NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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Contents

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

Guidance recommendations

See NICE's recommendations on bevacizumab (originator and biosimilars) with fluoropyrimidine-based chemotherapy for metastatic colorectal cancer.

Financial and capacity resource impact

Nationally available price reductions for bevacizumab (originator and biosimilars) have been agreed with the Medicines Procurement and Supply Chain. The prices agreed through the framework are commercial in confidence.

Users can input the price of bevacizumab 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.

Evidence shows that bevacizumab plus chemotherapy increases how long people have before their cancer gets worse and how long they live compared with placebo plus chemotherapy.

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

Treatment options for the eligible population

Usual first- and second-line treatment for metastatic colorectal cancer when targeted treatments or immunotherapy are not suitable is fluoropyrimidine-based chemotherapy alone. Bevacizumab would be used as well as chemotherapy.

The recommended dose of bevacizumab is either 5 mg or 10 mg per kilogram of body weight given once every 2 weeks, or 7.5 mg or 15 mg per kilogram of body weight given once every 3 weeks.

Bevacizumab will be added to existing intravenous chemotherapy regimens, so people will have 1 extra infusion for each cycle of chemotherapy. Each extra infusion is given over 30 minutes (after the first dose, which is given over 90 minutes, is well tolerated).

Tables 1 and 2 show the number of cycles and additional infusion time in hours depending on the dose and frequency of dose at first and second line, respectively. The dosage split can be amended in the resource impact template; the dosage split entered will derive an average number cycles and this will be displayed in the top section of the unit costs tab.

Table 1 Number of cycles and infusion time by dose and frequency of dose (first-line treatment)

Dose	Frequency of dose	Treatment duration at first line	Number of treatment cycles	Additional time needed (hours) per year for 30 mins additional infusion time
5 mg/kg	Every 2 weeks	8 months	17	9
10 mg/kg	Every 2 weeks	8 months	17	9
7.5 mg/kg	Every 3 weeks	8 months	12	6
15 mg/kg	Every 3 weeks	8 months	12	6

Table 2 Number of cycles and infusion time by dose and frequency of dose (second-line treatment)

Dose	Frequency of dose	Treatment duration at second line	Number of treatment cycles	Additional time needed (hours) per year for 30 mins additional infusion time
5 mg/kg	Every 2 weeks	6 months	13	7
10 mg/kg	Every 2 weeks	6 months	13	7
7.5 mg/kg	Every 3 weeks	6 months	9	4

Dose	Frequency of dose	Treatment duration at second line	Number of treatment cycles	Additional time needed (hours) per year for 30 mins additional infusion time
15 mg/kg	Every 3 weeks	6 months	9	4

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Eligible population for bevacizumab

For this evaluation, bevacizumab (originator and biosimilars) plus fluoropyrimidine-based chemotherapy was considered only for the first- and second-line treatment of metastatic colorectal carcinoma when targeted treatments or immunotherapy are not suitable, and chemotherapy alone would otherwise be offered. This does not include the whole population it is licensed for.

Tables 3 and 4 show the population who are eligible for bevacizumab at first and second line and the number of people who are expected to have bevacizumab in each line of treatment for the next 3 years, excluding forecast population growth.

Table 3 Population expected to be eligible for first line treatment with bevacizumab in England

Eligible population and uptake	Number of people eligible for bevacizumab	Uptake for bevacizumab (%)	Number of people having bevacizumab each year
Current practice without bevacizumab	7,089	0	0
Year 1	7,089	75	5,316
Year 2	7,089	90	6,380
Year 3	7,089	90	6,380

Table 4 Population expected to be eligible for second line treatment with bevacizumab in England

Eligible population and uptake	Number of people eligible for bevacizumab	Uptake for bevacizumab (%)	Number of people having bevacizumab each year
Current practice without bevacizumab	6,444	0	0
Year 1	6,444	75	4,833

Eligible population and uptake	Number of people eligible for bevacizumab	Uptake for bevacizumab (%)	Number of people having bevacizumab each year
Year 2	6,444	90	5,800
Year 3	6,444	90	5,800

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

- The number of people who are diagnosed with colorectal cancer is around 40,900 each year in England (NHS England Cancer Registration Statistics, England 2023).
- The Early Diagnosis data hub, Cancer Research UK estimates that, in people diagnosed with colorectal cancer, 21.5% have metastatic (stage 4) cancer and 56.4% have stage 2 or 3 cancer.
- Colorectal consultants estimate that 55% of people with stage 2 or 3 cancer progress to stage 4; of those with metastatic colorectal cancer, colorectal consultants estimate 60% have first-line systemic anti-cancer therapy (SACT) treatment.
- Of people having first-line SACT treatment, consultant oncologists estimate that 55% (BRAF mutant and other molecular groups) currently have chemotherapy and so are eligible for bevacizumab.
- Consultant oncologists estimate 50% of people having first-line SACT treatment progress to chemotherapy at second line and so are eligible for bevacizumab.

The uptake for bevacizumab is based on consultant oncologist expert opinion. Users can amend the uptake in the resource impact template.

Key information

Table 5 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	02C – cancer, lower GI
Commissioner	NHS England
Provider	NHS Hospital trusts
Pathway position	First and second line treatment of metastatic colorectal cancer

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on bevacizumab (originator and biosimilars) with fluoropyrimidine-based chemotherapy for metastatic colorectal cancer and should be read with it.

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