

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA

**Encorafenib in dual or triple therapy for previously treated
BRAF V600E mutation-positive metastatic colorectal
cancer [ID1598]**

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? |
|---|

No potential equalities issues raised.
--

- | |
|--|
| 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 equalities issues raised.
--

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

No potential equalities issues raised.
--

- | |
|--|
| 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, in section 3 'committee discussion'.

Approved by Associate Director (name): Nicole Elliott

Date: 24/08/2020

Final appraisal determination

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

In response to consultation, several web comments were received stating that the draft guidance discriminated against young people. This was because the average age of patients in BEACON CRC was 60 years, which does not reflect the younger population that would be eligible to have encorafenib plus cetuximab. Clinical experts considered that the age of patients in BEACON CRC reflected the age of patients who would be seen in NHS practice with previously treated BRAF V600E mutation-positive colorectal cancer. The committee were aware that its recommendation applied to everyone included in the marketing authorisation for encorafenib plus cetuximab, which does not restrict the treatment to any age group. So, it did not consider this to be an equalities issue.

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?

No.

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?

No.

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?

No.

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

Yes. Section 3.37 of the FAD.

Approved by Associate Director (name): Nicole Elliott

Date: 03/11/20