



# Resource impact summary report

Resource impact

Published: 3 June 2026

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

## Guidance recommendations

See [NICE's recommendations on durvalumab with chemotherapy for neoadjuvant and adjuvant treatment then alone for adjuvant treatment of resectable gastric or gastro-oesophageal junction adenocarcinoma](#).

## Financial and capacity resource impact

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

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 the technology being classified as high cost.

Clinical trial evidence shows that durvalumab plus 5-fluorouracil, leucovorin, oxaliplatin and docetaxel (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.

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 administrations
Current practice (without durvalumab)	6,461
Year 1	11,307
Year 2	14,699
Year 3	15,184

There will be a capacity increase due to an increase in administrations of durvalumab.

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 durvalumab

Table 2 shows the population who are eligible for durvalumab and the number of people who are expected to have the treatment, excluding forecast population growth.

**Table 2 Population expected to be eligible for and have durvalumab in England**

Eligible population and uptake	Number of people eligible for durvalumab	Uptake for durvalumab (%)	Number of people starting treatment each year
Current practice without durvalumab	1,516	0	0
Year 1	1,516	50	808
Year 2	1,516	85	1,373
Year 3	1,516	90	1,454

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

- The number of people in England who are diagnosed each year with gastric or gastro-oesophageal junction adenocarcinoma and receiving disease-targeted treatments within 9 months of diagnosis is around 6,400 ([National Oesophago-Gastric Cancer Audit State of the Nation Report September 2025](#)).
- The same report estimates 93% are stage 2 or higher and 30% have surgery plus systemic anti-cancer therapy.

- Clinical expert estimates that 90% of these people are without autoimmune conditions or co-morbidities that prevent the use of immunotherapy.

The current and future uptake for durvalumab is based on clinical expert opinion.

## Treatment options for the eligible population

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

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	02B - Cancer, Upper GI
Commissioner	NHS England
Provider	NHS Hospital trusts
Pathway position	Resectable gastric or gastro-oesophageal junction adenocarcinoma

## About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on durvalumab with chemotherapy for neoadjuvant and adjuvant treatment then alone for adjuvant treatment of resectable gastric or gastro-oesophageal junction adenocarcinoma](#) and should be read with it.

ISBN: 978-1-4731-9540-0