



Resource impact summary report

Resource impact

Published: 7 May 2026

www.nice.org.uk

Contents

Resource impact summary report 3

 Guidance recommendation 3

 Financial and capacity resource impact..... 3

 Eligible population for zanidatamab 3

 Treatment options for the eligible population 4

 Key information..... 4

 About this resource impact summary report..... 5

Resource impact summary report

Guidance recommendation

See [NICE's recommendation on zanidatamab for treating HER2-positive advanced biliary tract cancer after 1 or more lines of systemic treatment](#).

Financial and capacity resource impact

The key drivers of resource impact are that:

- Zanidatamab has a longer average treatment duration than FOLFOX, the comparator treatment, and therefore requires additional IV administration appointments.
- Zanidatamab does not require a long-term implanted central venous access device for IV administration unlike FOLFOX that requires a PICC (peripherally inserted central catheter), Portacath or Hickman line. So zanidatamab requires less administration time, and will have fewer incidences of adverse events associated with having a central line than FOLFOX.
- Zanidatamab may have a higher relative dose intensity compared with FOLFOX because it is better tolerated.

The company has a confidential [commercial arrangement](#). This makes zanidatamab available to the NHS at a discount. The size of the discount is commercial in confidence.

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

Eligible population for zanidatamab

The eligible population is estimated to be about 65 people. The uptake is expected to be 90% by year 3. Because the population is small, we have not produced a resource impact template.

Table 1 shows the estimated eligible population for zanidatamab and the assumptions

used to calculate the eligible population.

Table 1 Population expected to be eligible for zanidatamab in England

Eligibility criteria	Proportion (%)	Eligible population
Incidence of biliary tract cancer	-	4,531
Proportion diagnosed at advanced or metastatic stages	79%	3,580
Proportion having first-line treatment	33.9%	1,213
Proportion HER2-positive	13.8%	167
Proportion IHC3-positive	77.5%	130
Proportion having second-line treatment	50.0%	65

Based on: [Cancer registration statistics 2023](#), [Rethink Liver Cancer p7](#), [AMMF online accessed 10.04.26](#) (PDF only), [Blutega data](#), [Harding JJ et al. 2023](#) and clinical expert opinion.

Treatment options for the eligible population

The comparator treatment for the eligible population is FOLFOX, which is administered intravenously, and active symptom control, which includes a range of supportive measures.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	PBC 02X
Commissioner	NHS England
Providers	NHS Hospital trusts
Pathway position	Second line

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on zanidatamab for treating HER2-positive advanced biliary tract cancer after 1 or more lines of systemic treatment](#) and should be read with it.

ISBN: 978-1-4731-9457-1