Resource impact report

Resource impact
Published: 3 April 2024

www.nice.org.uk

NICE has recommended dostarlimab with platinum-based chemotherapy with managed access as an option for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency in adults who are candidates for systemic therapy. It is only recommended if the conditions in the managed access agreement for dostarlimab are followed.

Dostarlimab is currently recommended for use within the Cancer Drugs Fund for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency and so some of the people who will be treated with dostarlimab under the new recommendations may have been treated with it at second line. For these people the costs of treatment are not new costs, they are just occurring earlier in the pathway.

The eligible population for dostarlimab is estimated to be around 460 and will rise to around 480 by year 5. Around 360 people per year are expected to start treatment with dostarlimab once uptake reaches 75% as shown in table 1.

Table 1, number of people treated with dostarlimab plus chemotherapy by year.

Year	2024/25	2025/26	2026/27	2027/28	2028/29

Uptake of dostarlimab with chemotherapy (%)	40%	50%	75%	75%	75%
Number of people starting treatment with dostarlimab with chemotherapy	180	230	350	360	360

The current treatment option for this population is platinum-based chemotherapy, paclitaxel plus carboplatin. Dostarlimab will be given for 6 cycles as an add-on to this existing therapy and then up to a maximum of 3 years as monotherapy in line with the marketing authorisation. The resource impact template assumes 12 cycles of dostarlimab monotherapy will be used on average, 6 cycles in the patient's first year of treatment and 6 cycles in their second year of treatment.

Although dostarlimab is given for longer than platinum-based chemotherapy, the overall number of adverse events is not expected to increase as the vast majority of adverse events occur during the phase of dostarlimab treatment where the combination is given and are most likely caused by the chemotherapy.

Platinum-based chemotherapy is assumed to be given for 6 cycles when used without dostarlimab.

Dostarlimab with platinum-based chemotherapy will be funded by the cancer drugs fund while it is in managed access. More evidence on dostarlimab with platinum-based chemotherapy is being collected until the final results of the RUBY-1 trial are available. After this, NICE will decide whether or not to recommend it for use on the NHS and update the guidance. It will be available through the Cancer Drugs Fund until then. Further information can be found in NHS England's Appraisal and Funding of Cancer Drugs from July 2016 (including the new Cancer Drugs Fund) - A new deal for patients, taxpayers and industry.

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

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.