

## **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

### **Equality and health inequality impact assessment**

# **Mirvetuximab soravtansine for treating folate receptor alpha-positive platinum- resistant epithelial ovarian, fallopian tube or primary peritoneal 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## **Final draft guidance**

- 1 Have any additional potential equality or health inequality issues been raised during consultation on the draft guidance?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?**

Yes, stakeholders noted several equality issues at consultation:

- People from Caribbean and African backgrounds, people who are older and people from low-income groups may be more likely to be diagnosed with ovarian cancer at a later stage
- Some groups of people (for example, people with diabetes) are at higher risk of developing severe peripheral neuropathy making them ineligible for paclitaxel treatment
- Mirvetuximab may require fewer hospital visits than paclitaxel. The simplified administration process may decrease travel time, which may result in financial savings for people having treatment and increase productivity
- Adverse events of treatment may be more likely to impact people with language difficulties, or people from ethnic minority backgrounds who are more likely to have had poor experiences

with healthcare as these groups have difficulties asking for and receiving help

The committee noted that ovarian cancer affects people registered female at birth. It noted that people from Caribbean and African backgrounds and of an older age may be more likely to be diagnosed at a later stage. It recognised that sex and age are protected characteristics and ethnic background relates to the protected characteristic of race. But, it considered that this was an issue of prevalence within the licensed population. It noted that ethnic background, in combination with sex, age and income status, are issues of health distribution and unfair and sometimes avoidable differences based on diagnosis. The committee recognised these issues but considered that it had not seen any evidence that mirvetuximab would substantially affect the stage of diagnosis. It noted the time savings that mirvetuximab could offer, but noted that productivity benefits are not included in the NICE reference case. It added that the QALY benefits of less frequent administration should already be captured in the QALY calculation. The committee noted that some people may be ineligible for paclitaxel treatment. It noted that some characteristics that make people ineligible for paclitaxel treatment may be disabilities, which are protected under the Equality Act 2010. But, it noted that it had not seen any analyses that were specific to people who were ineligible for paclitaxel treatment. The committee concluded that because its recommendation does not restrict access to treatment for some people over others, there were no equality issues which could be addressed within this evaluation.

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

No

- 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?**

No. Mirvetuximab soravtansine is recommended for the full population included in the marketing authorisation. The recommendation does not restrict access to treatment for some people over others.

- 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.**

No

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

No – the committee noted the potential health inequality issues but it had not seen any evidence that mirvetuximab would substantially impact these.

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

Yes – please see final draft guidance, sections 3.22 and 3.23.

**Approved by senior responsible officer:** Lizzie Walker

**Date:** 27/05/2026