

Putting NICE guidance into practice

Resource impact report: Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer (TA951)

Published: February 2024

Summary

NICE has recommended olaparib with abiraterone and prednisone or prednisolone, within its marketing authorisation, as an option for untreated hormone-relapsed metastatic prostate cancer in adults who cannot have or do not want chemotherapy. It is only recommended if the company provides it according to the commercial arrangements.

We estimate that around:

- 2,600 adults with untreated hormone-relapsed metastatic prostate cancer are eligible for treatment with olaparib with abiraterone and prednisone or prednisolone (from now, referred to as olaparib with abiraterone) based on expected population growth.
- 1,041 adults will start treatment with olaparib with abiraterone each year by 2027/28 after adjusting for expected population growth. This is based on consultant urologist opinion.

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

	2023/24	2024/25	2025/26	2026/27	2027/28
Uptake %	20	40	40	40	40
People starting treatment with olaparib with abiraterone after adjusting for population growth	504	1,016	1,024	1,032	1,041
It is anticipated people continue treatment for 22.2 months on average and therefore there will also be people receiving treatment who started treatment in previous years.					

This report is supported by a local resource impact template. This is because the company has a commercial arrangement. This makes olaparib with abiraterone 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.

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

1 **Olaparib with abiraterone**

- 1.1 Hormone-relapsed metastatic prostate cancer (also known as metastatic castration-resistant prostate cancer) is a cancer that has spread beyond the prostate and no longer responds to androgen deprivation therapy (ADT).
- 1.2 Patient experts explained that people may experience more significant symptoms when hormone resistance occurs, and the condition becomes more aggressive.
- 1.3 Patient experts also explained that olaparib with abiraterone offers people another treatment choice at this point in the pathway and a better chance of surviving for longer.
- 1.4 First-line treatment options for hormone-relapsed metastatic prostate cancer for whom chemotherapy is not yet indicated include abiraterone with prednisolone or prednisone or enzalutamide.
- 1.5 Evidence shows that olaparib with abiraterone increases how long people live and how long they have before their cancer gets worse compared with abiraterone alone.

2 Resource impact of the guidance

- 2.1 The current treatment uptake figures are based on approximations of current usage from NHS England. Future uptake figure assumptions are based on estimates by consultant urologist 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 which makes olaparib with abiraterone 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 Clinical trial evidence shows that olaparib with abiraterone increases how long people live and how long they have before their cancer gets worse compared with abiraterone alone.

3 Implications for commissioners and providers

- 3.1 Olaparib with abiraterone is commissioned by NHS England. Providers are NHS hospital trusts.
- 3.2 Olaparib with abiraterone falls within the programme budgeting category 02H cancer, Urological.
- 3.3 Olaparib with abiraterone has a longer average treatment duration than comparator options available. The resource impact template allows commissioners to assess the resource impact of any additional attendances required at provider services.

4 How we estimated the resource impact

The population

- 4.1 In 2019, around 47,479 adults were diagnosed with prostate cancer in England ([Cancer Registration Statistics, England 2019](#)). Applying population growth, around 49,408 adults in England are expected to be diagnosed with prostate cancer in 2027/28.
- 4.2 The [NPCA annual report 2021](#) estimates that 13% of people diagnosed with prostate cancer are metastatic castration-resistant.
- 4.3 Approximations of current usage from NHS England estimated that 45% of people are treated for metastatic castration-resistant prostate cancer.
- 4.4 Of these, consultant urologists estimate that 90% would be well enough to tolerate combination therapy.
- 4.5 Table 2 shows the number of people eligible for treatment with olaparib with abiraterone.

Table 2 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Adult population forecast at 2027/28		46,263,200
Incidence of prostate cancer ¹	0.11%	49,408
People with metastatic castration-resistant prostate cancer (mCRPC) ²	13.00%	6,423
People treated for metastatic castration-resistant prostate cancer (mCRPC) where chemotherapy is not clinically indicated ³	45.00%	2,890
People well enough to tolerate combination therapy ⁴	90.00%	2,601
¹ Cancer Registration Statistics, England 2019 ² NPCA annual report 2021 ³ Approximations of current usage from NHS England ⁴ Consultant urologist opinion.		

Assumptions

4.6 The resource impact template assumes that:

- Usual treatment for untreated hormone-relapsed metastatic prostate cancer is abiraterone or enzalutamide.
- No additional infrastructure is expected to be required to deliver this treatment.
- There is no impact expected on subsequent treatments for this indication.
- The recommended dose is 300mg of olaparib twice daily plus once daily 1000mg abiraterone, all patients also take prednisone or prednisolone at a dose of 5mg twice daily.
- The mean treatment duration for people starting treatment with olaparib with abiraterone is estimated to be 22.2 months.
- There may be an increase in patient monitoring compared with comparators, this can be modelled in the resource impact template.

- Administration costs in clinic are based on the [2023-25 NHS Payment Scheme, 2023/24 prices workbook](#).

About this resource impact report

This resource impact report accompanies the NICE guidance on [Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer](#) and should be read with it. See [terms and conditions](#) on the NICE website.

© NICE 2023. All rights reserved. See [Notice of rights](#).