NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency [ID1498]

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

Final appraisal determination

(when no ACD was issued)

Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
N/A – no equalities issues identified at scoping.

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?
In their statements, clinical experts raised an equalities concern around testing for high MSI or DNA MMR deficient disease. Although routinely funded by NHS England, local uptake and turnaround times for high MSI or DNA MMR deficiency testing are inconsistent throughout the NHS. In the committee meeting, clinical experts raised concerns that some people would not be tested as standard, so would not be able to access pembrolizumab if recommended. The committee considered that all people should have testing for high MSI or DNA MMR deficiency when first diagnosed, in line with NICE's diagnostic guidance on molecular testing strategies for Lynch syndrome in people with colorectal cancer. It was reassured by the clinical lead for the Cancer Drugs Fund that, should pembrolizumab be recommended and high MSI or DNA MMR deficiency testing inform treatment decisions, it would become routine and timely throughout the NHS.

Clinical experts also noted that the current guidance states that clinicians should not wait for results before starting treatment. This could mean people who needed treatment immediately were starting initially on combination chemotherapy and therefore were no longer eligible for pembrolizumab at first line. The committee considered this but had heard from the clinical lead of the Cancer Drugs Fund that testing should be timely. It was aware that it can only make recommendations within the marketing authorisation and any recommendation to switch treatment from chemotherapy to pembrolizumab was therefore outside of the committee's remit. The committee concluded that it had considered all equalities issues and its recommendation did not require changes.

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

4.	Do the 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. The committee noted the current national variation in access to testing for high MSI or DNA MMR deficiency could be a barrier to access. However, it was confident that, by recommending pembrolizumab, testing would inform treatment decisions so would become standard and timely throughout the NHS.	

5.	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	

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 final appraisal determination, and, if so, where?
The committee's considerations are fully described in section 3.28	

Approved by Associate Director (name): Nicole Elliott

Date: 28/04/2021