

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**HEALTH TECHNOLOGY APPRAISAL PROGRAMME**

**Equality impact assessment – Guidance development**

**STA Acalabrutinib for untreated and treated chronic  
lymphocytic leukaemia**

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

**Consultation**

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| 1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how? |
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No equality issues were raised during the scoping process.
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| 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? |
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The company's original submission did not include people without a 17p deletion or TP53 mutation for whom FCR or BR is suitable. Patient submissions highlighted that this would potentially deny younger and fitter people access to a new treatment option that is well tolerated. However, the committee did not consider this an equality issue that it could address, because the company did not present any evidence in this population.
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| 3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these? |
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No
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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?
N/A	

7.	Have the committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
Yes, section 3.24 of ACD	

**Approved by Associate Director (name):** .....Ross Dent.....

**Date:** 27/11/2020

## 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?

During consultation, one consultee highlighted that the current recommendations in the ACD do not allow treatment for acalabrutinib to vulnerable elderly or comorbid patients without high risk cytogenetics who would benefit most from access to acalabrutinib during and beyond this COVID pandemic. Acababrutinib is now recommended as an option for untreated chronic lymphocytic leukaemia (CLL) in adults who have no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR), is unsuitable.

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?
Section 3.23 of final appraisal determination

**Approved by Associate Director (name):** .....Ross Dent.....

**Date:** 25/02/2020