NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy (TA886)

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Summary

NICE has recommended olaparib (alone or with endocrine therapy) as an option for the adjuvant treatment of HER2-negative high-risk early breast cancer that has been treated with neoadjuvant or adjuvant chemotherapy in adults with germline BRCA1 or 2 mutations. It is only recommended if the company provides it according to the commercial arrangement (see section 2 of the guidance).

By 2027/28 we estimate that:

- 300 people with HER2-negative high-risk early breast cancer with germline BRCA 1 or 2 mutations are eligible for treatment with olaparib based on expected population growth
- 290 people will receive olaparib from year 3 onwards once uptake has reached 95% as shown in table 1.

Table 1 Estimated number of people in England receiving olaparib

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake rate for olaparib (%)	65%	80%	95%	95%	95%
Population receiving olaparib each year	190	240	290	290	290
Monitoring appointments for Olaparib treatment	2,300	2,900	3,400	3,400	3,400

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

1.1 NICE has recommended olaparib (alone or with endocrine therapy) as an option for the adjuvant treatment of HER2-negative high-risk early breast cancer that has been treated with neoadjuvant or adjuvant chemotherapy in adults with germline BRCA1 or 2 mutations. It is only recommended if the company provides it according to the commercial arrangement (see section 2 of the guidance).

1.2 Current practice is for either neoadjuvant chemotherapy followed by surgery and surveillance or surgery followed by adjuvant chemotherapy. Adjuvant endocrine therapy is also sometimes used. Olaparib will be used after neoadjuvant or adjuvant chemotherapy in addition to existing therapies.

2 Resource impact of the guidance

2.1 By 2027/28 we estimate that:

- 300 people with HER2-negative high-risk early breast cancer with germline BRCA 1 or 2 mutations are eligible for treatment with olaparib based on expected population growth
- 290 people will receive olaparib from year 3 onwards once uptake has reached 95% based on expected population growth.

2.2 The current treatment and future uptake figure assumptions are based on clinical expert opinion and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to receive olaparib by financial year.

Table 2 Estimated number of people receiving olaparib using NICE assumptions

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake rate for olaparib (%)	65%	80%	95%	95%	95%
Population receiving olaparib each year	190	240	290	290	290
Monitoring appointments for Olaparib treatment	2,300	2,900	3,400	3,400	3,400

2.3 This report is supported by a local resource impact template. Olaparib has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of olaparib 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 While olaparib is an oral only drug, there are capacity implications of the additional monitoring required.

3.3 Olaparib falls within the programme budgeting category 02F cancers and tumours, breast.

4 How we estimated the resource impact

The population

4.1 By 2027/28 there will be around 50,400 breast cancer diagnoses each year, of these around 43,000 (85.2%) will be early breast cancer and 37,000 (86%) of these will have HER2-negative disease. Around 9,200 (25%) of people with HER2-negative

disease will have high risk disease and around 460 (5%) of these will have BRCA1 or 2 mutations. Of people with BRCA1 or 2 mutations, around 300 (66%) will have previous therapy and be eligible for treatment with olaparib.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people in 2027/28
Adult population		46,263,200
Incidence of breast cancer[1]	0.11	50,400
People with stage I or II disease[2]	85.2	43,000
People with HER2-negative disease[3]	86.0	37,000
People with high-risk disease[3]	25.0	9,200
People with BRCA1 or 2 mutations[3]	5.0	460
Total number of people eligible for treatment with olaparib after prior treatment[3]	66.0	300
Total number of people estimated to receive olaparib each year from year 3	95.0	290

[1] Source: Cancer Registration Statistics, England 2019 - NHS Digital

[2] Source: Survival by stage (ncin.org.uk)

[3] Source: NHS England expert opinion

Assumptions

4.2 The resource impact template assumes that:

- Olaparib has an average treatment duration 12 months
- Administration and monitoring costs for Olaparib are based on WF01A Follow Up Attendance - Single Professional to cover monthly blood tests and dispensing of self-administered drug
- Monitoring costs based on an oncology outpatient are incurred once per month
- No costs for drugs or administration for standard care are included because olaparib is given in addition to existing therapies and does not replace them.

About this resource impact report

This resource impact report accompanies the NICE guidance on Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy and should be read with it.