

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### **Mirvetuximab soravtansine for treating folate receptor alpha-positive platinum-resistant advanced epithelial ovarian, fallopian tube or primary peritoneal 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? |
| No equality issues were identified at scoping. |  |

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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? |
| <p>The company raised the following issues relating to the gender health gap, rarity and equity of access:</p> <ul style="list-style-type: none"><li>1. Women experience an additional 3 years of ill health and disability compared with men<ul style="list-style-type: none"><li>a. In July 2024, 46% of gynaecology patients were on waiting lists longer than the NHS target of 18 weeks, and nearly 30,000 women were waiting for over a year</li><li>b. Longer wait times lead to delayed diagnosis and worse outcomes</li></ul></li><li>2. Mirvetuximab granted orphan designation by FDA and EMA</li></ul> |   |



Technology appraisals: Guidance development

Equality impact assessment for the single technology appraisal of mirvetuximab soravtansine for treating folate receptor alpha-positive platinum-resistant advanced epithelial ovarian, fallopian tube or primary peritoneal cancer

Issue date: November 2025

<p>a. Indicative of rarity of condition</p> <p>3. People from more deprived areas less likely to receive surgery or chemotherapy</p> <p>a. 50% more likely to die within 2 months of diagnosis in most deprived areas vs least deprived</p> <p>The EAG commented that it was unclear how introducing mirvetuximab alone would reduce health inequalities.</p> <p>The committee noted that these issues raised by the company were related to health inequalities rather than equality issues. The company did not present evidence or rationale to demonstrate that the availability of mirvetuximab would reduce any of the identified health inequalities. <a href="#">Section 4.12 of the NICE manual</a> states that a distributional cost-effectiveness analysis (DCEA) can be used as supporting evidence for the potential for a technology to impact health inequalities. The company did not submit a DCEA. The committee concluded it was not possible to address any health inequalities raised by the company in this evaluation.</p>
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<p>3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?</p>
<p>The committee noted that ovarian cancer affects women, trans men and non-binary people registered female at birth. Sex is a protected characteristic under the Equality Act 2010. But because its recommendation does not restrict access to treatment for some people over others, the committee agreed that this was not a potential equalities issue.</p>

<p>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?</p>
<p>No</p>

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?
None identified	

  

7.	Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
Yes, section 3.20.	

**Approved by Principal Technical Adviser (name):** Lizzie Walker.....

**Date:** 14/11/2025