NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

CDF Rapid Reconsideration

Dasatinib for the first-line treatment of chronic myeloid leukaemia (part review of TA251)

1.

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?
During the scoping process one potential equality issue was identified around the people who are not in the Philadelphia chromosome positive group (approximately 5% of people with CML) being denied treatment. However, dasatinib, nilotinib and imatinib have a marketing authorisation for this group of people only and the trials have been conducted within this patient population. NICE appraises treatments within their marketing authorisation. Therefore, the issue was not considered by the Committee.	

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?
A clinical specialist highlighted that approximately 30% patients with CML are suitable for allogeneic stem cell (bone marrow) transplantation and that	

suitability is based on age and the availability of a Human Leukocyte Antigens (HLA) matched donor (related or unrelated). The clinical specialist also highlighted that success of transplantation is associated with a number of factors including age, disease phase, source of donor, time to transplant and gender match of donor and recipient (collectively known as the EBMT score).

The Committee also noted that in both manufacturers' 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 are unlikely to 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 are to have an 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 are unlikely to cause any barriers to access for specific groups. Therefore, there are no recommendations or explanations that the committee will be required to make to remove or alleviate any barriers to access.	

7.	Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Section 4.28 of the FAD states that 'The committee discussed whether NICE's duties under the equalities legislation required it to alter or add to its recommendations in any way. The committee considered that there were no issues directly relating to the equalities legislation. However, the committee 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, because only a small number of people would be eligible for stem cell transplantation, this could raise potential equity issues in relation to race, age (older people), and people with comorbidities. However, the committee concluded that the recommendations do not differentiate between any groups of people, and therefore there was not considered to be an equalities issue.' 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