

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### STA Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable

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

#### Consultation

- |   |
|---|
| 1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?   |
| <p>During the scoping process, a stakeholder commented that:</p> <ul style="list-style-type: none"><li>Clinicians have to consider the fitness of patients to have more intensive cancer treatments. The age of patients may be used as a proxy for levels of fitness, which then impacts whether they are treated for “curative intent”. Relapsed or refractory patients across all ages who are fit enough should have access to CAR-T, and specifically liso-cel.</li></ul> <p>Age is a protected characteristic under the Equality Act 2010. The committee noted that the company positioned lisocabtagene maraleucel only for people who were eligible for stem cell transplant. It noted that it had not seen evidence for lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphomas after first-line chemotherapy in people for whom stem cell transplant is not suitable, who are usually older and less well.</p> <p>The committee noted this concern but concluded that its recommendation for lisocabtagene maraleucel would not adversely affect people protected by the equality legislation, because liso-cel was not recommended for anyone.</p> |

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?

Two stakeholders commented that CAR T-cell therapy is only delivered at specialised centres, which could lead to a geographic inequality.

The committee noted this concern but concluded that its recommendation for lisocabtagene maraleucel would not adversely affect people protected by the equality legislation.

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?

No.

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

6. 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.
-----

7. Have the committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
---

Yes, in section 3.21.
-----------------------

**Approved by Associate Director (name):** Ross Dent

**Date:** 01/11/2024

## Final draft guidance

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

No additional potential issues were raised.

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?

The recommendation is only for people who would be eligible to have a stem cell transplant. This is usually people under 70 years. The committee was disappointed the company chose to position liso-cel for the transplant-eligible population only. However, it had not seen any evidence for liso-cel for treating relapsed or refractory large B-cell lymphomas in people for whom a stem cell transplant is not suitable.

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?

The recommendations were expanded to state that, when determining eligibility for liso-cel based on suitability for stem cell transplant, healthcare professionals should not use age as a proxy measure for fitness.

5. Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?

Yes, in section 3.23.

**Approved by Associate Director (name):** Ross Dent

**Date:** 05/02/2025