

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### **Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after 2 or more lines of systemic treatment (review of TA987) [ID6619]**

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

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

At scoping a stakeholder highlighted that ethnic minorities and deprived groups are often underrepresented in trials. The TRANSFORM study for liso-cel may reflect this. Real-world data is needed to understand outcomes in these patients.

At scoping a stakeholder noted that access to treatment with lisocabtagene may be difficult because:

- Treatment will predominantly be in the inpatient setting in tertiary care centres meaning that patients living further away from the tertiary centres will have an associated greater travel burden.
  - But reduced toxicity with liso-cel, compared axicel, enables more ambulatory post-infusion care, with potential for follow-up to shift to referring centres, easing financial and travel burdens for patients and carers.

At scoping a stakeholder noted that CAR T therapy is complex, and many patients may struggle to understand written information due to language barriers or illiteracy therefore patient education should include translated materials and diverse media formats.

The Chair and Vice Chair considered the issues raised in its deliberations. It noted that concerns about accessibility were outside its remit. The committee concluded that because its recommendation does not restrict access to treatment for some people over others, these were not potential equalities issues.

2. Have any other potential equality issues been raised in the submissions, expert statements or academic report, and, if so, how has the committee addressed these?

The company and EAG did not identify any equality issues for liso-cel.

In the patient organisation submission, it was noted that patients with relapsed or refractory large B-cell lymphoma after one prior therapy can currently access two CAR-T options. However, patients who progress to third-line treatment without having earlier access should also be able to receive CAR-T therapy and have the same level of treatment choice as those treated in the second line

In the professional organisation submission, it was noted that people living in more deprived areas, such as the Northwest, are less likely to receive CAR-T therapy. Improving access was highlighted as essential, and it was suggested that a less toxic CAR construct could increase uptake among populations with higher levels of comorbidity.

The Chair and Vice Chair can only appraise the technology within its marketing authorisation and based on the evidence available.

The Chair and Vice Chair recognised that access to treatment options in the NHS is not an equality issue that can be address within the evaluation. Issues related to access to services, such as geographical location and accessibility. Potentially this could be reduced in the future because of improved tolerability of liso-cel, and this was considered during decision making.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

No.

4. Do the preliminary recommendations 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?

Not applicable.

5. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

No.

6. Have the committee's considerations of equality issues been described in the draft guidance, and, if so, where?

Not applicable.

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

**Date:** 11/05/2026