NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
Published: 11 June 2026

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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 treatments', 'Unit costs', 'Capacity', 'Adverse events' and 'Payscales' worksheets in the template to reflect local data and assumptions.

Guidance recommendation

See NICE's recommendation on tisotumab vedotin for treating recurrent or metastatic cervical cancer that has progressed on or after systemic treatment.

Financial and capacity resource impact

The key drivers of resource impact are that:

- The treatment duration of tisotumab vedotin is longer than that of comparator treatments.
- The number of administrations per cycle of tisotumab vedotin is fewer than that of comparator treatments.
- The number of ophthalmology appointments for people having tisotumab vedotin is greater than that for comparator treatments.
- The price of tisotumab vedotin is different than that of comparator treatments.

The company has a commercial arrangement. This makes tisotumab vedotin available to the NHS at a discount.

Users can input the confidential price of tisotumab vedotin 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.

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 administration appointments	Number of ophthalmology appointments
Current practice (without tisotumab vedotin)	3,260	0
Year 1	2,840	550
Year 2	2,630	830
Year 3	2,410	1,110

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

Eligible population for tisotumab vedotin

Table 2 shows the population who are eligible for tisotumab vedotin and the number of people who are expected to have tisotumab vedotin in each of the next 3 years, excluding forecast population growth.

Table 2 Population expected to be eligible for and have tisotumab vedotin in England

Eligible population and uptake	Number of people eligible for tisotumab vedotin	Uptake for tisotumab vedotin (%)	Number of people having tisotumab vedotin each year
Current practice without tisotumab vedotin	280	0	0
Year 1	280	30	80
Year 2	280	45	120
Year 3	280	60	170

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

- There are around 2,400 new cervical diagnoses each year in England.
- 25.76% of diagnoses are at stages 3 or 4.

- 67% have first-line treatment.
- 67% of people who have first-line treatment have second-line treatment.

The uptake for tisotumab vedotin is based on information received from NHS England.

Treatment options for the eligible population

The alternative treatment options for the eligible population are gemcitabine and paclitaxel. All 3 drugs are administered by intravenous infusion. But tisotumab vedotin is administered in a single infusion per cycle while paclitaxel is given on days 1, 8 and 15 of a 21-day cycle and gemcitabine is given on days 1 and 8. Other regimens such as topotecan may be used locally but are not included in the resource impact template.

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	02H, Cancer, Urological
Commissioner	NHS England
Provider	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 tisotumab vedotin for treating recurrent or metastatic cervical cancer that has progressed on or after systemic treatment and should be read with it.

ISBN: 978-1-4731-9559-2