NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
Published: 2 March 2026

www.nice.org.uk

Contents

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 durvalumab with gemcitabine and cisplatin for neoadjuvant treatment then alone for adjuvant treatment of muscle-invasive bladder cancer.

Financial and capacity resource impact

The key drivers of resource impact are that:

- The recommendation will increase the number of people with bladder cancer having adjuvant treatment.
- Treatment with neoadjuvant durvalumab with gemcitabine and cisplatin may result in a small increased chance of the person having a radical cystectomy.
- Adjuvant durvalumab has fewer administrations than nivolumab. Durvalumab is administered via intravenous infusion. Nivolumab can be administered intravenously or subcutaneously. If durvalumab displaces intravenous nivolumab then this will result in fewer intravenous infusions, but if durvalumab displaces subcutaneous nivolumab, then more intravenous infusions will take place.
- An additional 4 outpatient review appointments will be required for those who have adjuvant durvalumab as per advice from NHS England.
- PD-L1 testing may decrease because this is only a requirement for treatment with nivolumab.
- 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 durvalumab available to the NHS at a discount.

Users can input the confidential price of durvalumab 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.

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

Eligible population for durvalumab

Table 1 shows the population who are eligible for durvalumab and the number of people who are expected to have durvalumab 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 durvalumab	Uptake for durvalumab in neoadjuvant setting (%)	Number of people starting treatment each year in neoadjuvant setting	Uptake for durvalumab as adjuvant treatment after neoadjuvant treatment (%)	Number of people having durvalumab as adjuvant treatment each year
Current practice without durvalumab	557	0	0	0	0
Year 1	557	75	418	60	311
Year 2	557	85	474	65	337
Year 3	557	90	501	75	389

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

- the incidence of bladder cancer is 9,285 per annum in England
- 30% have muscle-invasive bladder cancer (MIBC)
- 40% are eligible for a cystectomy

- for 50% of those eligible for a cystectomy, neoadjuvant treatment with gemcitabine and cisplatin is considered suitable.

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

Treatment options for the eligible population

The comparator is neoadjuvant treatment with gemcitabine and cisplatin followed by radical cystectomy and no treatment, or adjuvant nivolumab for a small subgroup of eligible people with high-risk of recurrence after surgery and whose tumours express PD-L1 at a level of 1% or more.

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	02X, Cancers & Tumours
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	Pre-operative (neoadjuvant) and adjuvant (post operative) bladder cancer

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on durvalumab with gemcitabine and cisplatin for neoadjuvant treatment then alone for adjuvant treatment of muscle-invasive bladder cancer and should be read with it.

ISBN: 978-1-4731-9333-8