

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Padeliporfin for untreated localised prostate 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?

During scoping, it was highlighted that there are age-related inequalities in access to radical surgery or radiotherapy for localised prostate cancer. Specifically, people aged 80 years and over have a statistically significantly lower rate of access to surgery or radiotherapy than the average in England.

The committee noted that padeliporfin's marketing authorisation indicates that it is used to treat 'low-risk' disease in people with a life expectancy of 10 years or more. It understood that consideration of life expectancy should be driven by patient fitness, rather than age. No evidence has been presented, or considered by committee which would limit a recommendation based on age.

The NICE recommendation applies to the whole patient group covered by the marketing authorisation and there is no less favourable treatment for reasons related to a person's age.

In fulfilling NICE's function to appraise the clinical and cost effectiveness of healthcare technologies and ensure the effective use of healthcare resources, the committee were not able to recommend the use of padeliporfin because the company did not provide any clinical evidence of its effectiveness compared with radical therapies, the relevant comparator. In addition, in response to the appraisal consultation document, stakeholders highlighted that low-risk disease is usually managed with active surveillance to prevent over-treatment with focal or radical therapies that have unwanted side effects without conferring any cancer clinical benefit. The committee had due regard for the impact of the guidance on patients and considered the

innovative nature of the treatment and if there were additional health benefits not included in the analyses.

The guidance on this technology will be considered for review 3 years after publication of the guidance.

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.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

Yes. The committee was aware from other appraisals of technologies for treating prostate cancer that both trans-gender people and people with a prostate who do not identify as being male have a prostate. Therefore, the committee clarified that the recommendations applies to everyone with prostate cancer.

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?

Yes, section 3.25 of the appraisal consultation document.

Final appraisal determination

(when an ACD issued)

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

No.

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, or difficulties with, access for the specific group?

Not relevant.

3. 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?

Not relevant.

4. 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?

Not relevant.

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

Yes, in section 3.13 of the final appraisal determination.

Approved by Associate Director (name): ...Melinda Goodall.....

Date: ...20/08/2018.....