



# Resource impact summary report

Resource impact

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# Resource impact summary report

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.

## Guidance recommendations

See [NICE's recommendations on darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer](#).

## Financial and capacity resource impact

The company has a [commercial arrangement](#). This makes darolutamide available to the NHS at a discount.

Users can input the confidential price of darolutamide 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.

A cost comparison suggests that the costs for darolutamide plus androgen deprivation therapy (ADT) are similar to or lower than those for apalutamide plus ADT.

Table 1 shows the impact on capacity activity in each of the next 3 years.

**Table 1 Capacity impact (activity) in England**

Year	Number of outpatient follow-up attendances	Number of administrations
Current practice (without darolutamide)	292,501	319,003
Year 1	293,297	319,879

Year	Number of outpatient follow-up attendances	Number of administrations
Year 2	299,546	326,678
Year 3	301,935	329,285

For further analysis or to calculate the financial and capacity impact from a commissioner (national) and provider (local) perspective, see the [resource impact template](#).

## Eligible population for darolutamide

Table 2 shows the population who are eligible for darolutamide and the number of people who are expected to have darolutamide in each of the next 3 years, including forecast population growth.

**Table 2 Population expected to be eligible for and have darolutamide in England**

Eligible population and uptake	Number of people eligible for darolutamide	Uptake for darolutamide (%)	People starting treatment each year	People continuing treatment from previous years	People having darolutamide each year
Current practice without darolutamide	8,377	0	0	0	0
Year 1	8,451	5	423	0	423
Year 2	8,525	10	853	423	1,275
Year 3	8,600	15	1,290	1,275	2,565

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

- The number of people who are diagnosed with prostate cancer is around 56,000 each year in England ([NHS England Cancer Registration Statistics, England 2022](#)).
- Seventeen per cent of people with prostate cancer have newly diagnosed metastatic hormone-sensitive prostate cancer ([National Cancer Audit Collaborating Centre State of the Nation Report 2024](#)).
- Of the 83% of people diagnosed with non-metastatic hormone-sensitive prostate cancer, clinical experts estimate that 4% progress to metastatic hormone-sensitive prostate cancer.

- Clinical experts estimate that docetaxel is unsuitable for about 60% of people with metastatic hormone-sensitive prostate cancer.

For simplicity, the [resource impact template](#) includes all comparator options for hormone-sensitive metastatic prostate cancer.

The uptake for darolutamide is based on consultant oncologist opinion. Users can amend the uptake in the [resource impact template](#) to reflect the eligibility criteria for the different treatment options.

## Treatment options for the eligible population

The comparator treatments for the eligible population include ADT. ADT may be given alone, or with:

- apalutamide (see [NICE's technology appraisals guidance on apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer](#))
- darolutamide plus docetaxel (see [NICE's technology appraisals guidance on darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer](#))
- docetaxel
- enzalutamide (see [NICE's technology appraisals guidance on enzalutamide for treating hormone-sensitive metastatic prostate cancer](#)).

Darolutamide plus ADT works in a similar way to enzalutamide plus ADT and apalutamide plus ADT.

Another possible treatment options for hormone-sensitive metastatic prostate cancer is abiraterone plus ADT and prednisolone, which has been commissioned since December 2024 through the specialised commissioning interim policy. The current uptake is based on Blueteq data from NHS England.

Because abiraterone and darolutamide have only been available in the last few years, current practice in the template will show a higher proportion of people having apalutamide and enzalutamide in years 3 and 4.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

## Key information

Table 3 Key information

Time from publication to routine commissioning funding	30 days
Programme budgeting category	02H – cancer, urological
Commissioner	NHS England
Provider	Secondary care – acute
Pathway position	Hormone-sensitive metastatic prostate cancer

## About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer](#) and should be read with it.

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