyrimidine and platinum-based therapy.

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Issue Date: October 2024

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NICE clinical guideline (NG83) recommends chemotherapy combination regimens for people who have a performance status 0 to 2 and no significant comorbidities. Chemotherapy regimens include doublet treatment with fluorouracil or capecitabine in combination with cisplatin or oxaliplatin, or triplet treatment with fluorouracil or capecitabine in combination with cisplatin or oxaliplatin plus epirubicin.

### The technology

Tislelizumab (Tevimbra, BeiGene) has a marketing authorisation in the UK for “the treatment of adult patients with unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma after prior platinum-based chemotherapy.”

<b>Intervention(s)</b>	Tislelizumab
<b>Population(s)</b>	Adults with unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma after prior platinum-based chemotherapy.
<b>Comparators</b>	<ul style="list-style-type: none"> <li>nivolumab</li> </ul>
<b>Outcomes</b>	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> <li>overall survival</li> <li>progression-free survival</li> <li>response rate</li> <li>adverse effects of treatment</li> <li>health-related quality of life.</li> </ul>
<b>Economic analysis</b>	<p>If the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost comparison may be carried out.</p> <p>The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p>
<b>Other considerations</b>	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
<b>Related NICE recommendations</b>	<p><b>Related Technology Appraisals:</b></p> <p><a href="#">Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced,</a></p>

	<p><a href="#">recurrent, or metastatic oesophageal squamous cell carcinoma (2023)</a>. NICE Technology appraisal guidance 865.</p> <p><a href="#">Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer (2021)</a>. NICE Technology appraisal guidance 737.</p> <p><a href="#">Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer (2021)</a>. NICE Technology appraisal guidance 707.</p> <p><b>Related appraisals in development:</b></p> <p>None.</p> <p><b>Related NICE guidelines:</b></p> <p><a href="#">Oesophago-gastric cancer: assessment and management in adults (2018)</a>. NICE guideline 83.</p> <p><a href="#">Suspected cancer: recognition and referral (2015, updated 2021)</a>. NICE guideline 12.</p> <p><a href="#">Barrett's oesophagus: ablative therapy (2010)</a>. NICE clinical guideline 106</p>
<b>Related National Policy</b>	<p>The NHS Long Term Plan, 2019. <a href="#">NHS Long Term Plan</a></p> <p>NHS England (2018/2019) <a href="#">NHS manual for prescribed specialist services (2018/2019)</a> Chapter 105 – Specialist cancer services (adults). NHS England commissions upper gastrointestinal cancers, page 275.</p> <p>NHS England (2018) <a href="#">2013/14 NHS standard contract for cancer: oesophageal and gastric (adult)</a></p> <p>Department of Health and Social Care (2016) <a href="#">NHS outcomes framework 2016 to 2017</a></p> <p>NHS Digital (2022) <a href="#">NHS Outcomes Framework England, March 2022 Annual Publication</a></p>

## References

1. Cancer Research UK. [Oesophageal cancer incidence statistics](#). Accessed July 2024
2. NHS England. Digital. [Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021](#). Accessed July 2024.

