NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
Health Technology Evaluation

Tislelizumab for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of tislelizumab within its marketing authorisation for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy.

Background

Oesophageal cancer is a malignant tumour arising from cells lining the oesophagus (gullet), which is the muscular tube through which food passes from the throat to the stomach. The two main types of oesophageal cancer are squamous cell carcinoma and adenocarcinoma. Cancers in the upper or middle oesophagus are usually squamous cell cancer, whereas cancers in the lower oesophagus including where the oesophagus joins the stomach, are usually adenocarcinomas. The most common symptom of oesophageal cancer is difficulty swallowing. Other symptoms include food regurgitation, nausea or vomiting, unexplained weight loss, pain in the chest, back or throat, and persistent indigestion or cough.

Oesophageal cancer is more common in men than women. In 2017-19, there were 2,900 new diagnoses in women and 6,500 in men (a total of 9,400 new cases) in in the UK. The risk of developing oesophageal cancer increases with age. Around 41% of all new cases in the UK are diagnosed in people aged 75 and over (2016-2018).[1] Because of the nature of symptoms, oesophageal cancer is often diagnosed at an advanced stage. On average, 70-80% are diagnosed at stage 3 (locally advanced) or 4 (metastatic). For adults diagnosed between 2013 and 2017 in England, the 1-year survival rate for people with oesophageal cancer is around 47% and 5-year survival rate is 18%.[2]

Chemotherapy (such as docetaxel, paclitaxel, or irinotecan) is sometimes used when surgery with or without radiotherapy is not effective. NICE technology appraisal 707 recommends nivolumab for treating unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma in adults after fluoropyrimidine and platinum-based therapy.

The technology

Tislelizumab (Tevimbra, BeiGene) has a marketing authorisation in the UK for "the treatment of adult patients with unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma after prior platinum-based chemotherapy."

Intervention(s)	Tislelizumab
Population(s)	Adults with unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma after prior platinum-based chemotherapy.

Comparators	• chemotherapy including taxanes (docetaxel/paclitaxel) or irinotecan • best supportive care (including but not limited to antiemetics, blood transfusions, oesophageal stents) • nivolumab
Outcomes	The outcome measures to be considered include: • overall survival • progression-free survival • response rate • adverse effects of treatment • health-related quality of life.
Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. If the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost comparison may be carried out. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations	**Related Technology Appraisals:** Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer (2021). NICE Technology appraisal guidance 707. **Related appraisals in development:** None. **Related NICE guidelines:** Oesophago-gastric cancer: assessment and management in adults (2018). NICE guideline 83. Suspected cancer: recognition and referral (2015, updated 2021). NICE guideline 12.

	Barrett's oesophagus: ablative therapy (2010). NICE clinical guideline 106
Related National Policy	The NHS Long Term Plan, 2019. NHS Long Term Plan NHS England (2018/2019) NHS manual for prescribed specialist services (2018/2019) Chapter 105 – Specialist cancer services (adults). NHS England commissions upper gastrointestinal cancers, page 275. NHS England (2018) 2013/14 NHS standard contract for cancer: oesophageal and gastric (adult) Department of Health and Social Care (2016) NHS outcomes framework 2016 to 2017 NHS Digital (2022) NHS Outcomes Framework England, March 2022 Annual Publication

Questions for consultation

Where do you consider tislelizumab will fit into the existing care pathway for treating advanced unresectable, locally advanced or metastatic oesophageal squamous cell carcinoma after prior platinum-based chemotherapy?

Please select from the following, will tislelizumab be:

A. Prescribed in primary care with routine follow-up in primary care
B. Prescribed in secondary care with routine follow-up in primary care
C. Prescribed in secondary care with routine follow-up in secondary care
D. Other (please give details):

For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would tislelizumab be a candidate for managed access?

Do you consider tislelizumab to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)?

Are there any subgroups of people in whom tislelizumab is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Do you consider that the use of tislelizumab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Is the technology likely to be similar in its clinical effectiveness and resource use to any of the comparators? Or in what way is it different to the comparators?

Will the intervention be used in the same place in the treatment pathway as the comparator(s)? Have there been any major changes to the treatment pathway recently? If so, please describe.

Will the intervention be used to treat the same population as the comparator(s)?

Overall is the technology likely to offer similar or improved health benefits compared with the comparators?

Would it be appropriate to use the cost-comparison methodology for this topic?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which tislelizumab will be licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;
- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE intends to evaluate this technology through its Single Technology Appraisal process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

References

1. Cancer Research UK. Oesophageal cancer incidence statistics. Accessed July 2024
2. NHS England. Digital, Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021. Accessed July 2024.