

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

**STA Durvalumab in combination for neoadjuvant and
adjuvant treatment of resectable gastric and gastro-
oesophageal junction [ID6374]**

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?

From the company: A variety of factors increase the likelihood of developing gastric cancer, including both genetic and environmental factors. Considering environmental factors, smoking, a diet high in salt, being overweight and a high alcohol intake all increase the risk of developing gastro-oesophageal junction adenocarcinoma (GOA). Many of these environmental factors are more prevalent in individuals from a lower socioeconomic background.

The availability of an effective treatment for GOA would help to benefit these individuals and narrow existing health inequalities related to the impact of GOA on populations from different socioeconomic backgrounds.

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

The committee should consider whether the condition is associated with health inequalities and whether the technology has any impact on health inequalities.

3.	Has any change to the draft scope been agreed to highlight potential equality issues?
No	

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 Principle Technical Adviser:

Lizzie Walker.....

Date: 26/08/2025

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?
<p>Yes- from the company: A variety of factors increase the likelihood of developing gastric cancer, including both genetic and environmental factors. Considering environmental factors, smoking, a diet high in salt, being overweight and a high alcohol intake all increase the risk of developing gastro-oesophageal junction adenocarcinoma (GOA). Many of these environmental factors are more prevalent in individuals from a lower socioeconomic background.</p> <p>The availability of an effective treatment for GOA would help to benefit these individuals and narrow existing health inequalities related to the impact of GOA on populations from different socioeconomic backgrounds.</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?

From Company, patient organisation submission and patient expert

Age: Older patients are often under-represented in perioperative trials. Frailty may limit eligibility, but age alone should not restrict access where performance status is adequate

Health inequalities: A variety of genetic and environmental factors increase likelihood of developing GOA; many environmental factors more prevalent in people from lower socioeconomic backgrounds

People from deprived backgrounds may present later with more advanced disease and may have poorer nutritional status and more comorbidities, affecting fitness for perioperative FLOT before adding durvalumab

Implementation: Across ethnic and national groups, access to clear information and interpretation services should support informed consent for complex perioperative chemo- and immunotherapy pathways

Access to centres offering durvalumab plus FLOT should not depend on geography; rural patients should not face disproportionate travel burdens

The Chair and lead team acknowledged the points raised and noted they would be considered in the decision-making process. The chair and lead team agreed that its recommendations do not have a different impact on people protected by the equality legislation than on the wider population or groups of people who experience health inequalities. The chair and lead team also agreed that that for health inequalities, the recommendation of durvalumab with FLOT cannot reduce the inequality of some groups presenting later or with co-morbidities.

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?
Not applicable

7. Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Not applicable. The equality considerations are documented in this form alone.

Approved by Associate Director: Emily Crowe

Date: 27/04/2026