NICE National Institute for Health and Care Excellence

NICE guidance

Durvalumab with chemotherapy for neoadjuvant and adjuvant treatment then alone for adjuvant treatment of resectable gastric or gastro-oesophageal junction adenocarcinoma

Technology appraisal guidance
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www.nice.org.uk/guidance/ta1160

Your responsibility

The recommendations in this guidance represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take this guidance fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this guidance is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the Yellow Card Scheme.

Commissioners and/or providers have a responsibility to provide the funding required to enable the guidance to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

1 Recommendation

1.1 Durvalumab can be used, within its marketing authorisation, as an option for neoadjuvant and adjuvant treatment with 5-fluorouracil, leucovorin, oxaliplatin and docetaxel (FLOT) chemotherapy, then alone as adjuvant treatment, for resectable gastric or gastro-oesophageal junction adenocarcinoma in adults. Durvalumab can only be used if the company provides it according to the commercial arrangement (see section 2).

What this means in practice

Durvalumab with FLOT chemotherapy as neoadjuvant and adjuvant treatment, followed by durvalumab alone as adjuvant treatment must be funded in the NHS in England for the condition and population in the recommendations, if it is considered the most suitable treatment option. It must be funded in England within 90 days of final publication of this guidance.

There is enough evidence to show that it provides benefits and value for money, so it can be used routinely across the NHS in this population.

NICE has produced tools and resources to support the implementation of this guidance.

Why this recommendation was made

Usual treatment for resectable gastric or gastro-oesophageal junction adenocarcinoma before surgery (neoadjuvant) and after surgery (adjuvant) is FLOT chemotherapy.

Clinical trial evidence shows that durvalumab plus FLOT chemotherapy as neoadjuvant and adjuvant treatment, then durvalumab alone as adjuvant treatment, increases how long people have before their cancer gets worse and how long they live compared with placebo plus FLOT chemotherapy as neoadjuvant and adjuvant treatment, then placebo alone as adjuvant treatment.

Although there are some uncertainties in the clinical-effectiveness evidence and the economic model, the most likely cost-effectiveness estimates are within the range that NICE considers an acceptable use of NHS resources. So, durvalumab can be used for neoadjuvant and adjuvant treatment with FLOT chemotherapy, then alone as adjuvant treatment.

For all the evidence, see the committee papers. For more information on streamlined evaluations, see NICE's technology appraisal and highly specialised technologies guidance manual.

2 Information about durvalumab with FLOT chemotherapy

Marketing authorisation indication

2.1 Durvalumab (Imfinzi, AstraZeneca) with FLOT chemotherapy as neoadjuvant and adjuvant treatment, then alone as adjuvant treatment, is indicated for 'the treatment of adults with resectable gastric or gastro-oesophageal junction adenocarcinoma'.

Dosage in the marketing authorisation

2.2 The dosage schedule is available in the summary of product characteristics for durvalumab.

Price

2.3 The list price of durvalumab is £592.00 per 2.4-ml vial and £2,466.00 per 10-ml vial (excluding VAT; BNF online, accessed April 2026). The list price of 5-fluorouracil, leucovorin, oxaliplatin and docetaxel varies by pack size and dose.

2.4 The company has a commercial arrangement. This makes durvalumab available to the NHS with a discount. The size of the discount is commercial in confidence.

Sustainability

2.5 For information, the Carbon Reduction Plan for UK carbon emissions is published on AstraZeneca's webpage on sustainability.

3 Implementation

3.1 Section 7 of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires integrated care boards, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this evaluation within 90 days of its date of publication.

3.2 Chapter 2 of Appraisal and funding of cancer drugs from July 2016 (including the new Cancer Drugs Fund) – A new deal for patients, taxpayers and industry states that for those drugs with a draft recommendation for routine commissioning, interim funding will be available (from the overall Cancer Drugs Fund budget) from the point of marketing authorisation, or from release of positive draft guidance, whichever is later. Interim funding will end 90 days after positive final guidance is published (or 30 days in the case of drugs with an Early Access to Medicines Scheme designation or cost comparison evaluation), at which point funding will switch to routine commissioning budgets. The NHS England Cancer Drugs Fund list provides up-to-date information on all cancer treatments recommended by NICE since 2016. This includes whether they have received a marketing authorisation and been launched in the UK.

3.3 The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 60 days of the first publication of the final draft guidance.

3.4 When NICE recommends a treatment 'as an option', the NHS must make sure it is available within the period set out in the paragraphs above. This means that, if a patient has resectable gastric or gastro-oesophageal junction adenocarcinoma and the healthcare professional responsible for their care thinks that durvalumab is the right treatment, it should be available for use, in line with NICE's recommendations.

4 Evaluation committee members and NICE project team

Evaluation committee members

The 4 technology appraisal committees are standing advisory committees of NICE. This topic was considered as a streamlined evaluation by the lead team of committee B, which includes the chair.

Committee members are asked to declare any interests in the technology being evaluated. If it is considered there is a conflict of interest, the member is excluded from participating further in that evaluation.

Chair

Charles Crawley
Chair, technology appraisal committee B

NICE project team

Each evaluation is assigned to a team consisting of 1 or more health technology analysts (who act as technical leads for the evaluation), a technical adviser, a project manager, and an associate director or principal technical adviser.

Janet Boadu
Technical lead

Mary Hughes
Technical adviser

Jeremy Powell
Project manager

Emily Crowe

Associate director

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