

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Health Technology Evaluation

### Equality impact assessment – Scoping

#### Leriglitzone for treating cerebral adrenoleukodystrophy in people 2 years and over [ID3903]

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?

Adrenoleukodystrophy (ALD) is an X-linked genetic condition, with cerebral ALD (CALD) seen in males only. So the population is partly defined by sex, which is a protected characteristic.

Stakeholders on the draft scope (2026 and 2023) noted that:

- the rarity of ALD could lead to health inequalities in relation to access to specialist treatment and care services
- the technology would be a vital option for patients who are unable to find a donor match for HSCT [current standard care in early-stage CALD], in particular those who are mixed race or from under-represented communities, and for patients unable to access HSCT due to physical disabilities
- introducing subgroups may lead to some people with ALD being excluded from the scope or evaluation [Note: no subgroups are included in the final 2026 scope]
- emotional and behavioural challenges can be a feature of CALD and these may be barriers to collecting evidence in people with CALD. While this is not something that can be addressed in the scope, where relevant the evaluation committee can take it into account in its decision-making during the evaluation of leriglitzone.

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

The preliminary view is that the potential issues listed in section 1 are not equality issues that can be addressed by the committee. But, where relevant the evaluation committee should consider in its discussion or recommendations that:

- some people may have difficulty accessing specialist treatment and care services, and current standard care, and this may be due to factors relating to protected characteristics
- emotional and behavioural challenges associated with CALD can make it difficult to collect evidence in people with CALD.

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

No – not to highlight potential equality issues specifically. But, barriers to accessing HSCT in general, including where no donor is available, have been added to the final scope. Also, no subgroups are included in the final 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?

Not applicable.

**Approved by Associate Director (name):** ...Richard Diaz .....

**Date:** 19 May 2026