NICE National Institute for Health and Care Excellence

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 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendations

See NICE's recommendations on nivolumab with chemotherapy for neoadjuvant treatment then alone for adjuvant treatment of resectable non-small-cell lung cancer.

Financial and capacity resource impact

The key drivers of resource impact are that:

- The adjuvant treatment duration of nivolumab is longer than for pembrolizumab but similar to that of durvalumab.
- Adjuvant nivolumab can be administered intravenously or subcutaneously. The intravenous administration time for nivolumab is shorter than for durvalumab but similar to that for pembrolizumab. Subcutaneous nivolumab administration time is less than for treatments administered intravenously.

Adverse events are not assumed to have additional resource impact from current practice because of the clinical similarity between the treatment options.

The company has a commercial arrangement. This makes nivolumab available to the NHS at a discount.

Users can input the confidential price of nivolumab and amend other variables in the resource impact template. The number and cost of deliveries and other capacity areas shown in the template have increased because of all neoadjuvant treatments showing an increase in uptake in future practice. This results in a greater number of people having adjuvant treatment.

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 the technology is an additional treatment option, and a cost comparison suggests the costs for nivolumab are similar to or lower than the costs for pembrolizumab. The recommendation is to use the least expensive option of the suitable treatments, taking account of administration costs, dosages, price per dose and commercial arrangements.

For further analysis or to calculate the financial and capacity impact, see the resource impact template.

Eligible population for nivolumab

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

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

Eligible population and uptake	Number of people eligible for nivolumab	Uptake for nivolumab in neoadjuvant setting (%)	Number of people starting treatment each year in neoadjuvant setting	Uptake for nivolumab as adjuvant treatment after neoadjuvant treatment (%)	Number of people having nivolumab as adjuvant treatment each year
Current practice without nivolumab	2,356	34	801	0	0
Year 1	2,356	26	612	62	380
Year 2	2,356	24	565	62	351
Year 3	2,356	23	542	62	336

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

- the incidence of non-small-cell lung cancer is 38,778 per annum in England
- 18% of these people undergo surgical resection

- 55% would not benefit from neoadjuvant treatment because their tumours are easily operable
- 75% of the remaining people are considered suitable for neoadjuvant treatment
- the proportion of people who are suitable for adjuvant treatment with nivolumab following surgery and neoadjuvant treatment is 62% as per trial data.

The market share for nivolumab is based on NHS England estimates.

Treatment options for the eligible population

The comparator treatments for the eligible population are pembrolizumab with chemotherapy and durvalumab with chemotherapy in the neoadjuvant setting. It is assumed that a proportion of people who had neoadjuvant treatments will go on to have the same respective treatment option as a monotherapy in the adjuvant setting. Previously nivolumab was only recommended in the neoadjuvant setting.

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	2D cancers and tumours – lung
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Preoperative (neoadjuvant) resectable NSCLC and adjuvant (postoperative) NSCLC

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on nivolumab with chemotherapy for neoadjuvant treatment then alone for

adjuvant treatment of resectable non-small-cell lung cancer should be read with it.

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