NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:

Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy TA788

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Summary

NICE has recommended avelumab as an option for maintenance treatment of locally advanced or metastatic urothelial cancer that has not progressed after platinum-based chemotherapy. It is recommended according to specific conditions in the guidance.

We estimate that:

- Around 1,040 people with locally advanced or metastatic urothelial cancer are eligible for treatment with avelumab each year
- 830 people will receive avelumab from year 2024/25 onwards once uptake has reached 80% as shown in table 1.
- There are potentially significant savings from reduced use of subsequent immunotherapy treatment
- Around 19,800 additional appointments (35 per 100,000 population) are needed from year 2024/25 to administer the treatment which is delivered by intra-venous infusion as shown in table 2. This is because avelumab is currently the only maintenance treatment for this patient group. These are partly offset by a reduction in the use of second-line immunotherapy treatments such as atezolizumab.

Table 1 Estimated number of people in England receiving avelumab

	2022/23	**2023/24**	**2024/25**	**2025/26**	**2026/27**
Uptake rate for avelumab (%)	45	65	80	80	80
Population receiving avelumab each year	**470**	**670**	**830**	**830**	**830**

Table 2 Estimated capacity impact in England for people receiving avelumab

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake rate for avelumab (%)	45	65	80	80	80
Appointments - avelumab	11,100	16,100	19,800	19,800	19,800
Subsequent treatment appointments – atezolizumab (second-line)	-1,500	-2,200	-3,500	-3,500	-3,500
Net additional appointments	**9,600**	**13,800**	**16,300**	**16,300**	**16,300**

This report is supported by a local resource impact template because the list price of avelumab has a discount that is commercial in confidence. The discounted price of avelumab can be put into the template and other variables may be amended.

This technology is commissioned by NHS England. Providers are NHS hospital trusts.

1 Avelumab

1.1 NICE has recommended avelumab as an option for maintenance treatment of locally advanced or metastatic urothelial cancer that has not progressed after platinum-based chemotherapy in adults only if:

- avelumab is stopped at 5 years of uninterrupted treatment or earlier if the disease progresses and
- the company provides avelumab according to the commercial arrangement.

1.2 There are no maintenance treatments routinely available for locally advanced or metastatic urothelial cancer that has responded to platinum-based chemotherapy. Clinical trial evidence shows that if people take avelumab it takes longer for their cancer to get worse, and they live longer than if they have best supportive care.

1.3 There are potential savings associated with reduced use of subsequent therapies after avelumab maintenance treatment because people who receive avelumab maintenance treatment cannot have further immunotherapy. These savings are modelled in the resource impact template.

2 Resource impact of the guidance

2.1 We estimate that:

- Around 1,040 people with locally advanced or metastatic urothelial cancer are eligible for treatment with avelumab each year
- 830 people will receive avelumab from year 2024/25 onwards once uptake has reached 80% as shown in table 1.

- There are potentially significant savings from reduced use of subsequent immunotherapy treatment
- Around 19,800 additional appointments (35 per 100,000 population) are needed from year 2024/25 to administer the treatment which is delivered by intra-venous infusion as shown in table 2. This is because avelumab is currently the only maintenance treatment for this patient group. These are partly offset by a reduction in the use of second-line immunotherapy treatments such as atezolizumab.

2.2 The current treatment and future uptake assumptions are based on clinical expert opinion and use the maximum future uptake estimated. These are shown in the resource impact template. Table 3 shows the number of people in England who are estimated to receive avelumab by financial year.

2.3 Additional appointments for administering avelumab for an average duration of 11 months will be needed. This is because there are currently no routinely available maintenance treatments.

2.4 There will be some offset from reduced use of second-line immunotherapies. The clinical experts on the committee confirmed that in clinical practice people would not have a second-line immunotherapy after disease progression on avelumab. The net impact on capacity is shown in table 4.

Table 3 Estimated number of people receiving avelumab using NICE assumptions

	2022/23	**2023/24**	**2024/25**	**2025/26**	**2026/27**
Uptake rate for avelumab (%)	45	65	80	80	80
Population receiving avelumab each year	**470**	**670**	**830**	**830**	**830**

Table 4 Estimated capacity impact in England for people receiving avelumab

	2022/23	2023/24	2024/25	2025/26	2026/27
Uptake rate for avelumab (%)	45	65	80	80	80
Appointments - avelumab	11,100	16,100	19,800	19,800	19,800
Subsequent appointments – atezolizumab (second-line)	-1,500	-2,200	-3,500	-3,500	-3,500
Net additional appointments	**9,600**	**13,900**	**16,300**	**16,300**	**16,300**

2.5 This report is supported by a local resource impact template. Avelumab has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of avelumab can be put into the template and other variables may be amended. It is the company's responsibility to let relevant NHS organisations know details of the discount.

3 Implications for commissioners

3.1 This technology is commissioned by NHS England. Providers are NHS hospital trusts.

3.2 Because avelumab has been available through the early access to medicines scheme, NHS England and commissioning groups have agreed to provide funding to implement this guidance 30 days after publication.

3.3 There will be an impact on capacity at chemotherapy units to administer avelumab which is administered intravenously for over 60 minutes.

3.4 Avelumab falls within the programme budgeting category 2H 'Cancers and Tumours – Urological'.

4 How we estimated the resource impact

The population

4.1 In 2019 around 10,600 cases of bladder cancer were recorded in England [NHS Digital Cancer registration statistics England 2019]. Urothelial cancer accounts for around 90% of bladder cancer cases in England with around a quarter of people presenting with locally advanced or metastatic disease (stage IV) at the time of diagnosis.

Table 5 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population		46,263,200
Incidence of bladder cancer[1]	0.02	10,600
People who have urothelial cancer[2]	90	9,500
People who have stage III or IV locally advanced or metastatic disease [3]	26	2,500
People who have first-line platinum chemotherapy [4]	60	1,500
People who are eligible for maintenance therapy [5]	70	1,040
Total number of people eligible for treatment with avelumab		1,040
Total number of people estimated to receive avelumab each year from year 2024/25[6]	80	**830**

[1] NHS Digital Cancer registration statistics England 2019

[2] Cancer Research UK: Types of bladder cancer

[3] Cancer Research UK: Bladder cancer statistics

[4] Clinical evidence for the first-line treatment of advanced urothelial carcinoma: Current paradigms and emerging treatment options, 2020)

[5] Company submission

[6] Clinical expert opinion (maximum estimated uptake)

Assumptions

4.2 The resource impact template assumes that:

- The average time people are on avelumab treatment is 11 months (24 cycles)
- Future uptake of avelumab is estimated to reach 80% by 2024/25 (maximum estimate per clinical experts)
- In future practice, 20% of people are unable to receive avelumab maintenance treatment and receive best supportive care
- There are savings from drug costs and appointments avoided from reduced use of atezolizumab as a second-line immunotherapy
- Current uptake of second-line immunotherapies from the total eligible population is 47% for atezolizumab (TA525), this is based on Blueteq data for 2021/22
- People eligible for second-line immunotherapy in future practice are people who are unable to undergo maintenance therapy
- The average time on treatment for people receiving atezolizumab as a second-line treatment is 6.7 months (8.9 cycles).

About this resource impact report

This resource impact report accompanies the NICE guidance on Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy TA788 and should be read with it.

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