

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Zanidatamab for treating HER2-positive advanced biliary tract cancer after 1 or more lines of systemic treatment [ID6388]

The impact on equality has been assessed during this appraisal according to the principles of the NICE equality scheme.

Final draft guidance

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

At the first meeting, the company presented evidence that there are socioeconomic differences in incidence and mortality rates for biliary tract cancer. At consultation, the company presented a distributional cost-effectiveness analysis (DCEA) to quantify the benefit of zanidatamab on this health inequality. The committee noted that the small eligible population for zanidatamab meant that, when considering all people served by the NHS, the net health inequality benefit of zanidatamab calculated by the DCEA was negligible and so would do little to address inequality or unfairness in the societal distribution of health.

However, the committee did recognise that the extended administration time required for FOLFOX was likely to affect people in the most deprived social group disproportionately, and that by making zanidatamab available, people in this group may be more able to have treatment. Furthermore, the committee noted comments from the patient experts about how they were able to return to work during treatment with zanidatamab, something that was not possible with FOLFOX. The committee recognised NICE evaluations use an NHS and Personal Social Services perspective. The committee concluded that any improvement in quality of life for people on zanidatamab had already been captured by applying treatment-specific utility values.

2. If the recommendations have changed after consultation, are there any recommendations that 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.

3. If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No.

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?
No.

5. Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?
Yes, section 3.16.

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

Date: 09/04/2026