NICE National Institute for Health and Care Excellence

Resource impact summary report

Implementation support
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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 'inputs and eligible population' and 'unit costs' worksheets in the template to reflect local data and assumptions.

NICE has recommended trifluridine–tipiracil with bevacizumab, within its marketing authorisation, for treating metastatic colorectal cancer in adults who have had 2 lines of treatment (including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, antivascular endothelial growth factor or anti-epidermal growth factor receptor treatments). Trifluridine–tipiracil with bevacizumab is only recommended if the company provides trifluridine–tipiracil according to the commercial arrangement.

Eligible population for trifluridine–tipiracil with bevacizumab

Cancer Registrations Statistics (England 2021) estimates that 41,588 adults are diagnosed each year with colorectal cancer. Based on population growth, by 2028/29, we estimate this to have increased to 43,632.

Cancer Research UK's Early Diagnosis Data Hub estimates that 26% of people diagnosed with colorectal cancer have metastatic stage 4 cancer, and 56% have stage 2 or 3 cancer. Colorectal consultant opinion estimates that 55% of people diagnosed at stage 2 or 3 colorectal cancer progress to stage 4 metastatic colorectal cancer.

Colorectal consultant opinion also estimates that 60% of people who are diagnosed or who progress to stage 4 metastatic colorectal cancer have first-line systemic anti-cancer therapy (SACT) each year. They also estimate that 60% of that population have second-line SACT, and 40% of them go on to have third-line SACT.

Table 1 shows the population eligible for trifluridine–tipiracil with bevacizumab and the number of people expected to have trifluridine–tipiracil with bevacizumab in each of the next 5 years. These figures include the impact of the predicted population growth.

Table 1 Population expected to be eligible and have trifluridine–tipiracil with bevacizumab in England

Eligible population and uptake for trifluridine–tipiracil with bevacizumab	Current practice	2024/25	2025/26	2026/27	2027/28	2028/29
People eligible for trifluridine–tipiracil with bevacizumab	3,402	3,434	3,467	3,501	3,535	3,569
Uptake for trifluridine–tipiracil with bevacizumab (%)	0	20	55	55	55	55
People having trifluridine–tipiracil with bevacizumab each year	0	687	1,907	1,926	1,944	1,963

The uptake for trifluridine–tipiracil with bevacizumab is based on colorectal consultant opinion. It can be amended to reflect local practice in the resource impact template.

Treatment options for the eligible population

Standard treatment for metastatic colorectal cancer after 2 lines of treatment includes trifluridine–tipiracil alone or regorafenib.

Clinical trial data shows that, compared with trifluridine–tipiracil alone, trifluridine–tipiracil plus bevacizumab increases how long people have before their cancer gets worse and how long they live.

The choice of treatment at third line may be affected by the person's current performance status and toxicity profile of the treatment. People with poorer performance status may have best supportive care.

Current practice is based on Blueteq data from NHS England. Future uptake figure assumptions are based on colorectal consultant opinion and are shown in the resource impact template.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Financial resource impact (cash items)

The company has a commercial arrangement. This makes trifluridine–tipiracil available to

the NHS with a discount. The size of the discount is commercial in confidence. There is a discount for bevacizumab agreed with the Medicines Procurement and Supply Chain. The prices agreed through the framework are commercial in confidence.

The confidential prices of trifluridine–tipiracil and bevacizumab can be put into the resource impact template and other variables may be amended.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

Further analysis is provided in the resource impact template, and the financial impact of cash items can be calculated.

Capacity impact

The median treatment duration for trifluridine–tipiracil with bevacizumab is assumed to be 5 months, as per the SUNLIGHT trial.

There is no additional infrastructure that needs to be put in place, and there are no anticipated implementation issues.

There will be a capacity increase because the treatment duration for trifluridine–tipiracil with bevacizumab is greater than that for comparators. Also, bevacizumab is delivered intravenously, whereas comparator treatments are delivered orally.

Table 2 shows the impact on capacity activity across the eligible population in each of the next 5 years.

Table 2 Capacity impact (activity) in England

-	Current practice	2024/25	2025/26	2026/27	2027/28	2028/29
Number of oral administration appointments	5,320	3,778	971	980	990	999
Number of intravenous administration appointments	0	6,869	19,071	19,255	19,441	19,628
Hours for intravenous administration	0	11,333	31,467	31,771	32,077	32,386

-	Current practice	2024/25	2025/26	2026/27	2027/28	2028/29
Number of follow-up appointments	2,453	2,936	3,771	3,807	3,844	3,881
Number of CT scans	3,402	3,434	3,467	3,501	3,535	3,569

Hours of intravenous administration includes duration of administration (average 39 minutes), preparation (30 minutes) and postadministration time (30 minutes).

The increase in number of follow-up appointments is because population growth and treatment duration for trifluridine–tipiracil with bevacizumab is greater than that for comparators.

The increase in number of CT scans is because of population growth.

Further analysis is provided in the resource impact template, and the financial capacity impact, from a commissioner and provider perspective can be calculated.

Key information

- Time from publication to routine commissioning funding is 90 days
- The programme budgeting category is 02C cancer, Lower GI
- The commissioner is NHS England
- The provider is secondary care – acute
- The pathway position is metastatic colorectal cancer after 2 systemic treatments

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments and should be read with it. See terms and conditions on the NICE website.

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