

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

**Durvalumab with platinum-based chemotherapy, then with or without olaparib, for treating newly diagnosed advanced or recurrent endometrial cancer ID6317**

**Final scope**

**Remit/evaluation objective**

To appraise the clinical and cost effectiveness of durvalumab in combination with platinum-based chemotherapy followed by maintenance durvalumab with or without olaparib, within its marketing authorisation, for the treatment of newly diagnosed 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. The most common symptom of endometrial cancer is abnormal vaginal bleeding, especially in people who have stopped having periods (post menopausal). 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.<sup>1</sup>

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.<sup>2</sup> It is estimated that about 18% of people with endometrial cancer experience recurrence.<sup>3</sup> 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.<sup>4</sup> About 15% of people diagnosed with stage 4 endometrial cancer survive for 5 years or longer compared to 92% diagnosed at stage 1.<sup>5</sup>

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.<sup>6</sup> 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 963](#) recommends dostarlimab with platinum-based chemotherapy for use within the Cancer Drugs Fund to treat advanced or recurrent endometrial cancer with high MSI or MMR deficiency in adults who are candidates for systemic therapy.

**The technology**

Durvalumab (Imfinzi, AstraZeneca) does not currently have a marketing authorisation in the UK for treatment of newly diagnosed 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 study population were randomised to three arms:

- durvalumab in combination with first line carboplatin-paclitaxel, followed by maintenance durvalumab plus olaparib
- durvalumab in combination with first line carboplatin-paclitaxel, followed by maintenance durvalumab plus placebo
- first line carboplatin-paclitaxel with placebo, followed by placebo maintenance.

<b>Intervention(s)</b>	Durvalumab with platinum-based chemotherapy, followed by maintenance durvalumab with or without olaparib.
<b>Population(s)</b>	People with newly diagnosed advanced or recurrent endometrial cancer
<b>Subgroups</b>	<p>If the evidence allows the following subgroups will be considered:</p> <ul style="list-style-type: none"> <li>• Molecular subgroups, such as mismatch repair (MMR) status</li> <li>• Level of PD-L1 expression</li> <li>• Local vs metastatic recurrence</li> <li>• People who have had primary debulking surgery vs those who have had not had surgery</li> </ul>

<p><b>Comparators</b></p>	<p>Following treatment options, followed by routine surveillance:</p> <ul style="list-style-type: none"> <li>Platinum-based chemotherapy (such as paclitaxel, carboplatin, cisplatin, doxorubicin and cyclophosphamide)</li> <li>Hormone therapy (such as medroxyprogesterone acetate and megestrol)</li> </ul>
<p><b>Outcomes</b></p>	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> <li>progression-free survival</li> <li>overall survival</li> <li>response rate</li> <li>duration of response</li> <li>adverse effects of treatment</li> <li>health-related quality of life.</li> </ul>
<p><b>Economic analysis</b></p>	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>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.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p> <p>The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.</p> <p>The availability and cost of biosimilar and generic products should be taken into account.</p>
<p><b>Other considerations</b></p>	<p>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.</p>
<p><b>Related NICE recommendations</b></p>	<p><b>Related technology appraisals:</b></p> <p><a href="#">Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (2024)</a>. NICE technology appraisal guidance 963.</p> <p><a href="#">Pembrolizumab with lenvatinib for previously treated advanced, metastatic or recurrent endometrial cancer (2023)</a></p>

	<p>NICE technology appraisal guidance 904.</p> <p><a href="#">Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency</a> (2023)</p> <p>NICE technology appraisal guidance 914.</p> <p><a href="#">Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency</a> (2022) NICE technology appraisal guidance 779.</p> <p><b>Related technology appraisals in development:</b></p> <p><a href="#">Pembrolizumab with chemotherapy for adjuvant treatment of newly diagnosed high-risk endometrial cancer after surgery with curative intent</a>. [ID6207] Publication expected TBC.</p> <p><a href="#">Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (review of TA963)</a> [ID6426] Publication expected TBC.</p> <p><a href="#">Pembrolizumab with platinum-based chemotherapy then pembrolizumab maintenance for treating primary advanced or recurrent endometrial cancer</a> [ID6381] Publication expected TBC.</p> <p><b>Related interventional procedures:</b></p> <p><a href="#">Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer</a> (2010) NICE interventional procedures guidance 356.</p> <p><b>Related diagnostics guidance:</b></p> <p><a href="#">Testing strategies for Lynch syndrome in people with endometrial cancer</a> (2020) NICE diagnostics guidance 42.</p>
<b>Related National Policy</b>	<p>The NHS Long Term Plan (2019) <a href="#">NHS Long Term Plan</a></p> <p>NHS England (2018) <a href="#">NHS manual for prescribed specialist services (2018/2019)</a></p>

## 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 May 2024.
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 May 2024.

- 5 NHS Digital (2022) [Cancer survival in England, cancers diagnosed 2015 to 2019, followed up to 2020](#). Accessed May 2024.
6. Cancer Research UK (2022) [Treatment for womb cancer](#). Accessed May 2024.