

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over

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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The following issues were identified:

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| <ul style="list-style-type: none">• People from ethnic minority backgrounds have fewer chances of finding a suitable match for a curative allogeneic stem cell transplant. Stem cell transplant is currently the only potentially curative treatment for people with relapsed or refractory acute lymphoblastic leukaemia. Therefore, people from ethnic minority backgrounds may be disadvantaged. The committee acknowledged that a technology appraisal cannot change how suitable matches for allogeneic stem cell transplant are identified. Therefore, it concluded that this issue could not be addressed in a technology appraisal with the given information available at this time. |
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- CAR T-cell therapies are currently available for people aged under 25 years. If this technology was not recommended there would be unequal access for people above 25 years to the opportunity of a potential cure. The committee noted that NICE can only make recommendations within the marketing authorisation for a technology.
- People from religious groups such as Jehova’s witnesses who do not accept technologies derived from blood may be ineligible for this technology. The committee stated that people who do not accept blood derived products can instead have best supportive care. If this technology becomes available, people can choose whether or not they wish to have it.

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

None 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?

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?

Not applicable.

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

Yes, in section 3.16 of the ACD.

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

Date: 18 November 2022

Final appraisal document

(when appraisal consultation document issued)

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

It was highlighted that older people are less likely to be able to receive an allogenic stem cell transplant due to eligibility factors. For people who are unable to have an allogenic stem cell transplant, autologous anti-CD19-transduced CD3+ cells could potentially offer improved outcomes over existing treatments.

The committee noted that this was a population with particular unmet need. However, it was not presented with any clinical or cost effectiveness evidence which meant that this population could be taken into consideration separately. Therefore, the committee agreed that this issue could not be addressed in this technology appraisal given the information available at this time.

The equality issues highlighted in the first section were also further considered in the Final Appraisal Document.

The committee discussed the particular unmet need for people from minority ethnic backgrounds as this group is less likely to identify a suitable stem cell transplant donor. It noted that it was not presented with any clinical or cost effectiveness evidence which meant that this population could be taken into consideration separately. Therefore, the committee agreed that this issue could not be addressed in this technology appraisal given the information available at this time.

The committee acknowledged the equalities issue around age, noting that a different CAR T-cell treatment is available for people aged under 26 years through the Cancer Drugs Fund and that there is an unmet need for people aged 26 years and over. The committee acknowledged this issue but noted that the decision to recommend brexucabtagene autoleucel was based on the clinical and cost effectiveness evidence available for this appraisal. It also noted that it could not recommend a technology for a particular population based on the fact that another technology appraisal did not include that population.

The committee was aware that some religious groups may not accept technologies or procedures derived from blood, including allogenic stem cell transplant. However, brexucabtagene autoleucel also contains human blood products. Therefore, this is not considered an equalities issue in this 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 document, and, if so, where?

Yes, in Section 3.17.

Approved by Associate Director (name): Jasdeep Hayre

Date: 5 June 2023