NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact
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Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendation

NICE has recommended relugolix within its marketing authorisation, as an option for treating prostate cancer in adults:

- with advanced hormone-sensitive prostate cancer
- alongside radiotherapy for high-risk localised or locally advanced hormone-sensitive prostate cancer
- as neoadjuvant treatment before radiotherapy for high-risk localised or locally advanced hormone-sensitive prostate cancer.

Eligible population for relugolix

Table 1 below shows the population who are eligible for relugolix and the number of people who are expected to start relugolix in each of the next 5 years. These figures include the impact of the predicted population growth.

Table 1 Population expected to be eligible for and start relugolix in England

Eligible population and uptake	Current practice (without relugolix)	2024-25	2025-26	2026-27	2027-28	2028-29
People eligible for relugolix	38,172	38,540	38,912	39,287	39,666	40,048
Uptake for relugolix (%)	0	15	20	25	30	30
People starting relugolix each year	0	5,781	7,782	9,822	11,900	12,015

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To calculate the eligible population:

- The Cancer Registrations Statistics, England 2021- NHS Digital estimates there are 43,378 adults diagnosed with prostate cancer each year.
- Of people with prostate cancer, the NPCA State of the Nation Report - National Prostate Cancer Audit states 69% of people have high risk or locally advanced prostate cancer. This audit also stated 19% of people with prostate cancer have metastatic prostate cancer.
- The uptake for relugolix is based on the consultant urologist opinion. It can be amended to reflect local practice in the resource impact template.

Treatment options for the eligible population

The relevant comparators are ADT alone, GnRH agonists such as leuprorelin, goserelin and triptorelin and GnRH antagonists such as degarelix.

Clinical experts advise that 85% of people choose ADT and the introduction of relugolix would not alter the clinical pathway. Relugolix would replace existing ADTs in the pathway.

For people who don't have metastatic prostate cancer, the duration of treatment is estimated to be 24 months. For people with metastatic disease, the duration of treatment is expected to be 72 months and it is assumed that people with metastatic disease would remain on ADT indefinitely.

The resource impact template separates the high risk/locally advanced and metastatic prostate cancer groups and models 2-year treatment for the high risk/locally advanced group and ongoing treatment for the metastatic group (5 years included in the template).

All ADTs recommended by NICE are currently delivered by nurse-administered subcutaneous injection, ranging from monthly to every 6 months, depending on the formulation. Relugolix is an oral treatment that provides an alternative to current injectable treatments. Relugolix will be initiated in secondary care and continued in primary care.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

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Financial resource impact (cash items)

The list price for relugolix is £87.45 (excluding VAT; dictionary of medicines and devices, accessed August 2024) for a 30 pack of 120 mg tablets.

The key drivers of financial resource impact are:

- Uptake of relugolix
- Treatment duration for non-metastatic and metastatic groups.
- These figures include the impact of the predicted population growth.

Table 2 shows the estimated costs of treatment in each of the next 5 years.

Table 2 Financial resource impact (cash items) in England £'000

Cash impact	Current practice (without relugolix)	2024-25	2025-26	2026-27	2027-28	2028-29
Cash impact (including drug costs) £'000	85,236	85,970	87,160	88,105	89,720	91,410

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

For further analysis see the resource impact template.

Capacity impact

The most common grade 3+ adverse events for relugolix were arthralgia, fatigue, hot flush and hypertension. However, these were of low incidence, are considered too small to be meaningful and are therefore not included.

Adverse events relating to major adverse cardiovascular events (MACE) were included based on information from the company submission. Applying this relative risk to the annual rate of MACE for people on GnRH agonists gives an annual risk of 15.2% and 5.7% for those on GnRH antagonists.

Once the ADT regimen has started, the model assumes that no switches occur.

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Relugolix is administered orally whereas the comparator treatments are delivered subcutaneously. Nurse-administered subcutaneous injection can be administered monthly to every 6 months depending on the formulation. The resource impact template allows commissioners to assess the resource impact of administration required at provider services.

Table 3 shows the impact on capacity activity across the eligible population in each of the next 5 years. These figures include the impact of the predicted population growth.

Table 3 Capacity impact (activity) in England

Capacity impact	Current practice	2024/25	2025/26	2026/27	2027/28	2028/29
Number of administration appointments (GP nurse)	551,591	575,166	608,260	632,190	662,259	687,569
Number of administration appointments (secondary care)	137,898	143,792	152,065	158,047	165,565	171,892
Number of follow up appointments	404,279	405,752	408,710	412,015	415,670	419,678
Number of full blood count tests	758,024	760,784	766,331	772,528	779,381	786,896
Number of CT scans	202,140	202,876	204,355	206,008	207,835	209,839
Number of liver function tests	758,024	760,784	766,331	772,528	779,381	786,896
Number of kidney function tests	758,024	760,784	766,331	772,528	779,381	786,896
Number of PSA tests	758,024	760,784	766,331	772,528	779,381	786,896

For further analysis or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Table 4 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	02H cancer, Urological

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Commissioner(s)	ICB
Provider(s)	Primary care / Secondary care - acute
Pathway position	Hormone-sensitive prostate cancer

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on Relugolix for treating hormone-sensitive prostate cancer and should be read with it. See terms and conditions on the NICE website.

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