NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer

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

Final draft guidance

(when no draft guidance was issued)

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

It was raised during scoping that Black men were included in the trial and represented around 10% of the total trial population.

It was also raised that darolutamide as an oral therapy could allow some people unsuitable for other potential treatments to be appropriately managed.

The committee considered these issues and was aware of the benefits of oral treatment, but agreed that its recommendations do not have a different impact on people protected by the equality legislation. The committee considered that there were no equalities issues raised at scoping stage that could be addressed by its recommendations.

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?

It was raised that the incidence and mortality of mHSPC is higher in black men than white men, and that treatment intensification (i.e. doublet or triplet therapies instead of ADT monotherapy) is lower in older patients, black patients and people subject to socioeconomic deprivation.

Technology appraisals: Guidance development

Equality impact assessment for the single technology appraisal of darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer

It was also raised that darolutamide addresses an unmet need in people who are frail or have comorbidities. Other available ARTA treatment options are not recommended for people with history of seizures but darolutamide is not contraindicated in this group.

Issues related to differences in prevalence or incidence of a condition cannot be addressed by a technology appraisal. The committee considered these issues but agreed that its recommendations do not have a different impact on people protected by the equality legislation. The committee considered that there were no equalities issues raised during the evaluation that could be addressed by its recommendations.

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 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 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?

Technology appraisals: Guidance development

Equality impact assessment for the single technology appraisal of darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer

No		
7.	Have the committee's considerations of equality issues been described in the final draft guidance, and, if so, where?	
No		
Appro	ved by Associate Director (name):Richard Diaz	
Date: 15 October 2025		

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