



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 talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer](#).

Financial and capacity resource impact

Pfizer has a commercial arrangement for talazoparib. This makes talazoparib available to the NHS with a discount. The size of the discount is commercial in confidence.

Astellas has a commercial arrangement for enzalutamide. This makes enzalutamide available to the NHS with a discount. The size of the discount is commercial in confidence.

Users can input the price of talazoparib and enzalutamide 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.

Clinical trial evidence shows that talazoparib plus enzalutamide increases how long people have before their condition gets worse and how long people live compared with placebo plus enzalutamide.

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 administration appointments	Number of oncologist appointments
Current practice (without talazoparib plus enzalutamide)	44,804	19,237
Year 1	44,804	20,216
Year 2	45,924	21,509
Year 3	46,484	21,911

The administration appointments are based on the assumption that oral medicines are given monthly.

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

Eligible population for talazoparib with enzalutamide

For this evaluation, the company asked for talazoparib with enzalutamide to be considered only for people who cannot have abiraterone plus prednisolone. This does not include everyone who it is licensed for.

For simplicity, the resource impact template includes all comparator options for untreated hormone-relapsed metastatic prostate cancer where chemotherapy is not indicated.

Table 2 shows the population who are eligible for talazoparib with enzalutamide at first line and the number of people who are expected to have talazoparib with enzalutamide in each of the next 3 years, excluding forecast population growth.

Table 2 Population expected to be eligible for talazoparib with enzalutamide in England

Eligible population and uptake	Number of people eligible for talazoparib with enzalutamide	Uptake for talazoparib with enzalutamide (%)	Number of people starting treatment each year	Number of people continuing treatment from previous years	Number of people having talazoparib with enzalutamide each year
Current practice without talazoparib with enzalutamide	2,404	0	0	0	0
Year 1	2,404	10	240	0	240
Year 2	2,404	15	361	240	601
Year 3	2,404	15	361	361	721

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

- The number of people who are diagnosed with prostate cancer is around 58,100 each year in England ([NHS England Cancer Registration Statistics, England 2023](#)).
- Twelve per cent of people with prostate cancer have metastatic prostate cancer ([National Cancer Audit Collaborating Centre State of the Nation Report 2025](#)).
- Blueteq data from NHS England estimate that around 34% of people with metastatic prostate cancer are receiving current first line treatment for metastatic castration-resistant prostate cancer (mCRPC) where chemotherapy is not clinically indicated.

The uptake for talazoparib with enzalutamide is based on consultant oncologist opinion. Users can amend the uptake in the [resource impact template](#).

Treatment options for the eligible population

Usual treatment for untreated hormone-relapsed metastatic prostate cancer is abiraterone plus prednisolone, enzalutamide alone, or olaparib plus abiraterone and prednisolone.

Talazoparib with enzalutamide will be prescribed in secondary care with routine follow-up in secondary care. They are both administered orally as once daily tablets.

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	90 days
Programme budgeting category	02H cancer, Urological
Commissioner	NHS England
Provider	NHS Hospital trusts
Pathway position	Untreated hormone-relapsed metastatic prostate cancer

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer](#) and should be read with it.

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