



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 dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with microsatellite stability or mismatch repair proficiency](#).

Financial resource impact (cash items)

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

Users can input the confidential price of dostarlimab 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](#). The resource impact template includes multiple technology appraisals in the area of endometrial cancer for both mismatch repair proficient and deficient disease.

Capacity impact

Because of increased time on treatment, use of dostarlimab plus platinum-containing chemotherapy, or pembrolizumab plus platinum-containing chemotherapy will result in increased administrations compared with platinum-containing 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](#).

Eligible population for dostarlimab plus platinum-containing chemotherapy

Table 1 shows the population who are eligible for dostarlimab plus platinum-containing chemotherapy and the number of people who are expected to have the treatment in each of the next 3 years.

Table 1 Population expected to be eligible for and have dostarlimab plus platinum-containing chemotherapy in the mismatch repair-proficient population in England

Eligible population and uptake	People eligible for dostarlimab plus platinum-containing chemotherapy	Uptake for dostarlimab plus platinum-containing chemotherapy (%)	People starting treatment each year
Current practice	1,440	0	0
Year 1	1,460	25	360
Year 2	1,470	37.5	550
Year 3	1,480	40	590

The uptake for dostarlimab plus platinum-containing chemotherapy is based on the assumption that in the mismatch repair-proficient disease population the market share between pembrolizumab plus platinum-containing chemotherapy and dostarlimab plus platinum-containing chemotherapy will reach equilibrium at 40% each while platinum-containing chemotherapy use will decline (to 20%).

A [resource impact template](#) accompanies this report, in which mismatch repair-deficient and -proficient disease are both included. The template reflects a broader population showing all treatment options available.

Treatment options for the eligible population

The treatment options are dostarlimab plus platinum-containing chemotherapy, pembrolizumab plus platinum-containing chemotherapy, and platinum-containing chemotherapy alone. All available options are delivered by intravenous infusion.

The treatment durations for dostarlimab plus platinum-containing chemotherapy and

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

The subsequent treatment options after pembrolizumab plus platinum-containing chemotherapy and dostarlimab plus platinum-containing chemotherapy are carboplatin, paclitaxel and doxorubicin. People who have had platinum-containing chemotherapy without pembrolizumab or dostarlimab have additional options of cisplatin, pembrolizumab, and pembrolizumab plus lenvatinib. Lenvatinib is an oral tablet; all other options are administered by intravenous infusion..

For more information about the treatments, such as dose and average treatment duration, 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 dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with microsatellite stability or mismatch repair proficiency and should be read with it.

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