NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

CDF Rapid Reconsideration - Trastuzumab emtansine for treating HER2 positive advanced breast cancer after trastuzumab and a taxane

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?
Not applicable.	

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 potential equality issues were raised.	

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

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, or difficulties with, access for the specific group?
No.	

5.	Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No.	

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?
No.	

7.	Have the committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
No applicable.	

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

Date: December 2016

Final appraisal determination

(when an ACD issued)

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

A consultee raised during consultation that evidence suggests that breast cancer in younger women (<45) is a different disease with different pathology to that in older women, therefore younger women should be considered as a potential subgroup.

However no evidence was submitted in support of differential clinical and cost effectiveness in people of different ages. Considering a subgroup based on age, and not on objective clinical characteristics, could potentially exclude people protected by the equality legislation who fall within the patient population for which trastuzumab emtansine is licensed.

The committee did not consider making differential recommendations according to age.

9.	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, or difficulties with, access for the specific group?

No

10.	If the recommendations have changed after consultation, 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?

No

11.	If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?
No	

12.	Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
No equality issues were raised, therefore they are not described in the final appraisal determination.	

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

Date: 13 June 2017