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

Durvalumab can be used, within its marketing authorisation, as an option to treat limited-stage small-cell lung cancer (SCLC) that has not progressed after platinum-based chemoradiotherapy in adults. Durvalumab can only be used if the company provides it according to the commercial arrangement.

Eligible population for durvalumab

Table 1 shows the population who are eligible for durvalumab and the number of people who are expected to have durvalumab in each of the next 3 years, excluding forecast population growth.

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

Eligible population and uptake	People eligible for durvalumab	Uptake for durvalumab (%)	People having durvalumab each year
Current practice without durvalumab	520	0	0
Year 1	520	45	234
Year 2	520	90	468
Year 3	520	90	468

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

- Based on NHS Digital Cancer Registration Statistics for England, 2022 it is estimated that around 3,200 adults are diagnosed with SCLC each year.

- 31.47% are assumed to have limited-stage SCLC as per a study by Khakwani et al. (2014).
- The National Lung Cancer Audit's State of the Nation Report 2024 (PDF only) shows that 55.5% of people with SCLC have a performance status of 0 to 1. It is assumed this group will have chemoradiotherapy. This assumption can be adjusted in the template.
- 92% of people who have chemoradiotherapy will not experience progression of their disease as per the company submission and are eligible for treatment with durvalumab.
- Uptake for durvalumab is based on clinical expert opinion.

Treatment options for the eligible population

Durvalumab is used in addition to active monitoring when the cancer has not progressed. It is administered intravenously.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

The key drivers of financial resource impact are the:

- drug costs, and additional administrations and oncologist appointments needed while having durvalumab rather than active monitoring
- decreased need for subsequent treatment costs along with any savings for associated administrations, appointments and scans.

The company has a commercial arrangement. This makes durvalumab available to the NHS with a discount.

Users can input the confidential price of durvalumab 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

Table 2 shows the impact on capacity activity in each of the next 3 years.

Table 2 Capacity impact (activity) in England

Capacity impact	Number of administration appointments (not accounting for subsequent treatments)	Number of CT (chest and abdomen) scans	Number of follow-up attendances
Current practice (without durvalumab)	0	7,772	7,245
Year 1	3,021	8,006	8,884
Year 2	6,041	8,475	10,757
Year 3	6,041	8,327	10,738

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	2D Cancers & Tumours - Lung
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Post surgery and after platinum-based radiochemotherapy.

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal

guidance on durvalumab for treating limited-stage SCLC after platinum-based chemoradiotherapy and should be read with it.

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