



# Resource impact summary report

Resource impact

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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 abiraterone \(originator and generics\) for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer](#).

## Financial and capacity resource impact

The list price of abiraterone varies by pack size or dose and costs may vary in different settings because of negotiated procurement discounts.

Users can input the price of abiraterone 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.

This evaluation is a review of NICE technology appraisal guidance TA721.

A cost comparison suggests that the costs for abiraterone plus androgen deprivation therapy (ADT), with prednisolone or prednisone are similar to or lower than both enzalutamide plus ADT and apalutamide plus ADT.

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 abiraterone

Table 1 shows the population who are eligible for abiraterone and the number of people

who are expected to have abiraterone in each of the next 3 years, excluding forecast population growth.

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

Eligible population and uptake	Number of people eligible for abiraterone	Uptake for abiraterone (%)	People starting treatment each year	People continuing treatment from previous years	People having abiraterone each year
Current practice without abiraterone	8,547	10	855	0	855
Year 1	8,547	15	1,282	855	2,137
Year 2	8,547	20	1,709	2,137	3,846
Year 3	8,547	20	1,709	2,991	4,701

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

- The number of people who are diagnosed with prostate cancer is around 56,000 each year in England ([NHS England Cancer Registration Statistics, England 2022](#)).
- Seventeen per cent of people with prostate cancer have metastatic prostate cancer ([National Cancer Audit Collaborating Centre State of the Nation Report 2024](#)).
- About 86% of people with metastatic prostate cancer are hormone sensitive ([Dodkins J et al. \[2025\]](#)).
- Of the 83% of people diagnosed with non-metastatic prostate cancer, clinical experts estimate that 4% progress to metastatic hormone-sensitive prostate cancer.

Clinical experts estimate that, in about 50% of people with metastatic hormone-sensitive prostate cancer, the cancer is high risk. For simplicity, the [resource impact template](#) includes all comparator options for hormone-sensitive metastatic prostate cancer.

The uptake for abiraterone is based on current Blueteq data and consultant oncologist opinion. Users can amend the uptake in the [resource impact template](#) to reflect the eligibility criteria for the different treatment options.

# Treatment options for the eligible population

The comparator treatments for newly diagnosed high-risk hormone-sensitive metastatic prostate cancer include:

- apalutamide (see [NICE's technology appraisals guidance on apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer](#))
- enzalutamide (see [NICE's technology appraisals guidance on enzalutamide for treating hormone-sensitive metastatic prostate cancer](#)).

Abiraterone plus ADT, with prednisolone or prednisone, works in a similar way to these treatments and would be offered to the same population.

Abiraterone plus ADT and prednisolone has been commissioned since December 2024 through the specialised commissioning interim policy. The current uptake is based on Blueteq data from NHS England.

Because abiraterone and darolutamide have only been available in the last few years, current practice in the template will show a higher proportion of people having apalutamide and enzalutamide in years 2 to 4 of treatment.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

## Key information

Table 2 Key information

Time from publication to routine commissioning funding	30 days
Programme budgeting category	02H – cancer, urological
Commissioner	NHS England
Provider	Secondary care – acute
Pathway position	Hormone-sensitive metastatic prostate cancer

## About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on abiraterone \(originator and generics\) for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer](#) and should be read with it.

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