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

Pembrolizumab with carboplatin and paclitaxel can be used, within its marketing authorisation, as an option for untreated primary advanced or recurrent endometrial cancer in adults. It can only be used if the company provides it according to the commercial arrangement.

Pembrolizumab with carboplatin and paclitaxel should be stopped after 2 years, or earlier if there is disease progression or unacceptable toxicity.

Eligible population for pembrolizumab with platinum-based chemotherapy

Table 1 shows the population who are eligible for pembrolizumab with platinum-based chemotherapy and the number of people who are expected to have pembrolizumab with platinum-based chemotherapy in each of the next 5 years.

Table 1 Population expected to be eligible for and have pembrolizumab with platinum-based chemotherapy in England

Eligible population and uptake	People eligible for pembrolizumab with platinum-based chemotherapy	Uptake for pembrolizumab with platinum-based chemotherapy (%)	People starting treatment each year
Current practice	1,990	0	0
Year 1	2,010	43	870
Year 2	2,030	63	1,270
Year 3	2,040	63	1,280

Eligible population and uptake	People eligible for pembrolizumab with platinum-based chemotherapy	Uptake for pembrolizumab with platinum-based chemotherapy (%)	People starting treatment each year
Year 4	2,060	63	1,290
Year 5	2,080	63	1,300

The uptake for pembrolizumab with platinum-based chemotherapy is based on the assumption that in the mismatch repair deficiency (dMMR) disease population the market share between pembrolizumab with platinum-based chemotherapy, durvalumab with platinum-based chemotherapy and dostarlimab with platinum-based chemotherapy will reach equilibrium with 30% each while platinum-based chemotherapy use will decline (to 10%).

In the mismatch repair proficient (pMMR) disease population the only options are pembrolizumab with platinum-based chemotherapy or platinum-based chemotherapy, so pembrolizumab with platinum-based chemotherapy is expected to take a dominant position with 75% uptake. The resource impact template has detailed year-on-year estimates of the uptake of drugs in the pathway.

Treatment options for the eligible population

The treatment options for the dMMR population are pembrolizumab with platinum-based chemotherapy, platinum-based chemotherapy, durvalumab with platinum-based chemotherapy and dostarlimab with platinum-based chemotherapy. All available options are delivered by intravenous infusion.

The treatment options for the pMMR population are pembrolizumab with platinum-based chemotherapy and platinum-based chemotherapy. No other treatments are recommended for the pMMR population. All available options are delivered by intravenous infusion.

The treatment durations for pembrolizumab with platinum-based chemotherapy, durvalumab with platinum-based chemotherapy and dostarlimab with platinum-based chemotherapy are assumed to be the same as the treatment duration for platinum-based chemotherapy. But the pembrolizumab, durvalumab and dostarlimab regimens then continue as monotherapies for an extended period for a maximum total treatment duration of 2 years for pembrolizumab and 3 years for durvalumab and dostarlimab.

The subsequent treatment options after pembrolizumab with platinum-based

chemotherapy, durvalumab with platinum-based chemotherapy and dostarlimab with platinum-based chemotherapy are carboplatin, paclitaxel and doxorubicin. People who have had platinum-based chemotherapy without pembrolizumab, durvalumab or dostarlimab have additional options: cisplatin, pembrolizumab, and pembrolizumab with lenvatinib. All options other than lenvatinib are administered by intravenous infusion; lenvatinib is an oral tablet.

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 a commercial arrangement. This makes pembrolizumab available to the NHS with a discount.

Users can input the confidential price of pembrolizumab 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

Because of increased time on treatment, use of pembrolizumab with platinum-based chemotherapy, durvalumab with platinum-based chemotherapy or dostarlimab with platinum-based chemotherapy will result in increased administrations compared with platinum-based chemotherapy alone.

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	02G, cancers and tumours, gynaecological
Commissioner(s)	NHS England
Provider(s)	NHS Hospital trusts
Pathway position	First line

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on pembrolizumab with carboplatin and paclitaxel for untreated primary advanced or recurrent endometrial cancer and should be read with it.

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