

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequality impact assessment

Pembrolizumab with chemoradiation for untreated locally advanced cervical cancer

Final draft guidance

- 1 Have any additional potential equality or health inequality issues been raised during consultation on the draft guidance? If so, how has the committee addressed these?**

No further issues were raised.

- 2 Have any additional potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?**

No additional issues were identified by the committee.

- 3 If the recommendations have changed after consultation, do the updated recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?**

The recommendation changed from not recommended to recommended within its marketing authorisation. Because no restrictions were made for any particular groups the updated recommendation does not make it more difficult for a specific group to access the technology than other groups.

- 4 If the recommendations have changed after consultation, has the committee made any other reasonable adjustments in the**

recommendations for the equality issues identified? That is, have any adjustments to the recommendations been made to remove or alleviate barriers to, or difficulties with, access to the technology needed to fulfil NICE’s obligations to promote equality.

The committee heard from clinical experts that practical barriers could exist that would make it more difficult for people from more deprived socioeconomic groups to adhere to the treatment schedule for pembrolizumab. However it also heard that every extra treatment appointment was an opportunity to engage, offer treatment with the potential to cure and assess for relapse, and so extra visits would not disadvantage deprived groups.

The committee recognised that cervical cancer, especially in the advanced stages, is concentrated in deprived groups and has poorer outcomes. So, pembrolizumab has the potential to help to improve health inequalities. It noted that if practical barriers affected uptake in more deprived groups the health inequality benefit may not be realised, but was reassured that those barriers may not appear in practice.

5 Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?

The committee concluded that there was a potential health inequalities benefit associated with pembrolizumab and it took this into account when it agreed its preferred cost-effectiveness threshold.

6 Have the committee’s considerations of equality and health inequality issues been described in the final draft guidance? If so, where?

Yes, in sections 3.15 to 3.17.

Approved by senior responsible officer: Ian Watson

Date: 16/06/2026