

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (MA review of TA963) [ID6426]**Final scope****Remit/evaluation objective**

To appraise the clinical and cost effectiveness of dostarlimab with platinum-containing chemotherapy within its marketing authorisation for treating primary advanced or recurrent endometrial cancer with high microsatellite instability (MSI-H) or mismatch repair deficiency (dMMR) in adults.

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, 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 (stages 3 and 4 are known as advanced cancer). 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. The mismatch repair (MMR) system recognises and repairs genetic mismatches generated during DNA replication in cells. Around 26% of endometrial tumours have a defect in the MMR system.¹ Tumours with MMR deficiency can develop microsatellite instability, which is a change in the length of repetitive sequences in tumour DNA compared with normal DNA.

In 2021, there were 8,264 new cases of endometrial cancer in England.² Around 85% of people have early-stage disease and around 15% have advanced or metastatic disease on diagnosis.³ Around 13% of people with early-stage disease have a recurrence after initial treatment.⁴

In advanced or recurrent endometrial cancer, initial treatment may include a combination of surgery, radiation and chemotherapy to remove as much of the cancer as possible. Hormone therapy may also be used.⁵ Standard chemotherapy options for advanced or recurrent endometrial cancer are platinum-containing regimens, the most common regimen being carboplatin plus paclitaxel. [NICE technology appraisal guidance 963](#) recommends dostarlimab with platinum-based chemotherapy for use in the Cancer Drugs Fund as an option for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency in adults who are candidates for systemic therapy. This appraisal will update and replace technology appraisal 963.

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The technology

Dostarlimab (Jemperli, GlaxoSmithKline) with platinum-containing chemotherapy has a marketing authorisation for treating adults with mismatch repair deficiency (dMMR) or high microsatellite instability (MSI-H) primary advanced or recurrent endometrial cancer who are candidates for systemic therapy.

Intervention	Dostarlimab with platinum-containing chemotherapy
Population	People with primary advanced or recurrent endometrial cancer with high microsatellite instability (MSI-H) or mismatch repair deficiency (dMMR)
Comparator	<ul style="list-style-type: none"> platinum-based doublet chemotherapy
Outcomes	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> progression-free survival time to second objective disease progression overall survival response rates duration of response adverse effects of treatment health-related quality of life.
Economic analysis	<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>
Other considerations	<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>

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<p>Related NICE recommendations</p>	<p>Related technology appraisals:</p> <p>Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency. (2024) NICE technology appraisal 963</p> <p>Related technology appraisals in development:</p> <p>Pembrolizumab with platinum-based chemotherapy then pembrolizumab maintenance for treating advanced or recurrent endometrial cancer. NICE technology appraisal guidance ID6381. Expected publication date TBC.</p> <p>Durvalumab with platinum-based chemotherapy, then with or without olaparib, for untreated advanced or recurrent endometrial cancer. NICE technology appraisal guidance ID6317. Expected publication date TBC.</p> <p>Related interventional procedures:</p> <p>Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer (2010) NICE interventional procedures guidance 356.</p> <p>Related diagnostics guidance:</p> <p>Testing strategies for Lynch syndrome in people with endometrial cancer (2020) NICE diagnostics guidance 42.</p>
<p>Related National Policy</p>	<p>The NHS Long Term Plan (2019) NHS Long Term Plan. NHS England (2018) NHS manual for prescribed specialist services (2018/2019). Chapter 105.</p>

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References

1. Ryan NAJ et al. [The proportion of endometrial tumours associated with Lynch syndrome \(PETALS\): A prospective cross-sectional study](#). Accessed July 2024.
2. NHS Digital (2024). [Cancer registration statistics 2021](#). Accessed July 2024.
3. Cancer Research UK (2024). [Early Diagnosis Data Hub](#). Accessed July 2024.
4. NICE TA963 (2024). [Resource Impact Template](#). Accessed July 2024.
5. NHS (2024) [Treatment: womb \(uterus\) cancer](#). Accessed July 2024.

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