NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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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

Atezolizumab can be used, within its marketing authorisation, as an option for the adjuvant treatment of non-small-cell lung cancer (NSCLC) after complete resection and platinum-based chemotherapy in adults when:

- there is a high risk of recurrence
- 50% or more of tumour cells express PD-L1
- the cancer is not epidermal growth factor receptor (EGFR)-mutant or anaplastic lymphoma kinase (ALK)-positive.

Atezolizumab can only be used if the company provides it according to the commercial arrangement.

Eligible population for atezolizumab

Table 1 shows the population who are eligible for atezolizumab and the number of people who are expected to have atezolizumab in each of the next 5 years, including forecast population growth.

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

Eligible population and uptake	People eligible for atezolizumab	Uptake for atezolizumab (%)	People having atezolizumab each year
Current practice (routine commissioning) without atezolizumab	567	0	0
Year 1	572	15%	85

Eligible population and uptake	People eligible for atezolizumab	Uptake for atezolizumab (%)	People having atezolizumab each year
Year 2	577	15%	86
Year 3	582	15%	87
Year 4	587	15%	88
Year 5	593	15%	88

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

- 58.5% have had adjuvant platinum-based chemotherapy and have a high risk of disease recurrence
- 95% of people have assessable samples for PD-L1 and 38% of these people have 50% or more tumour cells that express PD-L1.

The uptake for atezolizumab is based on Cancer Drugs Fund registrations while the treatment has been available in the Cancer Drugs Fund. So, table 1 shows the movement of atezolizumab from the Cancer Drugs Fund into routine commissioning. The number of people having atezolizumab each year increases slightly because of population growth.

Treatment options for the eligible population

Atezolizumab was previously available in the Cancer Drugs Fund as recommended in NICE technology appraisal guidance TA823. It is now recommended for use in routine commissioning and the proportion of people having treatment each year is not expected to change.

The other adjuvant treatment in routine commissioning after complete resection and platinum-based chemotherapy of NSCLC is pembrolizumab (NICE technology appraisal guidance TA1037], a monoclonal antibody. Atezolizumab works in a similar way.

Atezolizumab is administered by subcutaneous injection at a dose of 1,875 mg every 3 weeks. Pembrolizumab is administered by intravenous infusion over 30 minutes at a dosage of 400 mg every 6 weeks or 200 mg every 3 weeks.

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 atezolizumab available to the NHS with a discount.

Users can input the confidential price of atezolizumab 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.

We expect that the resource impact of implementing the recommendations in England will be less than £5 million per year (or about £8,800 per 100,000 population, based on a population for England of 57.16 million people). This is because the technology is a further treatment option and the overall cost of treatment will be similar for this population.

For further analysis or to calculate the financial impact of cash items, see the resource impact template.

Capacity impact

The capacity impact of this topic will have been realised while the treatment has been in the Cancer Drugs Fund. So, no significant change in capacity is anticipated. Localities can assess the capacity impact using local assumptions, if different.

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	2D Cancers & Tumours - Lung
Commissioner	NHS England
Provider	NHS hospital trusts

Pathway position	Post surgery and after platinum-based chemotherapy.

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on atezolizumab for adjuvant treatment of resected non-small-cell lung cancer and should be read with it.

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