

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Equality impact assessment – Scoping

Obinutuzumab with immunosuppressive therapies for treating lupus nephritis [ID6420]

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?

Themes from the scope consultation include:

- There are health inequities across the UK from inconsistency in diagnostics and access to treatment of lupus. Many people are undiagnosed and unaware that they are in the early stages of disease. Lupus nephritis as a heterogeneous disease requiring a range of treatment options
- Lupus nephritis is more prevalent in people from ethnic minority groups (i.e. people of Indo-Asian, African, Caribbean, and Chinese heritage). People from ethnic minority backgrounds may respond less well to existing treatments, may have poorer outcomes and more severe disease, more adverse effects from treatment, faster progression of disease to end stage kidney disease, and are impacted by variation in treatment due to health inequalities. People from these groups may be less likely to be included in trials, but it was noted that patients from ethnic minority groups are included in the phase 2 nobility trial of obinutuzumab (>50%). People of Black African/Caribbean heritage are also at a higher risk of developing diabetes and hypertension. So:
 - o people from ethnic minorities may be more likely to benefit from obinutuzumab, which also has additional advantages including being steroid sparing so reducing adverse effects and risk of comorbidities (given current high dependence on corticosteroids in current standard therapy)

- the appraisal should consider if obinutuzumab may be more effective in patients from ethnic minority groups
- the appropriate comparator may differ between ethnic groups (for example, rituximab effectiveness differs by ethnicity)
- People with lower socioeconomic status may have more difficulty accessing current treatments and obinutuzumab may be particularly beneficial to them: some treatments like rituximab can only be administered under shared care with specialist centres that may be harder to access (both geographical and financial) but obinutuzumab does not require the same level of care
- Lupus is more prevalent in women (i.e. around 90%) but men may be more likely to present with more severe disease and progress quicker (so may be more likely to develop lupus nephritis).
- Lupus develops in childhood in around 20% of cases, and lupus nephritis may be more likely to develop in cases that present in childhood.
 - Many people with lupus nephritis are of childbearing age. Pregnancy associated with lupus nephritis is often a cause for concern among people, as active lupus nephritis is associated with poor maternal and foetal outcomes. Uncertainty over childbearing is likely to have a substantial impact on the quality of life of people with lupus nephritis.
- The following was raised about kidney disease, which can result from lupus nephritis:
 - impacts some communities more than others:
 - South Asian adults developing it younger than white adults, and
 - people from low socioeconomic groups being more likely to develop chronic kidney disease.
 - may progress faster in some groups:
 - people of Black, Asian or mixed heritage are more likely to have kidney failure than people of white heritage

- under-70s living in deprivation are more than twice as likely to progress to kidney failure than those in more affluent areas
- more men than women start treatment for kidney failure
- mental health conditions are associated with faster disease progression and worse outcomes.
- Variation in quality of care and focus in research:
 - the largest gap in early diagnosis is among Black, Asian and other minority populations
 - women, people from Black heritage communities and people living in the most deprived areas are less likely to get tests and treatments.

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

Several potential issues raised related to groups protected by equalities legislation including ethnic minority groups, gender, pregnancy, age, and disability. These issues may need to be considered by committee during the development of the guidance. If a positive recommendation is reached, the committee will need to consider any equality issues related to eligibility criteria in its decision-making. However, issues about differences in prevalence or incidence of a condition and healthcare implementation cannot be addressed in a technology appraisal.

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

The background section of the scope has been updated to note that people from ethnic minority groups may also have more severe disease that is less likely to respond to some treatment and that men may be more likely to present with more severe disease.

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?
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No.

Approved by Associate Director (name): Ross Dent

Date: 08/05/2025