NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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Contents

Resource impact summary report 3
Guidance recommendation 3
Financial and capacity resource impact 3
Eligible population for serplulimab 4
Key information 5
About this resource impact summary report 5

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

Guidance recommendation

See NICE's recommendation on serplulimab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer.

Financial and capacity resource impact

The key drivers of resource impact, based on a low uptake of serplulimab, are that:

- Current first-line treatment for extensive-stage small-cell lung cancer (ES-SCLC) is an immunotherapy plus chemotherapy, and this is well established in NHS practice. Given the low expected uptake of serplulimab, minimal additional changes are anticipated.
- Serplulimab is administered by intravenous infusion. Atezolizumab is the most relevant comparator in this evaluation. Atezolizumab can be administered subcutaneously or by intravenous infusion. There may be service implications because serplulimab requires intravenous administration, but these are expected to have a minor impact given the low numbers projected to have serplulimab.
- Serplulimab has similar toxicity profiles to atezolizumab and durvalumab and clinical experts expect similar efficacy between the immunotherapies.

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

Users can input the confidential price of serplulimab 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 from a commissioner (national) and provider (local) perspective, see the resource impact template.

Eligible population for serplulimab

Table 1 shows the population who are eligible for serplulimab and the number of people who are expected to have serplulimab in each of the next 3 years, excluding forecast population growth.

Table 1 Population expected to be eligible for and have serplulimab in England

Eligible population and uptake	Number of people eligible for serplulimab	Uptake for serplulimab (%)	Number of people having serplulimab each year
Current practice without serplulimab	1,120	0	0
Year 1	1,120	3	34
Year 2	1,120	4	45
Year 3	1,120	5	56

The eligible population is based on data provided by NHS England which captures the number of people from January to December 2024 who were treated with atezolizumab under TA638. Usage of durvalumab under TA1041 was not captured as it was too soon following publication of the guidance.

The market share for serplulimab is based on NHS England and company estimates.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template. The treatment duration of serplulimab and the number of administrations in each cycle is assumed to be the same as comparator treatments, atezolizumab and durvalumab. Dose intensities applied in the economic modelling are commercial in confidence but can be applied locally. It is assumed there is no significant difference between the cost of chemotherapy when given in combination with serplulimab, atezolizumab or durvalumab. For simplicity these drug costs are not included in the template.

Key information

Table 2 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	2D Cancers and Tumours - Lung
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	First-line - untreated extensive stage population

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on serplulimab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer and should be read with it.

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