NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Erlotinib monotherapy for the maintenance treatment of advanced or metastatic non-small cell lung cancer

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?
No equality issues were identified during the scoping process	

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 equality issues raised.	

3.	Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?
No equalities issues were raised during the scoping exercise or the course of the 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 access for the specific group?

No

5.	Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE's obligations to promote equality?
N/A	

6.	Have the Committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
N/A	

Approved by Associate Director (name): …Helen Chung……

Date: 19 November 2010

Final appraisal determination

1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

During consultation the manufacturer made the following statement:

"*If the proposed guidance stands it will mean that whilst patients with non-squamous NSCLC have a maintenance option, those with squamous cell tumors do not. Although legislation does not specifically prohibit discrimination on grounds of histology, it must be understood that the histological mix of NSCLC shows a gender imbalance with squamous cell cancers making up a substantially larger proportion of NSCLC in men. As such the guidance has a disproportionate impact on men with lung cancer and can be seen as discriminatory. This is particularly concerning given that men with lung cancer have an inherently worse prognosis than women".*

The Committee noted that no data on gender distribution based on histology were provided by the manufacturer and therefore this assertion was

impossible to substantiate. However, the Committee noted that any possible differences in maintenance treatment access referred to by the manufacturer were related to TA190, rather than this appraisal. The Committee agreed that its decision about erlotinib maintenance treatment needed to be based on the evidence seen in this appraisal. Furthermore, the final decision not to recommend erlotinib maintenance treatment was made because erlotinib was not cost-effective in either of the squamous or non-squamous subgroups compared with best supportive care. The Committee concluded that its recommendations do not make it more difficult in practice for a specific group to access erlotinib maintenance treatment compared with other groups. This is described in section 4.24 of the FAD.

The manufacturer also stated that the Committee's decision on erlotinib's applicability for consideration under the end of life criteria due to its population not being 'small' was unfair compared with the decisions made for trastuzumab for gastric cancer (TA208) and pemetrexed (TA190) and that this meant that, had this appraisal been conducted by an alternative Committee, patients may have been granted access to erlotonib. This is not addressed as equality issue, but addressed under the end of life considerations in the FAD.

2.	If the recommendations have changed after consultation, are there any recommendations that 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 access for the specific group?
No (technology not recommended, recommendations unchanged)	

3.	If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?
N/A	

4.	Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?

The Committee's consideration of any potential equality issues is described in section 4.24 of the FAD.

Approved by Centre or Programme Director (name): Meindert Boysen

Date: 09 03 2011