NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation (TA798)

Published: June 2022

Summary

NICE has recommended durvalumab for as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in accordance with specific criteria in the recommendation.

By 2026/27 we estimate that:

- Around 520 people with locally advanced unresectable NSCLC will be eligible for treatment with durvalumab each year after adjusting for predicted population growth.
- Around 485 people will receive durvalumab after adjusting for predicted population growth. This is based on current people receiving treatment in the Cancer Drugs Fund (CDF). This is around 93% of the eligible population.
- Around 5,400 chemotherapy administration appointments per year will be needed, as shown in table 2. This is consistent with the number of administration appointments during the period this treatment was in the CDF. The cost of these appointments will now be funded within routine commissioning.

Table 1 Estimated number of people in England receiving durvalumab

	2022/23	2023/24	2024/25	2025/26	2026/27
Eligible population (adjusted for predicted population growth each year)	505	510	510	515	520
Uptake rate for durvalumab (%)	93	93	93	93	93
Population receiving durvalumab each year	**470**	**475**	**480**	**480**	**485**

Table 2 Estimated chemotherapy appointments in England

	2022/23	2023/24	2024/25	2025/26	2026/27
Total appointments	5,300	5,300	5,300	5,400	5,400

Note: The impact on appointments on capacity is already experienced in routine services because treatment with durvalumab for this patient group has been in the CDF, therefore there are no net additional appointments

This report is supported by a local resource impact template because the list price of durvalumab has a discount that is commercial in confidence. The discounted price of durvalumab 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 Durvalumab

1.1 NICE has recommended durvalumab as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express PD-L1 on 1% or more of cells and whose disease has not progressed following platinum-based chemoradiation, only if:

- they have had concurrent platinum-based chemoradiation
- the company provides durvalumab according to the commercial arrangement.

1.2 People whose tumours express PD-L1 on at least 1% of tumour cells and whose disease has not progressed after platinum-based chemoradiation would otherwise have standard care. Standard care involves surveillance every 6 months for 2 years, and a volume chest CT scan at least every year. The committee was aware that locally advanced unresectable NSCLC is a distressing condition, and that treatment options are limited.

1.3 Durvalumab lengthens progression-free and overall survival compared with standard care for those people who had concurrent chemoradiation and whose tumours express PD-L1 on 1% or more of cells.

1.4 Data from the PACIFIC study reported that people receiving durvalumab had less subsequent immunotherapy, and for a shorter time, than people who received standard care.

2 Resource impact of the guidance

2.1 By 2026/27 we estimate that:

- Around 520 people with locally advanced unresectable NSCLC are eligible for treatment with durvalumab each year after adjusting for predicted population growth.

- Around 485 people will receive durvalumab after adjusting for predicted population growth. This is based on current people receiving treatment in the Cancer Drugs Fund (CDF). This is around 93% of the eligible population

- Around 5,400 chemotherapy administration appointments per year will be needed, as shown in table 4. This is consistent with the number of administration appointments during the period this treatment was in the CDF. The cost of these appointments will now be funded within routine commissioning.

2.2 The current treatment and future uptake figure assumptions are based on current experience while the treatment has been in the CDF and are shown in the resource impact template. Table 3 shows the number of people in England who are estimated to receive durvalumab by financial year.

Table 3 Estimated number of people receiving durvalumab using NICE assumptions

	2022/23	2023/24	2024/25	2025/26	2026/27
Eligible population (adjusted for predicted population growth each year)	505	510	510	515	520
Uptake rate for durvalumab (%)	93	93	93	93	93
Population receiving durvalumab each year	**470**	**475**	**480**	**480**	**485**

Table 4 Estimated chemotherapy appointments in England

	2022/23	2023/24	2024/25	2025/26	2026/27
Total appointments	5,300	5,300	5,300	5,400	5,400

Note: The impact on appointments on capacity is already experienced in routine services because treatment with durvalumab for this patient group has been in the CDF, therefore there are no net additional appointments

2.3 This report is supported by a local resource impact template. Durvalumab has a simple discount patient access scheme. This

makes durvalumab available to the NHS with a discount. The size of the discount is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount. The discounted price of durvalumab can be put into the template and other variables may be amended.

3 Implications for commissioners

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

3.2 Durvalumab will be available through routine commissioning. There is also a continued impact on the capacity of provider chemotherapy units. The technology was previously funded from the Cancer Drugs Fund, but this will stop from 90 days after the publication of the guidance.

3.3 Durvalumab falls within the programme budgeting category 2D: Cancers and Tumours - Lung.

4 How we estimated the resource impact

The population

4.1 Around 40,000 people were diagnosed with lung cancer in 2019 [Office for National Statistics 2021 - cancer registration statistics England 2019 data release]. Table 5 shows the details of the population with unresectable non-small-cell lung cancer who are estimated to be eligible for treatment with durvalumab.

Table 5 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people in 2026/27
Adult population (adjusted for predicted growth each year)		46,263,200
Incidence of lung cancer[1]	0.09	40,000
People who have NSCLC[2]	88.64	35,500
People who have stage 3a, 3b, 3c disease[3]	21.93	7,800
People who have radical radiotherapy and chemotherapy (CRT)[3]	11.67	900
People who have concurrent chemoradiotherapy (cCRT)[4]	73.1	660
People who receive cCRT who have PD-L1 on ≥1 % of cells[5]	75	500
Total number of people estimated to receive durvalumab in year 2022/23[6]	93	470
Number of people estimated to receive durvalumab by year 2026/27 after adjusting for population growth		485

[1] Office for National Statistics 2021 - cancer registration statistics England 2019 data release

[2] Annual report (version 2 published March 2021) | RCP London

[3] https://nlca.rcp.ac.uk/AnnualReport

[4]Company submission based on clinical expert opinion; this may change in future given the availability of durvalumab through routine commissioning

[5]Estimate based on number of people accessing treatment in CDF

[6]CDF notifications (Blueteq data) April 2021-March 2022

Assumptions

4.2 The resource impact template shows the impact on routine commissioning resulting from durvalumab moving from the CDF into routine commissioning. The capacity impact of durvalumab has already been experienced while the treatment was in the CDF. It is assumed that the proportion of people currently receiving comparator treatments in routine commissioning will not change.

The resource impact template assumes that:

- People receive durvalumab as a fixed dose every 4 weeks for 44 weeks (average of 11 cycles of 4 weeks).
- While people have been treated with durvalumab in the CDF the impact of a reduction in subsequent treatments has already been realised within routine commissioning. There will be no further impact on subsequent treatment once durvalumab moves into routine commissioning because the experienced uptake is at 93%, therefore no significant increase is expected in the use of durvalumab.
- People who are unable to receive treatment are assumed to receive best supportive care.

Administration costs (National Tariff 2022/23)

- SB12Z Deliver simple parenteral chemotherapy at first attendance £161.

About this resource impact report

This resource impact report accompanies the NICE guidance on Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation and should be read with it.