

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Scoping

MTA: Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating cancer-treatment induced anaemia (including review of TA 142)

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

1. Have any potential equality issues been identified during the scoping process (draft scope consultation and scoping workshop discussion), and, if so, what are they?

Some consultees and commentators raised a potential equality issue during consultation regarding the group of people who are unable to receive blood transfusion for religious reasons (the Jehovah witness group).

The Committee took this issue into account when developing TA142. The Committee concluded that it would be appropriate to take objections based on strongly held beliefs, for example religious beliefs, into account, and that it was clear that such beliefs did have the effect of removing choice from the decision of whether to accept blood transfusion. Considering the situations in which blood transfusion would not be possible, the Committee noted that there was little evidence on which to base an estimate of cost effectiveness in these groups, and there was no evidence to suggest that erythropoietin analogues were likely to be more cost effective in these circumstances than in circumstances in which transfusion is available. However, the Committee was concerned that people with cancer treatment-related anaemia who could not be treated with blood transfusion could become anaemic to an extent that was likely to affect their survival. Therefore, being aware that the use of erythropoietin analogues was cost effective only if they were assumed to have an impact on survival, the Committee concluded that erythropoietin analogues could be recommended as an option for treatment as part of standard supportive care in people who are unable to receive blood transfusions and who have profound cancer treatment-related anaemia that

is likely to have an impact on their survival.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

It is expected that this equality issue will need to be addressed by the Committee.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

Not necessary, as the wording of the scope allows assessment of the interventions in subgroups of people receiving different types of best supportive care.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the matrix been made?

Hospital Information Services (Jehovah's Witnesses) has been identified as relevant national organisation, and added to the matrix as a commentator.

Approved by Associate Director (name): Elisabeth George

Date: 21 05 13