

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

**STA Oral azacitidine for maintenance treatment of acute
myeloid leukaemia after induction therapy**

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 identified 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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Stakeholders raised the following potential equality issues:

- Many people with AML who are in complete remission are unable to have a stem cell transplant because of a lack of donor availability. This results in an inequity of access to curative treatment and disproportionately affects people from ethnic minority groups. Oral azacitidine should be available to all people who are not eligible for a transplant, including those from ethnic minority groups.
- Some people may struggle financially to have current treatment because of the cost of regular travel to hospital and reduced income from having to take time off work. Having a transplant may be especially difficult for people with caring responsibilities because of the significant time commitment needed. These people should not be denied treatment and oral azacitidine would be a viable alternative to a transplant.

The committee acknowledged that these issues are important considerations and it was mindful of its obligations in relation to the Equality Act 2010. It accepted that oral azacitidine would be a welcome option and could reduce these potential equality issues. However, because of the uncertainties in the cost effectiveness results, the committee considered that these would need to be addressed before it could recommend oral azacitidine.

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

No other issues were identified.

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?

Not applicable.

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?

Not applicable.

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

See section 3.17 of the ACD.

Approved by Associate Director (name): Ross Dent

Date: 10/06/2022

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 committee noted that the issue previously raised around the lack of donor availability for people from ethnic minority groups had been reiterated in comments received during consultation. The committee acknowledged that unequal access to transplants because of ethnicity was a relevant consideration and it was mindful of its obligations in relation to the Equality Act 2010.

The company also highlighted that there may be geographical barriers to accessing a stem cell transplant based on how far away a person lives from an allograft transplant centre. The committee considered that issues around healthcare implementation cannot be addressed in a technology appraisal.

The committee concluded that because it had recommended oral azacitidine for people with AML that this may help to reduce some of the potential equality issues raised during the appraisal.

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 3.16 of the FAD.

Approved by Associate Director (name): Ross Dent

Date: 16/08/2022