NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Trifluridine–tipiracil for previously treated metastatic colorectal cancer (TA405)

Published: August 2016

Summary

NICE has recommended trifluridine–tipiracil as an option for treating metastatic colorectal cancer, that is, in adults who have had previous treatment with available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, anti-vascular endothelial growth factor (VEGF) agents, and anti-epidermal growth factor receptor (EGFR) agents, or when these therapies are not suitable. (see section 1.2).

NHS Expenditure is anticipated to increase because trifluridine–tipiracil is available only when people have no further treatment options available except best supportive care. The average treatment duration is estimated to be 3.1 months.

It is estimated that 2,800 people with metastatic colorectal cancer are eligible for treatment with trifluridine–tipiracil. It is estimated that around 1,100 people each year will have treatment from year 2018/19 onwards.

The estimated number of people in England who will have trifluridine–tipiracil each year based on the uptake in the resource impact assumptions is shown in table 1.

Table 1 Estimated number of people in England having have trifluridine–tipiracil

	2016/17	2017/18	2018/19	2019/20	2020/21
Population having trifluridine–tipiracil each year	200	800	1,100	1,100	1,100

This report is supported by a local resource impact template because the list price of trifluridine–tipiracil has a discount that is commercial in confidence. The discounted price of trifluridine–tipiracil can be put into the template and other variables may be amended.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

1 Introduction

1.1 This report looks at the resource impact of implementing the NICE guidance on trifluridine–tipiracil for previously treated metastatic colorectal cancer in England.

1.2 The guidance states that:

- Trifluridine–tipiracil is recommended, within its marketing authorisation, as an option for treating metastatic colorectal cancer, that is,
  - in adults who have had previous treatment with available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, anti- vascular endothelial growth factor (VEGF) agents, and anti- epidermal growth factor receptor (EGFR) agents, and
  - only when the company provides trifluridine–tipiracil with the discount agreed in the patient access scheme.

1.3 The Department of Health and Servier Laboratories have agreed that trifluridine–tipiracil will be available to the NHS with a patient access scheme that makes it available with a discount. The size of the discount is commercial in confidence. It is the responsibility of the company to communicate details of the discount to the relevant NHS organisations. Any enquiries from NHS organisations about the patient access scheme should be directed to lonsurf-orders-uk@servier.com.

1.4 This report is supported by a resource impact template that needs the commercial-in-confidence discounted price of trifluridine–tipiracil to be input into the template to estimate the resource impact. The template aims to help organisations in England, Wales and Northern Ireland plan for the financial implications of implementing the NICE guidance by amending the variables in the blue cells.

1.5 This technology is commissioned by NHS England. Providers are NHS hospital trusts.

2 Background and epidemiology of colorectal cancer

2.1 Colorectal cancer is cancer that starts in the large intestine (colon and rectum). Metastatic colorectal cancer refers to disease that has spread beyond the large intestine and nearby lymph nodes.

2.2 If standard therapies are unsuccessful, not tolerated or contraindicated, people are treated with supportive care to manage the symptoms and complications of the condition. Trifluridine–tipiracil represents a new treatment option for these people.

2.3 Around 35,100 people were diagnosed with colorectal cancer in 2014 (Office for National Statistics, 2016).Table 1 shows details of the population eligible for trifluridine–tipiracil.

Table 2 Estimated annual number of people eligible for treatment in England after available therapies[a]

Population	Proportion	Number of people
Adult population in England	-	42,359,400
Incidence of colorectal cancer	0.083%	35,100
People with stage II–III colorectal cancer at diagnosis (56.0% x 35,106)	56.0%	19,700
People with stage II–III colorectal cancer that progresses to metastatic disease after diagnosis (55% x 19,700)	55.0%	10,800
People with stage IV metastatic colorectal cancer at diagnosis (26% x 35,100)	26.0%	9,100
Total number of people with metastatic colorectal cancer (stage IV) (10,800+9,100)		19,900
People with metastatic colorectal cancer who have first-line and second-line treatments (42.5% x 19,900)	42.5%	8,500
People with metastatic colorectal cancer eligible for treatment with trifluridine–tipiracil (33% x 8,500)	33.0%	2,800
People having trifluridine–tipiracil each year from year 5 onwards (40% x 2,800)	40.0%	1,100
[a]The assumptions used to determine the numbers of people eligible and who have treatment with trifluridine–tipiracil are based on the company submission.		

2.4 Therefore, it is estimated that about 2,800 people are eligible for treatment with trifluridine–tipiracil each year.

2.5 From 2018/19, it is estimated that about 1,100 people will have treatment with trifluridine–tipiracil each year once uptake has reached 40%.

3 Assumptions made

3.1 The resource impact template makes the following assumptions:

- Around 2,800 people are estimated to be eligible for treatment with trifluridine–tipiracil.
- Best supportive care is the only treatment available for people who have had treatment with available therapies.
- Based on the company submission, uptake of trifluridine–tipiracil is estimated to rise from 20% in 2016/17 to 40% (600–1,100) in 2018/19 (see table 3).
- People having trifluridine–tipiracil will be managed and treated in secondary care, either in a chemotherapy day-case or outpatient setting. In addition to drug costs, there will be an administration cost for oral chemotherapy (HRG code SB11Z – Deliver exclusively Oral Chemotherapy; NHS tariff 2016-17). (NHS National Tariff Payment System 2016/17)
- The economic case in the appraisal was based on an average of 3.4 repeat courses of treatment. Therefore, given the course of treatment is 28 days, the average duration of treatment would be 3.1 months.
- The template does not include costs for best supportive care. It is assumed that people treated with trifluridine–tipiracil will also have best supportive care.

4 Resource impact

4.1 Use of trifluridine–tipiracil will increase NHS expenditure because it is available only when people have no further treatment options.

4.2 Organisations should put the commercial-in-confidence discounted price into the resource impact template to calculate the resource impact of the guidance.

4.3 Table 3 shows the number of people estimated to have trifluridine–tipiracil by financial year.

Table 3 Annual population estimated to have trifluridine–tipiracil in England using NICE assumptions

	2016/17	2017/18	2018/19	2019/20	2020/21
Population having trifluridine–tipiracil each year	200[a]	800	1,100	1,100	1,100

[a] Section 7(6) of the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013 requires clinical commissioning groups, NHS England and, with respect to their public health functions, local authorities to comply with the recommendations in this appraisal within 3 months of its date of publication. Therefore, it is assumed that implementation will start in December 2016. The resource impact has been adjusted to reflect 4 months of resource use in 2016/17.

5 Savings and benefits

5.1 The committee appreciated that trifluridine–tipiracil has been shown to be well tolerated by people who have few treatment options remaining at this late stage in the treatment pathway.

5.2 Trifluridine–tipiracil potentially adds an average of 3.2 months to an already short life expectancy of 7.9 months.