

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Scoping

Clopidogrel genotype testing after ischaemic stroke or transient ischaemic attack

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

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?
 - Prevalence of *CYP2C19* loss-of-function alleles vary by family background. Therefore, lack of efficacy from clopidogrel in people with loss-of-function alleles could disproportionately affect ethnic groups with a higher prevalence.
 - Some alleles are more common in some ethnic groups than others. Tests that do not detect all relevant alleles could miss people with specific loss-of-function variants, which could disproportionately affect different ethnic groups based on the prevalence of these alleles.
 - Strokes happen more often in people who are from Black African, Black Caribbean, or have South Asian family backgrounds. Improving antiplatelet therapy would be particularly beneficial in these groups.
 - The acceptability and consent for genetic testing may differ according to religious or philosophical beliefs.
 - People who have had a stroke may have impaired cognitive function and physical disability that limits activity.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

The committee will need to consider the potential increased benefit of testing in populations with higher prevalence of *CYP2C19* loss-of-function alleles in its decision-making. To help with this, the scope

specifies that analysis in which a higher prevalence of *CYP2C19* loss-of-function alleles is modelled should be provided (see section 6.6).

The committee will also need to consider in its decision-making which alleles specific tests can detect, and whether this could disadvantage particular ethnic groups. The committee will also need to consider that improving antiplatelet therapy would be particularly beneficial in groups with higher incidence of stroke (such as people who are from Black African, Black Caribbean, or have South Asian family backgrounds).

If recommending adoption of testing, the committee may also need to consider the nature and extent of information provided to people prior to the testing being done, and level of consent required prior to testing. Because people with stroke may have impaired cognitive function, the committee should also consider how this can impact on how information is provided and consent for testing obtained.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

Following the scoping workshop and ASG meeting, the following changes were made to highlight potential equality issues:

- Added section describing how acceptability and consent for genetic testing may depend on religious or philosophical beliefs

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No

Approved by Associate Director (name): Rebecca Albrow

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