

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Scoping

**STA Fezolinetant for treating vasomotor symptoms
associated with the menopause**

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

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| 1. Have any potential equality issues been identified during the scoping process (draft scope consultation and scoping workshop discussion), and, if so, what are they? |
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Comments at scoping consultation identified:

- Historical lack of innovation in this area of women’s health: unmet need for treatment options
- VMS more prevalent in Black and Hispanic women
- Differences in VMS severity between socioeconomic levels
- NICE clinical guideline (NG23) currently being updated should be aligned to anticipated recs to ensure consistent provision in UK clinical practice
- Patients from ethnic minority backgrounds (eg. Black African / Caribbean) often choose not to take hormone replacement therapy (HRT)

Additional potential issues identified in scoping searches:

- Duration of VMS may be longer in younger people who are experiencing menopause, who have a lower educational level and higher perceived stress
- Duration of VMS may be longer in people with higher depressive symptoms and anxiety (people with these conditions may or may not

be classified under the definition of disability and so, protected by legislation)

Additional potential issues identified in NG23:

- Women with breast cancer are contraindicated for HRT
- Certain ethnic subgroups would experience menopause earlier including induced menopause due to increased hysterectomy rates
- Some ethnic groups may have different cultural values and views on menopause and may have less access to treatment for symptoms

Potential issues discussed at the scoping workshop. The following are groups who may be disproportionately impacted by VMS (who may benefit from an alternative treatment to HRT):

- people who have breast cancer (or another hormone-dependent cancer) who are told to stop HRT abruptly may be significantly impacted by their VMS which may come back quite quickly at a time when they are also dealing with a cancer diagnosis.
- people who have had induced menopause (who may be younger) may also be particularly affected by VMS where their hormones are stopped abruptly.

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

People who chose not to have HRT will be considered as people for whom HRT is unsuitable and fezolinetant will be compared with other treatments used in clinical practice. Other issues raised will be discussed by committee during the development of the guidance.

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

No

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the matrix been made?
No

Approved by Associate Director (name):Janet Robertson.....

Date: 10 July 2024