

1.	<p>Treatment & Condition</p> <p>Atezolizumab (Tecentriq®) for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy.</p>
2.	<p>Associated appraisal body & Summary of ruling</p> <p>NICE Technology Appraisal guidance TA525 (June 2018).</p> <p>Atezolizumab is recommended as an option for treating locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy, only if:</p> <ul style="list-style-type: none"> • atezolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and • the company provides atezolizumab with the discount agreed in the patient access scheme
3.	<p>Number of people in Northern Ireland expected to take up service/therapy</p> <p>According to the NICE Resource Impact Template that accompanies this guidance, it is expected that 24 people per annum in Northern Ireland would take up treatment in line with this NICE Technology Appraisal.</p> <p>However, it is the view of local clinicians that this is an over estimation and the number of patients eligible for treatment would be in the region of 10 – 15 per annum.</p>
4.	<p>Patient Access Scheme Availability</p> <p>(<u>Yes/No</u>)</p> <p>The company (Roche) has a commercial arrangement. This makes atezolizumab available to the NHS with a discount. The size of the discount is commercial in confidence.</p>
5.	<p>Infrastructure Requirements</p> <p>Any additional infrastructure costs associated with the introduction of new cancer therapies will be dealt with as part of the routine commissioning process.</p>
6.	<p>Expected implementation period</p> <p>There is no impediment to immediate implementation for new patients.</p>
7.	<p>Commissioning arrangements</p> <p>This regimen will be formally commissioned by the HSCB/PHA via the Specialist</p>

	<p>Services Commissioning Team initially on a cost-per-case (CPC) basis.</p> <p>Thereafter, numbers of patients who received or are receiving treatment will be reviewed and consideration will be given to moving to recurrent funding to support this regimen.</p>
8.	<p>Monitoring arrangements</p> <p>The HSCB cost per case process will generate quarterly reports on the number of applications.</p> <p>HSCB currently routinely reviews quarterly monitoring information in relation to the usage of all recurrently funded specialist cancer drugs across both the Cancer Centre and other Units.</p> <p>The monitoring pro forma will be adapted to capture information in respect of this regimen and this group of patients. This monitoring report is submitted to the Specialist Services Commissioning Team for formal review and comment by the Team.</p>
9.	<p>DoH (NI) Legislative/Policy Caveats</p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p>

