

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### STA Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease

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?

Yes.

- The scoping process highlighted that people who are highly sensitised from Black, Asian and minority ethnic groups may already have difficulty accessing a matched donor kidney. Imlifidase may offer a desensitisation treatment option to allow people from Black, Asian and minority ethnic family backgrounds access to a deceased donor kidney. These people with protected characteristics could gain access to a donor kidney sooner. The committee noted there is limited trial evidence in people from Black, Asian and minority ethnic family backgrounds but data from NHS Blood and Transplant showed similar transplant rates regardless of their ethnicity. In addition, a patient expert at the scoping workshop highlighted there has been a postcode lottery, with geographic differences in access to transplant, as the use of low risk/delisted immunologically incompatible transplant and desensitisation with plasma exchange has tended to be concentrated in a few centres. The committee considered the changes to the Kidney Offering Scheme algorithm aimed to remove any disproportionate inequality and to increase priority to access for people on the Kidney Offering waiting list who need a transplant.

- The scoping workshop indicated that one of the most common causes for a patient to be 'highly sensitised' is previous pregnancy. According to British Transplantation Society guidelines, pregnancy induced sensitisation is a major reported risk factor for early antibody mediated rejection in donor specific HLA antibody incompatibility transplantation, especially where the donor is the patient's child or the father of a child with the patient. A clinical expert indicated that, for the most sensitised patients (with positive crossmatch through Complement Dependent Cytotoxic [CDC] test), see very different 10-year survival results by sex – approximately 67/68% (males) versus 15% (females). This may be related to graft survival. The committee was mindful of its responsibilities for people with protected characteristics under the Equality Act. It concluded that it is plausible that people have become highly sensitised through pregnancy but it is unknown whether they have additional benefit through imlifidase, so further information is needed.

1. 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 other potential equality issues have been raised.

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

No other potential equality issues have been identified by the committee.

3. 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

4.	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	

5.	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	

6.	Have the committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
Yes, The committee's considerations of equality issues have been described in sections 3.17 and 3.18 of the appraisal consultation document.	

**Approved by Associate Director (name):** Jasdeep Hayre

**Date:** 3 March 2022

## 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?

The consultation comments noted that changes to the Kidney Offering Scheme would improve access but never completely resolve inequity of access for people who are highly sensitised. It noted that some of the risk factors that can increase the chances of developing a HLA sensitisation are having had previous blood transfusions, blood type and pregnancy. Comments suggested that this meant people from Black, Asian and minority ethnic family backgrounds and women would be more likely to be highly sensitised and would therefore be over-represented in the Kidney Offering Scheme. People in these groups may wait longer to have transplant and might have difficulty accessing a matched kidney without imlifidase. This could have negative outcomes for people from these groups.

The committee recognised that everyone who is highly sensitised and is offered a kidney under the Kidney Offering Scheme and meets the company's defined population would be considered eligible for imlifidase. It concluded that people with these protected characteristics have an increased chance of becoming very highly sensitised, and this should be taken into account in its decision making.

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?
N/a

5. Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Yes, in section 3.16 of the final appraisal determination.

**Approved by Associate Director (name):** Jasdeep Hayre

**Date:** 6 June 2022