

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### STA Teprotumumab for treating thyroid eye disease ID6432

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?

During the scoping process, the following potential equality issues were raised:

- The Clinical Activity Score (CAS) is the standard tool for assessing disease activity in thyroid eye disease (TED). However, several limitations of CAS were acknowledged, notably its reliance on subjective, visual assessments, which may be influenced by the patient's skin colour and ethnicity, potentially leading to bias. There is a risk that CAS assessment of people with black or brown skin does not reflect their clinical disease activity level (i.e. they may be assessed as having inactive disease when they have clinically active disease), and as such a risk of them being excluded from accessing teprotumumab due to their skin colour. The committee noted the potential equality issue related to how the activity and severity of TED is defined and measured in practice. The committee thought that this might be more relevant if a positive recommendation were made.
- Teprotumumab can be difficult to administer in diabetic patients due to hyperglycaemia side effect so a multidisciplinary approach with endocrinology involvement is needed to facilitate safe administration in this subgroup. At the scoping stage it was determined that this is not an equality issue that can be addressed by the NICE technology appraisal process.

- The disease burden is disproportionately higher among females compared to males. The committee considered that its recommendation would not have a different impact on people protected by the equality legislation than on the wider population. It, noted that its recommendation does not restrict access to treatment for some people over others

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?

- Clinical experts noted that proptosis measurements vary by ethnic group due to anatomical differences so any criteria to start based on severity of proptosis could be an equality issue. The committee noted the potential equality issue related to how the activity and severity of TED is defined and measured in practice. The committee thought that this might be more relevant if a positive recommendation were made.
- Clinical experts also noted that patients from a lower socio-economic group/area may still have difficulty accessing treatments requiring multiple infusions/hospital visits. The committee noted that its recommendations do not restrict access to treatment for some people over others.

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

N/A

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?
N/A	

  

7.	Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
Yes, section 3.19 of the draft guidance.	

**Approved by Associate Director (name):** .....Janet Robertson.....

**Date:** 24 June 2025