

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### STA Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over

The impact on equality has been assessed during this appraisal according to the principles of the NICE equality scheme.

#### Consultation

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| 1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how? |
| No equality issues were identified during the scoping process.  |

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| 2. Have any other potential equality issues been raised in the submissions, expert statements or academic report, and, if so, how has the committee addressed these?  |
| The following issues were identified: <ul style="list-style-type: none"><li>• People from ethnic minority backgrounds have fewer chances of finding a suitable match for a curative allogeneic stem cell transplant. Stem cell transplant is currently the only potentially curative treatment for people with relapsed or refractory acute lymphoblastic leukaemia. Therefore, people from ethnic minority backgrounds may be disadvantaged. The committee acknowledged that a technology appraisal cannot change how suitable matches for allogeneic stem cell transplant are identified. Therefore, it concluded that this issue could not be addressed in a technology appraisal with the given information available at this time.</li></ul> |

- CAR T-cell therapies are currently available for people aged under 25 years. If this technology was not recommended there would be unequal access for people above 25 years to the opportunity of a potential cure. The committee noted that NICE can only make recommendations within the marketing authorisation for a technology.
- People from religious groups such as Jehova’s witnesses who do not accept technologies derived from blood may be ineligible for this technology. The committee stated that people who do not accept blood derived products can instead have best supportive care. If this technology becomes available, people can choose whether or not they wish to have it.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

None identified.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No.

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with,

access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

Not applicable.

7. Have the committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?

Yes, in section 3.16 of the ACD.

**Approved by Associate Director (name):** ...Jasdeep Hayre

**Date:** 18 November 2022