NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

CDF Rapid Reconsideration

Dasatinib for treating imatinib-resistant chronic myeloid leukaemia and for people for whom treatment with imatinib has failed because of intolerance (part review TA241)

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

Final Appraisal Determination

(when no ACD was issued)

1.	Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
No potential equalities issues were raised during the consultation on the draft scope and at the scoping workshop.	

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?
The committee also noted that in both companies' submissions, stem cell transplantation would be considered for people for whom first- and second-line tyrosine kinase inhibitor treatment fails and, as only a small number of people would be eligible for stem cell transplantation this could raise equity issues in relation to race, age (the elderly), and people with comorbidities. However, the committee concluded that because the preliminary recommendations do not differentiate between any groups of people, they do	

not limit access to the technology for any specific group compared with other groups.

3.	Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?
No additional potential equality issues were identified by the Committee	

4.	Do the 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?
The recommendations do not cause any barriers to access for specific groups.	

5.	Is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
The recommendations do not cause any adverse impact on people with disabilities.	

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?
The recommendations promote equal access to the technologies under consideration	

7.	Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Section 4.32 of the FAD states that 'The committee discussed whether NICE's duties under the equalities legislation required it to alter or add to its preliminary recommendations in any way. It noted that the submission from Bristol-Myers Squibb highlighted that if dasatinib, high-dose imatinib or nilotinib are not recommended for the treatment of imatinib-resistant CML, then allogeneic stem cell transplantation is the only treatment that may deliver clinical efficacy. Because only a small number of people who have imatinib-resistant CML are eligible for allogeneic stem cell transplantation, this could raise equality issues in relation to race, age (older people), and comorbidities. However, the committee concluded that allowing for clinical decisions relating to a range of possible treatments based on individual assessment of risk and benefit does not limit access to the technology for any specific protected group compared with other people.' The summary table in the FAD also describes the Committee's considerations of any potential equality issues.	

Approved by Programme Director (name): Meindert Boysen

Date: 18/01/2017