



# 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 avelumab with axitinib for untreated advanced renal cell carcinoma](#).

## Financial and capacity resource impact

Avelumab plus axitinib has been available through the Cancer Drugs Fund since 2020. Its uptake is not expected to change. So, the financial impact will be because of the switch from funding in the Cancer Drugs Fund to routine commissioning. A capacity impact is not expected because the number of administration appointments and subsequent treatments should remain the same.

More administration appointments are needed with avelumab plus axitinib compared with comparators. But trial data suggests that people have fewer subsequent treatments after avelumab plus axitinib than after comparator treatments.

The company has a [commercial arrangement](#) that makes avelumab available to the NHS at a discount. The list price for axitinib is confidential and may vary in different settings because of negotiated procurement discounts.

Users can input the confidential price of avelumab and amend other variables in the [resource impact template](#).

The payment mechanism for the technology is determined by the responsible commissioner and depends on whether the technology is classified as high cost.

We expect that the resource impact of implementing the recommendations in England will

be less than £5 million per year (or about £8,700 per 100,000 people in the population, based on a population in England of 57.7 million people). This is because any cost is likely to be offset by savings and benefits

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 avelumab plus axitinib

Table 1 shows the population eligible for avelumab plus axitinib. It also shows the number of people who are expected to have avelumab plus axitinib in each of the next 3 years, excluding forecast population growth.

**Table 1 Population expected to be eligible for and to have avelumab plus axitinib in England**

Eligible population and uptake	Number of people eligible for avelumab plus axitinib	Uptake for avelumab plus axitinib (%)	Number of people starting avelumab plus axitinib
Current practice without avelumab plus axitinib in routine commissioning	600	12.5%	75 (in the Cancer Drugs Fund)
Year 1	600	12.5%	75 (in routine commissioning)
Year 2	600	12.5%	75 (in routine commissioning)
Year 3	600	12.5%	75 (in routine commissioning)

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

- 11,400 people are diagnosed with kidney cancer in England each year
- 41.0% of people present with stage 3 or 4 (locally advanced or metastatic) kidney cancer and 59.0% of people present with stage 1 or 2 kidney cancer
- 22.6% of people with stages 1 and 2 kidney cancer progress to stages 3 and 4 kidney cancer
- around 80.0% of kidney cancers are renal cell carcinoma cancers.
- an estimated 75.0% of people with advanced renal cell carcinoma are eligible for

first-line systemic treatment

- 16.1% of these people have a favourable risk status at diagnosis, so they are eligible for treatment with avelumab plus axitinib.

The uptake for avelumab plus axitinib is a NICE assumption based on clinical expert opinion. It can be amended in the resource impact template to reflect local practice, which is expected to vary.

## Treatment options for the eligible population

The comparator treatments for the eligible population are sunitinib, pazopanib and tivozanib, which are oral tyrosine kinase inhibitors (TKIs). Avelumab is an intravenous immunotherapy and axitinib is an oral TKI.

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	30 days
Programme budgeting category	PBC 02H Cancer, urological
Commissioner	NHS England
Providers	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 avelumab with axitinib for untreated advanced renal cell carcinoma and should be read with it.

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