

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Scoping

STA - Lenalidomide for the treatment of newly diagnosed multiple myeloma

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

1. Have any potential equality issues been identified during the scoping process (draft scope consultation and scoping workshop discussion), and, if so, what are they?

During draft scope consultation and the scoping workshop, it was noted that multiple myeloma is twice as common in populations of African and African–Caribbean family origin. It was also noted that multiple myeloma mostly affects the elderly population. It was suggested that equality of access may be achieved by ensuring that the benefits of newer treatments reach these patients. However, no evidence was received during the scoping process of differential access to therapy or prognosis in these groups and therefore no changes to the draft scope or remit were required.

During draft scope consultation, it was also noted that people with existing neurological disabilities for whom potentially neurotoxic therapies such as thalidomide and bortezomib are not clinically appropriate would potentially benefit especially from this technology. It was suggested that, as treatment options at relapse are limited in this group, prolongation of time to progression would be of particular benefit to such patients. It was recognised during the scoping workshop that people with this kind of disability may have access to a restricted range of treatments and, because of this, the availability of lenalidomide could potentially have a disproportionate impact for this group of people.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

In the final scope, the other considerations section says: If the evidence

allows, the following subgroups will be considered:

- people with neurological conditions that contraindicate the use of thalidomide and bortezomib

3. Has any change to the draft scope been agreed to highlight potential equality issues?

The final scope includes in other considerations section 'If the evidence allows, the following subgroups will be considered:

- people with neurological conditions that contraindicate the use of thalidomide and bortezomib'

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the matrix been made?

No additional stakeholders related to potential equality issues were identified during the scoping process.

Approved by Associate Director (name): Frances Sutcliffe

Date: 16/05/2012