NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Equality impact assessment – Scoping

Bevacizumab (originator and biosimilars) with fluoropyrimidine-based chemotherapy for untreated metastatic colorectal cancer (including review of TA212) [ID6465]

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

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?
None identified	

2.	What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?
N/A	

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

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?
N/A	

Approved by Associate Director (name): ……Janet Robertson……
Date: 02 April 2025

Final appraisal determination

(when no ACD was issued)

1.	Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
None identified.	

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?
None identified.	

3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
The committee noted that capecitabine monotherapy may be more likely to be used by older and frailer people who cannot tolerate combination chemotherapy. But without evidence of a clinical benefit from adding bevacizumab to capecitabine for people who would otherwise have capecitabine alone, it was not possible to make a specific recommendation for this group. Although there may be a higher proportion of older people in this group there was no evidence presented that chemotherapy treatment options would be determined on the basis of age alone. So, the committee was satisfied its recommendations do not discriminate on the basis of age. Also, its recommendations do not state a preference for any particular chemotherapy regimen in first- or second-line treatment. This allows flexibility for deciding which chemotherapy bevacizumab is added to out of	

the chemotherapy options that had informed the marketing authorisation for bevacizumab, that is FOLFOX, CAPOX or FOLFIRI.

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?
No.	

7.	Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Yes, section 3.17	

Approved by Associate Director: Emily Crowe…

Date: 12/12/2025