NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

MTA - Imatinib for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours. Part review of NICE technology appraisal guidance 86

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?
During consultation on the draft scope, consultees highlighted that GIST is caused by different mutations (which can also evolve during treatment), and patients with different mutations may respond differently to imatinib treatment (particularly patients with exon 11 and exon 9 mutations). In light of this, subgroup analyses by GIST mutation should be considered in this appraisal, "otherwise failure to do so will be open discrimination against this rare cancer group". This was not considered to be an equality issue under the relevant equality legislation. However, the 'other considerations' section in the final scope was amended to state the following: 'If evidence allows, subgroup analysis by mutational type will be considered and any costs associated with subtyping should be included in the economic analysis.'	

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?
No equality issues were raised in the submissions.	

3.	Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?
No potential equality issues were identified by the Committee.	

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 access for the specific group?
No	

5.	Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE's obligations to promote equality?
No barriers to access were identified.	

6.	Have the Committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?
The summary table in the ACD states that no equality issues were raised during the scoping exercise or through the course of this appraisal.	

Approved by Associate Director (name): Elisabeth George

Date: 22 June 2010

Final appraisal determination

1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?
During consultation on the ACD, professional groups commented that not	

recommending 600 or 800mg/day of imatinib following disease progression with 400mg/day imatinib unfairly discriminates against people with rare diseases.

The Committee noted these comments and considered that its recommendation did not unfairly disadvantage any groups within the remit of this appraisal taking into account the European Convention on Human Rights (ECHR) obligations and public law requirements.

The Committee was aware that options for effective treatment for this group of patients exists in that NICE technology appraisal guidance 179 recommends that patients have the option to receive treatment with sunitinib after disease progression on 400 mg/day imatinib. Given the uncertainty about whether higher doses of imatinib provide a survival benefit for people with unresectable and/or metastatic GISTs, and the availability of options for alternative treatment if patients have disease progression, the Committee was satisfied that its recommendation was consistent with NICE's obligations under the equalities legislation and the requirement for fairness.

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 access for the specific group?
The recommendations remained unchanged after consultation.	

3.	If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?
N/A	

4.	Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
The Committee's considerations of equality issues are described in section	

4.3.19 and the summary table in the final guidance.

Approved by Centre or Programme Director (name): Meindert Boysen

Date: 08 09 10