NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Linzagolix for moderate to severe symptoms of uterine fibroids [ID6190]

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

Consultation

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
Yes. Five potential equality issues were identified during scoping. 1. Current therapies which act on gonadotropin releasing hormone pathways may not be available to people who are trans or non-binary 2. Current therapies which act on gonadotropin releasing hormone pathways may not be available to those with particular historic or cultural beliefs that do not wish to take hormone add-back therapy. 3. Uterine fibroids are more prevalent in those from Black African or Caribbean family backgrounds. 4. Linzagolix would provide a broader treatment option with increased dosing flexibility that may benefit communities such as those from Black African or Caribbean family backgrounds who have historically seen inequalities in access to specialist healthcare 5. Linzagolix may benefit those from lower socioeconomic groups for whom current clinic visits can be expensive and create barriers to uptake The committee was aware that some people with uterine fibroids may be trans, and that gender reassignment is a protected characteristic under the Equality Act 2010.

The committee considered that its recommendation provided an additional treatment option, and a new treatment option for people with uterine fibroids who cannot or would prefer not to have hormonal add back therapy.

The committee noted that the issues of differing disease prevalence in groups with protected characteristics cannot be addressed in a technology appraisal.

Linzagolix is an oral treatment which will be easier to administer than intravenous treatments, and might have the potential to overcome some barriers to access for people who find it difficult to travel to hospital appointments for other treatments.

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?

No.

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

Yes. The clinical expert at the meeting noted that use of the EQ-5D instrument to assess quality of life in cyclical conditions was not appropriate as its recall period would not capture the full effects of the condition over a cycle. The expert highlighted that cyclical conditions disproportionately affect women and that this was a potential equalities issue.

The committee considered that the EQ-5D would not fully capture the effect of uterine fibroids on quality of life and concluded that the UFS-QoL instrument was preferable (see section 3.17 of the DG). It noted that the NICE methods prefer use of EQ-5D instruments unless there is evidence that it is not the most appropriate measure. The committee agreed that the UFS-QoL instrument would better capture quality of life for people with uterine fibroids in this appraisal.

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. Please see the draft guidance: • Section 3.17 • Section 3.22	

Approved by Associate Director (name): Ian Watson

Date: 29/01/2024