NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments

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?
No potential equality issues were identified during the scoping process.	

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?
The company outlined that there are barriers related to the delivery of CAR T-cell therapies, with many patients being unable, or having to travel long distances, to access therapy centres. The committee agreed that access was an issue with CAR T-cell therapies, but that access to therapy centres could not be addressed through its recommendations. Patient organisations highlighted: • epcoritamab may need to be delivered at larger, transplant or CAR-T centres initially, before training and support at smaller centres can be provided: short-lived inequities for patients who live further from centres and cannot afford to pay for travel or are unable to travel longer distances	

- potential longer-term inequity if training and support for smaller centres not in place.

Clinical experts highlighted:

- epcoritamab will allow more equality of access and reduce inequalities compared with CAR-T due to geographical limitations of CAR-T and the difficulties that some patients have with accessing CAR-T (social support, economic, travel)

The committee acknowledged that disability (which may contribute to the inability to travel long distances) is a protected characteristics under the Equality Act 2010. They noted that socioeconomic status and geographical distance are not protected characteristics, but that NICE has due regard to promote the reduction of health inequalities. Clinical experts at the meeting acknowledged that there may be a short period inequity in access because of training needs but noted that:

- many regional hospitals are having training in managing side effects
- bispecific monoclonal antibodies are deliverable by non-CAR-T centres in an outpatient setting and have been delivered successfully through compassionate grounds.

The committee considered the addition of epcoritamab as another treatment option that does not need people to travel to a specialist centre could help ensure more people have access to effective treatments, if it was recommended.

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 raised by the committee.	

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?

The recommendations will not lead to access difficulties for specific groups of people.

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?
The recommendations are unlikely to have an adverse impact on people with disabilities.

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?
None.

7. Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
Potential equality issues raised are discussed in section 3.25 of the guidance. No equality issues were identified.

Approved by Associate Director (name): Ross Dent

Date: 20/10/2023

Final draft guidance

1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
No.	

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?
The recommendations will not lead to access difficulties for specific groups of people.	

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?
The recommendations are unlikely to have an adverse impact on people with disabilities.	

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?
None	

5.	Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
Potential equality issues raised are discussed in section 3.28 of the final draft guidance. No equality issues were identified.	

Approved by Associate Director (name): Ross Dent

Date: 15/01/2024