



Resource impact summary report

Resource impact

Published: 29 August 2024

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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 pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy as an option for untreated locally advanced unresectable or metastatic HER2-negative gastric or gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a combined positive score (CPS) of 1 or more. Pembrolizumab is only recommended if the company provides it according to the commercial arrangement.

Eligible population for pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy

Table 1 shows the population who are eligible for pembrolizumab and the number of people who are expected to have pembrolizumab in each of the next 5 years.

Table 1 Population expected to be eligible for and have pembrolizumab in England

Eligible population and uptake	Current practice	2024-25	2025-26	2026-27	2027-28	2028-29
People eligible for pembrolizumab	1,170	1,180	1,190	1,210	1,220	1,230
People having pembrolizumab + chemotherapy each year	120	380	570	640	650	650
Uptake for pembrolizumab + CAPOX (%)	7	22	34	37	37	37
Uptake for pembrolizumab + FOLFOX (%)	3	8	12	13	13	13
Uptake for pembrolizumab + XP (%)	1	2	2	3	3	3

Eligible population and uptake	Current practice	2024-25	2025-26	2026-27	2027-28	2028-29
Total uptake for pembrolizumab + chemotherapy (%)	11	32	48	53	53	53

The uptake for pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy is based on company and NHSE estimates. Eligible population includes population growth.

Treatment options for the eligible population

The comparator treatments for the eligible population are platinum- and fluoropyrimidine-based chemotherapy and nivolumab with platinum- and fluoropyrimidine based chemotherapy. All treatment options involve at least 1 component that is administered by intravenous infusion. Pembrolizumab with chemotherapy is expected to be given for more cycles than chemotherapy alone but fewer than nivolumab with chemotherapy.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

Financial resource impact (cash items)

The company has a [commercial arrangement](#). This makes pembrolizumab available to the NHS with a discount.

Users can input the confidential price of pembrolizumab and amend other variables in the [resource impact template](#).

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 or to calculate the financial impact of cash items, see the [resource impact template](#).

Capacity impact

Table 2 shows the impact on capacity activity in each of the next 5 years. Population growth across the time period leads to increases in capacity impact.

Table 2 Capacity impact (activity) in England

Capacity impact	Current practice	2024-25	2025-26	2026-27	2027-28	2028-29
Number of administration appointments	12,600	12,500	12,600	12,500	12,700	12,800

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

Key information

Table 3 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	02B cancer, upper GI
Commissioner(s)	NHS England
Provider(s)	NHS hospital trusts
Pathway position	First line

About this resource impact summary report

This resource impact summary report accompanies the NICE guidance on pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2 negative gastric or gastro-oesophageal junction adenocarcinoma and should be read with it. See [terms and conditions](#) and on the [NICE website](#).

ISBN: 978-1-4731-6125-418