NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Durvalumab with platinum-based chemotherapy, then with or without olaparib, for untreated advanced or recurrent endometrial cancer ID6317

Draft scope

Remit/evaluation objective

To appraise the clinical and cost effectiveness of durvalumab within its marketing authorisation for induction and maintenance treatment of untreated advanced or recurrent endometrial cancer.

Background

Endometrial cancer is a cancer of the lining of the womb (uterus), known as the endometrium. It is the most common type of womb cancer and is often diagnosed in the earlier stages. When diagnosed, endometrial cancer is categorised between stage 1 and 4. Advanced endometrial cancer is defined as stage 3 or 4, where the cancer has spread outside the womb. In stage 3, the spread of cancer is contained within the pelvis. Once the cancer has spread into another area of the body, it is classed as stage 4 or metastatic. Recurrent endometrial cancer is when the cancer returns after primary treatment. The cancer can recur anywhere, commonly in the abdominal cavity, lymph nodes, lung and vagina. The symptoms of recurrence and advanced stage disease are variable but include abdominal pain, bloating, nausea, shortness of breath, vaginal bleeding and changes in bowel or bladder habits.[1]

In 2021, there were around 8,600 new cases of endometrial cancer in England, mostly in the early stages; around 1,500 of these new cases were diagnosed as stage 3 or 4 cancers.[2] It is estimated that about 18% of people with endometrial cancer experience recurrence.[3] The incidence rate increases with age; rates increase sharply from 45 to 49 years old and the highest incidence rates are for people 75 to 79 years old. In the UK, around 2,500 deaths occurred annually in 2017-2019, accounting for 3% of all UK cancer deaths in women.[4] About 15% of people diagnosed with stage 4 endometrial cancer survive for 5 years or longer compared to 92% diagnosed at stage 1.[5]

The first treatment for endometrial cancer is usually surgical removal of the womb (hysterectomy) as well as the fallopian tubes and ovaries (bilateral salpingo-oophorectomy). In advanced endometrial cancer, debulking surgery may be carried out to remove as much of the cancer as possible. Radiotherapy may be used for people who cannot have surgery, or alongside surgical treatment. Chemotherapy can be used adjunct to surgery for people with intermediate or high risk disease.[6] Hormone therapy or chemotherapy may be used for cancer that has metastasised or relapsed.

NICE technology appraisal guidance 779 recommends dostarlimab for use within the Cancer Drugs Fund to treat advanced or recurrent endometrial cancer with high microsatellite instability (MSI) or mismatch repair (MMR) deficiency in people who have had platinum-based chemotherapy.

NICE technology appraisal guidance 904 recommends pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer in adults whose cancer has progressed on or after platinum-based chemotherapy and who cannot have curative surgery or radiotherapy.

NICE technology appraisal guidance 914 recommends pembrolizumab for treating tumours with high microsatellite instability or mismatch repair deficiency in adults with advanced or recurrent endometrial cancer that has progressed during or after a platinum-based therapy, who cannot have curative surgery or radiotherapy.

The technology

Durvalumab (Imfinzi, AstraZeneca) does not currently have a marketing authorisation in the UK for treatment of untreated advanced or recurrent endometrial cancer.

Olaparib (Lynparza, AstraZeneca) does not currently have a marketing authorisation in the UK for the treatment of newly diagnosed advanced or recurrent endometrial cancer.

Durvalumab and olaparib have been studied in a clinical trial in people with newly diagnosed advanced (stage 3 or 4) or recurrent endometrial cancer. The trial compared durvalumab in combination with first line carboplatin-paclitaxel chemotherapy followed by maintenance durvalumab (with or without olaparib) with placebo.

Intervention(s)	Durvalumab with platinum-based chemotherapy, followed by maintenance durvalumab with or without olaparib.
Population(s)	People with untreated advanced or recurrent endometrial cancer
Subgroups	If the evidence allows the following subgroups will be considered: • Mismatch repair (MMR) status (MMR-deficient or MMR-proficient) • Level of PD-L1 expression • Local vs metastatic recurrence • People who have had primary debulking surgery vs those who have had not had surgery
Comparators	• Platinum-based chemotherapy followed by routine surveillance For people with primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency: • Dostarlimab (subject to ongoing NICE appraisal) followed by routine surveillance

Outcomes	The outcome measures to be considered include: • progression-free survival • overall survival • response rate • duration of response • 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. 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. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account. The availability and cost of biosimilar and generic products should be taken into account.
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:** Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (2022) NICE technology appraisal guidance 779. Pembrolizumab with lenvatinib for previously treated advanced, metastatic or recurrent endometrial cancer (2023) NICE technology appraisal guidance 904. Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency (2023) NICE technology appraisal guidance 914. **Related technology appraisals in development:** Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer

	with high microsatellite instability or mismatch repair deficiency. NICE technology appraisal guidance [ID3968] Publication expected April 2024. **Related interventional procedures:** Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer (2010) NICE interventional procedures guidance 356. **Related diagnostics guidance:** Testing strategies for Lynch syndrome in people with endometrial cancer (2020) NICE diagnostics guidance 42.
Related National Policy	The NHS Long Term Plan (2019) NHS Long Term Plan NHS England (2018) NHS manual for prescribed specialist services (2018/2019)

Questions for consultation

Where do you consider durvalumab will fit into the existing care pathway for endometrial cancer?

Are there additional relevant comparators for durvalumab that require inclusion in the scope?

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

Would durvalumab be a candidate for managed access?

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

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 durvalumab 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. (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. Murali R, Soslow RA, Weigelt B (2014) Classification of endometrial carcinoma: more than two types. The Lancet. Oncology 15(7): 268-278.

2. NHS Digital (2023) Cancer registration statistics, 2021. Accessed November 2023.

3. Siegenthaler F, Lindemann K, Epstein E, et al. (2022) Time to first recurrence, pattern of recurrence, and survival after recurrence in endometrial cancer according to the molecular classification. Gynecologic Oncology 165(2):230-8.

4. Cancer Research UK (2021) Uterine cancer statistics. Accessed November 2023.

5 NHS Digital (2022) Cancer survival in England, cancers diagnosed 2015 to 2019, followed up to 2020. Accessed November 2023.

6. Cancer Research UK (2022) Treatment for womb cancer. Accessed November 2023.