

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**Equality and health inequality impact assessment**

**Obinutuzumab for treating active systemic  
lupus erythematosus [ID6670]**

**Scoping**

**1 Have any potential equality issues been identified during the scoping process? If so, what are they?**

- Women, trans men and non-binary people registered female at birth of working and child-bearing age are disproportionately affected by SLE. They are around 8.5 times more likely to develop the condition than men, trans women and non-binary people registered male at birth.
- People of Black African, Black Caribbean, Asian, and Hispanic background have a higher prevalence of SLE, along with worse outcomes and higher mortality.
- People with a Black African/Caribbean background also have higher risks of diabetes and hypertension, which may influence treatment needs.
- Older adults and people with disabilities may face additional risk because of a reduced vaccine responses associated with B-cell depletion from obinutuzumab.

**2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?**

- People from Black African Caribbean, South Asian and East Asian backgrounds tend to develop lupus earlier and have faster disease progression and greater organ damage.

- Ethnic minority patients often face higher disease activity, a greater treatment burden, and poorer long-term outcomes, influenced by socioeconomic barriers and delayed access to specialist care.
- Steroid-sparing options, such as obinutuzumab, may help reduce adverse effects and comorbidity risks among groups already experiencing worse outcomes.
- One suggestion was that ethnicity-related differences in treatment response suggest that a broader range of therapeutic options could benefit groups more likely to experience severe or rapidly progressing disease.
- B-cell depletion may weaken vaccine responses and increase infection risk, particularly affecting people with comorbidities or socioeconomic barriers that limit access to consistent care.
- The IV-only administration of obinutuzumab may disadvantage people in rural or deprived areas, or people with caring or work responsibilities, because of the difficulties in attending infusion appointments and associated travel costs.

**3 What is the preliminary view as to what extent the committee needs to address the potential issues set out in questions 1 and 2?**

- The committee may need to consider the effect that recommending obinutuzumab might have on existing health inequalities for groups with protected characteristics such as people of Black African, Black Caribbean and Asian background, and women, trans men and non-binary people registered female at birth. There are also potential implications for older adults and people with disabilities because of reduced vaccine responses following B cell depletion.
- Because these relate directly to protected characteristics (sex, race, age, disability), the committee will need to consider whether the technology could differentially affect these groups.

- If a positive recommendation is reached, the committee will need to consider any equality issues related to eligibility criteria or the mode of administration in its decision making.
- Issues around access, service delivery and implementation are not in the remit of a NICE health technology evaluation.

**4 Has any change to the draft scope been agreed to highlight the potential equality or health inequality issues set out in questions 1 and 2 following the scope consultation?**

No

**5 Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?**

No

**Approved by senior responsible officer:** Ross Dent

**Date:** 30/04/2026