

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### **STA Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma [ID3742]**

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? |
| None identified                                                                                                               |

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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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>The patient expert submissions highlighted that people from the most deprived areas and younger people are more likely to be diagnosed with gastric or GOJ cancer at more advanced stages. They noted that people from an East Asian family background have a higher risk of developing gastric or GOJ cancer. They also noted potential language barriers in sharing information with hard-to-reach community groups.</p> <p>The committee discussed the equality issues, and agreed that its recommendations do not have a different impact on people protected by the equality legislation than on the wider population. The committee considered</p> |

that there were no equalities issues that could be addressed by its recommendations.

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

The committee noted that the analyses for decision-making were based on the non-Asia cohort of KEYNOTE-811. It heard that outcomes are better for people in East Asia compared with the rest of the world. It heard from clinical experts that this is because of differences in clinical practice in these regions, rather than biological differences based on family background. So, the committee considered that excluding data from people treated in Asia would not affect the generalisability of the evidence to people with an Asian family background who are receiving treatment in the NHS.

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?

No

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

Yes, section 3.15 of draft guidance.

**Approved by Associate Director (name):** Ian Watson

**Date:** 22/11/2023