## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## **Health Technology Evaluation**

## Equality impact assessment - Scoping

## Lecanemab for treating mild cognitive impairment or mild dementia caused by Alzheimer's disease

The impact on equality has been assessed during this evaluation 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?

The following issues were raised:

Early onset (<65) dementia might be examined separately due to greater costs of disease on families, increased chance of having amyloid pathology confirmed, potentially more tolerant of monitoring, less likely to die of other conditions and more likely to see longer term benefits, also they have fewer comorbidities.

In the supplementary appendix of the Clarity AD trial there may be a signal of differential response between ethnic groups.

People with Down's syndrome are universally amyloid positive by mid-life. Since studies in this group, have not been undertaken, safety and efficacy is not known.

People with mild dementia or mild cognitive impairment due to Alzheimer's disease are not routinely tested for amyloid pathology in the NHS. A large majority are diagnosed and treated in psychiatry-led services where the delivery of infusions and monitoring would be challenging. This means that there is a high risk that existing geographical and demographic inequalities in access to a diagnosis of Alzheimer's disease will become inequalities in access to a disease-modifying treatment.

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

Early onset dementia is defined by age and age is a protected characteristic. NICE does not normally make recommendations based on age, as this can be direct discrimination.

The committee will consider whether there are any subgroups for whom the clinical and cost-effectiveness of lecanemab is expected to be different. The committee will be mindful of equality considerations when assessing subgroups.

Regarding people with Down's syndrome, the MHRA will assess the efficacy and safety of lecanemab within its considerations for granting a marketing authorisation. NICE can only make recommendations with a technology's marketing authorisation.

Concerns with geographical availability of tests and treatments in the NHS cannot be addressed within a technology appraisal recommendation.

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

No changes are necessary to the scope.

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

No additional stakeholders have been identified.

Approved by Associate Director (name): Ross Dent

Date: 21/08/2023