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.

Recommendations

Fruquintinib can be used as an option at third line or later to treat metastatic colorectal cancer in adults when previous treatment has included:

- fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, with or without anti-vascular endothelial growth factor (VEGF) treatment, and
- anti-epidermal growth factor receptor (EGFR) treatment if the cancer is RAS wild-type, unless this was not suitable.

Fruquintinib can only be used if:

- trifluridine–tipiracil plus bevacizumab is not suitable
- the company provides it according to the commercial arrangement.

This recommendation is not intended to affect treatment with fruquintinib that was started in the NHS before this guidance was published. People having treatment outside this recommendation 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 fruquintinib

Based on Cancer Registrations Statistics (England 2022), it is estimated that 39,923 adults are diagnosed with colorectal cancer each year.

The Early Diagnosis data hub, Cancer Research UK estimates that, in people diagnosed

with colorectal cancer, 19.5% have metastatic (stage 4) cancer and 56.6% have stage 2 or 3 cancer. Colorectal consultant opinion is that, each year:

- 55.0% of people diagnosed with stage 2 or 3 colorectal cancer progress to stage 4 cancer
- 60.0% of people diagnosed with, or whose cancer progresses to, stage 4 colorectal cancer have first-line Systemic Anti-Cancer Therapy (SACT)
- 65.0% of people who have had first-line SACT have second-line SACT
- 45.0% of people who have had second-line SACT have third-line SACT
- 35.0% of people who have had third-line SACT have fourth-line SACT.

Tables 1 shows the population eligible for fruquintinib at third line and table 2 shows the population eligible at fourth line. Both tables show the number of people who are expected to have fruquintinib in each of the next 5 years, including forecast population growth.

Table 1 Population at third line expected to be eligible for and have fruquintinib in England

Eligible population and uptake	People eligible for fruquintinib	Uptake for fruquintinib (%)	People having treatment each year
Current practice without fruquintinib	3,548	0	0
Year 1	3,580	3	107
Year 2	3,611	4	144
Year 3	3,643	4	146
Year 4	3,675	4	147
Year 5	3,707	4	148

Table 2 Population at fourth line expected to be eligible for and have fruquintinib in England

Eligible population and uptake	People eligible for fruquintinib	Uptake for fruquintinib (%)	People having treatment each year
Current practice without fruquintinib	1,242	0	0

Eligible population and uptake	People eligible for fruquintinib	Uptake for fruquintinib (%)	People having treatment each year
Year 1	1,253	75	940
Year 2	1,264	75	948
Year 3	1,275	75	956
Year 4	1,286	75	965
Year 5	1,297	75	973

The uptake for fruquintinib is based on colorectal consultant opinion. It can be amended to reflect local practice in the resource impact template.

Treatment options for the eligible population

Standard third-line treatment for metastatic colorectal cancer after chemotherapy (with or without anti-VEGF treatment) and anti-EGFR treatment is trifluridine–tipiracil plus bevacizumab. When this is not suitable, treatment is trifluridine–tipiracil alone or regorafenib. Because most people will have had trifluridine–tipiracil at third line (either with bevacizumab or alone), regorafenib is more commonly used at fourth line.

Fruquintinib is not expected to replace trifluridine–tipiracil plus bevacizumab. So, fruquintinib is considered only when trifluridine–tipiracil plus bevacizumab is not suitable. This is narrower than the marketing authorisation.

Clinical trial evidence shows that, compared with placebo, fruquintinib increases how long people have before their cancer gets worse and how long they live,. Fruquintinib has not been directly compared in a clinical trial with regorafenib or trifluridine–tipiracil alone. But an indirect comparison suggests that it is likely to increase how long people have before their cancer gets worse.

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 fruquintinib available to the NHS with discounts.

Users can input the confidential price of fruquintinib, 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

Fruquintinib is administered orally. Clinical pathways for the treatment of metastatic colorectal cancer are well established in practice.

Clinical experts stated that most fruquintinib use is expected to replace regorafenib at fourth line. Regorafenib is also taken orally and is expected to have a similar treatment duration. So, no significant impact on capacity is expected.

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	90 days
Programme budgeting category	02C cancer, Lower GI
Commissioner	NHS England
Provider	Secondary care – acute
Pathway position	Third line or later treatment for metastatic colorectal cancer

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on fruquintinib for

previously treated metastatic colorectal cancer and should be read with it.

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