

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### STA Pembrolizumab with chemoradiation for untreated locally advanced cervical cancer

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?   |
| <p>During scoping, stakeholders noted that cervical cancer incidence is linked to screening uptake, which is affected by deprivation, cultural difference and language barriers.</p> <p>Incidence is higher and screening uptake is lower, in deprived populations, ethnic minority/migrant populations and populations that do not have English as a first language. It has been suggested that a positive recommendation would reduce the health inequalities experienced by those populations.</p> <p>The committee discussed these issues and concluded that issues around uptake of treatment could not be addressed in a technology appraisal. But, it recognised that cervical cancer, especially in the advanced stages, is concentrated in deprived groups, has poorer outcomes, and that availability of pembrolizumab has the potential to help to improve health inequalities. It concluded that it would take this into account when it agreed its preferred ICER threshold.</p> |
| 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?  |
| <p>The company and clinical experts noted in their submissions that cervical cancer primarily affects women, often of working age with caring</p>   |



Technology appraisals: Guidance development

Equality impact assessment for the single technology appraisal of pembrolizumab with chemoradiation for untreated locally advanced cervical cancer

responsibilities and that younger people are frequently affected. Sex and age are protected characteristics under the Equality Act 2010. But because the committee's recommendations do not restrict access to treatment for some people over others, the committee agreed these were not potential equality issues.

A clinical expert noted in their statement that the extended treatment schedule may be a barrier to treatment for some groups of people, including people from deprived socioeconomic backgrounds. The committee was reassured by additional comments from a clinical expert during the committee meeting that the extra appointments needed for pembrolizumab were an opportunity to further engage with people from deprived groups and potentially improve outcomes.

A clinical expert noted that in areas such as London many people affected were born outside the UK where HPV vaccination and screening may be less routine. They reiterated that language can be a barrier to understanding and engaging with care. The draft guidance notes that there is potential for indirect discrimination if access is hindered by service delivery factors (for example, frequent in person infusions) that disproportionately impact groups with caring responsibilities, lower incomes, or limited English proficiency. But the committee concluded that these were implementation issues that the NHS could mitigate through service organisation rather than that could be addressed in the technology appraisal.

3. 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 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?

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 discrimination on the basis of disability will occur.

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 identified.

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

In the 'Equality' section of the draft guidance, sections 3.12 to 3.14.

**Approved by Associate Director (name):** Ian Watson

**Date:** 27 January 2026