NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer (TA944)

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Summary

NICE recommends durvalumab plus gemcitabine and cisplatin within its marketing authorisation, as an option for treating locally advanced, unresectable, or metastatic biliary tract cancer in adults. It is only recommended if the company provides durvalumab according to the commercial arrangement.

We estimate that:

- 750 adults with locally advanced, unresectable, or metastatic biliary tract cancer are eligible for treatment with durvalumab
- 530 adults will start treatment with durvalumab after adjusting for expected population growth in 2024/25.

Table 1 Estimated number of people in England starting treatment with durvalumab each year

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake %	35%	70%	70%	70%	70%
Population starting treatment with durvalumab after adjusting for population growth	257	517	520	524	527

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 with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer

1.1 Biliary tract cancer includes bile duct cancer, gallbladder cancer and ampullary cancer (distal extrahepatic cholangiocarcinoma). Most people with biliary tract cancer are diagnosed with unresectable locally advanced or metastatic disease.

1.2 Surgery remains the curative intent treatment option leading to long-term survival for people diagnosed with resectable biliary tract cancer.

1.3 People with unresectable biliary tract cancer are typically offered chemotherapy with a combination of cisplatin and gemcitabine. For disease that has progressed following first-line treatment, further chemotherapy is recommended. Radiotherapy in addition to chemotherapy may also be offered to some people to relieve symptoms.

1.4 The committee noted that durvalumab (plus gemcitabine and cisplatin) is the first immunotherapy to be licensed as a first-line treatment for unresectable or advanced biliary tract cancer.

1.5 The clinical lead for the Cancer Drugs Fund confirmed that if durvalumab was recommended, it would only be available to people with an ECOG performance status of 0 or 1 based on the clinical trial data.

2 Resource impact of the guidance

2.1 The current treatment and future uptake figure assumptions are based on the clinical experts from both NHS England and the company and are shown in the resource impact template.

2.2 This report is supported by a local resource impact template. This is because the company has a commercial arrangement (commercial access agreement) which 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.

Savings and benefits

2.3 The clinical expert described how durvalumab is usually much better tolerated than gemcitabine and cisplatin which usually have more toxic side effects.

3 Implications for commissioners

3.1 Durvalumab plus gemcitabine and cisplatin is commissioned by NHS England. Providers are NHS hospital trusts.

3.2 Durvalumab plus gemcitabine and cisplatin will be available through routine commissioning and there will be a resource impact for specialised commissioning.

3.3 Durvalumab plus gemcitabine and cisplatin falls within the programme budgeting category 02B – Cancer, UGI.

4 How we estimated the resource impact

The population

4.1 In 2019, around 2,600 adults were diagnosed with biliary cancer in England (Cancer Registration Statistics, England 2019). Applying population growth, around 2,700 adults in England would be expected to be diagnosed with biliary tract cancer in 2027/28.

4.2 Table 2 shows the number of adults eligible for treatment with durvalumab with plus gemcitabine and cisplatin.

Table 2 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population		46,263,200
Incidence of biliary cancer[1]	0.00593	2,742
Proportion with unresectable advanced disease[2]	70	1,919
Adults who can have 1st line chemotherapy[2]	70	1,344
Adults who can have both gemcitabine and cisplatin[2]	70	941
Proportion not contraindicated to immunotherapy and who are eligible for treatment with durvalumab[2] with (ECOG performance status 0-1)	80	752

[1] Cancer registration statistics, 2019

[2] Company and NHS England clinical expert opinion

Assumptions

4.3 The resource impact template assumes that:

- durvalumab will be added into gemcitabine and cisplatin every 3 weeks for up to 8 cycles, then durvalumab will continue every 4 weeks as maintenance until progression
- gemcitabine and cisplatin are intravenous infusions and administered in a hospital setting on the chemotherapy day unit. There will be additional attendances for the maintenance phase of durvalumab
- no additional infrastructure is required to deliver this treatment because clinicians and chemotherapy day units are familiar with the monitoring and administration of immunotherapies including durvalumab.
- administration costs in clinic are based on the 2023-25 NHS Payment Scheme, Annex A - 2023/24 prices workbook.

About this resource impact report

This resource impact report accompanies the NICE guidance on Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer and should be read with it.