

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Equality impact assessment – Scoping

Larotrectinib for treating NTRK fusion-positive advanced solid tumours (Managed access review of TA630) [ID6292]

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

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| 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? |
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<p>One stakeholder highlighted variation in genomic services or NTRK testing in the UK may result in inequality in access to larotrectinib, because of:</p> <ul style="list-style-type: none">• regional disparities, particularly inequalities between people treated in smaller hospitals and those treated in urban hospitals• conscious or unconscious biases particularly for people from black and ethnic minority backgrounds who may be excluded from being tested• lack of inclusivity of certain ethnic groups because of language barriers.
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<p>It highlighted that if larotrectinib's NHS funding is removed, socio-economic inequalities may be introduced because access would then depend on the person's ability to self-fund or access private healthcare.</p>

<p>It suggested that people with rare conditions may be systematically disadvantaged in HTA processes because the rarity of biomarkers often limits the availability of robust clinical and economic evidence.</p>
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<p>Another stakeholder suggested that age should be included as a subgroup to account for potential inequalities in usage and accessibility between age groups.</p>

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| 2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee? |
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<p>These issues would be considered by the committee during the evaluation. However, in terms of variation in genomic services and access, the</p>
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preliminary view is that this equality issue cannot be resolved by a technology appraisal guidance.

In terms of potential socio-economic inequalities from the absence of continued NHS funding for larotrectinib, it should be noted that aligned with NICE's principles, our guidance should support strategies that improve population health as a whole, while offering particular benefit to the most disadvantaged. But, NICE cannot consider access via privately funded healthcare as an equality issue.

In terms of potential inequalities in access because of age, the preliminary view is that subgroups may be considered where the clinical effectiveness or value for money of the technology may differ from the overall population. If evidence allows, results for relevant subgroups will be considered by the committee during the evaluation.

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

The consultation version of the scope included reference to the higher prevalence of NTRK fusion-positive tumours in people aged less than 18 years compared with people aged 18 years and over. No changes have been made to the scope to address potential differences in usage because of age.

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?

Royal College of Paediatricians and Child Health added given the increased effectiveness in paediatric populations and responsibility of paediatricians for sarcoma care in paediatric populations.

NTRKers is the only organisation dedicated exclusively to NTRK fusion-positive patients worldwide (all tumour sites). Given the rarity of this gene fusion, the insights and perspectives from this group are exceptionally valuable.

OUTpatients could be added to represent LGBTQIA populations.

**Approved by Principal Technical Adviser on behalf of Associate
Director:**

Adam Brooke.....

Date: 29/07/25