NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Sebetralstat for treating hereditary angioedema attacks in people 12 years and over

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?

At scoping consultation, stakeholders identified the following issues:

- The technology should be available to all people with hereditary angioedema (HAE) with all types of HAE
- The 3 available C1-esterase inhibitors (listed as comparators in the scope) are derived from either human plasma (Cinryze and Berinert) or animal (rabbit) DNA (Ruconest). Some people of certain religions, such as Jehovah's Witness, are unable to accept donor blood products.

The company submission only included evidence for sebetralstat in type 1 and type 2 HAE. Because of this, the committee agreed that it not been presented with sufficient evidence on sebetralstat in people with HAE with normal C1-esterase inhibitor.

The committee recognised that religion is a protected characteristic under the Equality Act 2010. It noted that icatibant is already available as an alternative to C1-esterase inhibitors for people who are unable to accept donor blood or animal products. Sebetralstat would be another option for this group if it were recommended.

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?

A stakeholder submission highlighted the following issue:

- Current on-demand treatments for HAE [types 1 and 2] are available to people of all ages. If sebetralstat is approved in the current age group (people 12 years and over), it should be made available to people of all ages once appropriate studies have been conducted.

The committee noted that it could only recommend sebetralstat within its marketing authorisation.

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.

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?
Not applicable.

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	Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?
Yes, see section 3.20 of the draft guidance.	

Approved by Associate Director (name): …Lorna Dunning ……

Date: 28/10/2025