NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

MTA Cetuximab (mono- or combination chemotherapy), bevacizumab (combination with non-oxaliplatin chemotherapy) and panitumumab (monotherapy) for the treatment of metastatic colorectal cancer after first-line chemotherapy (review of technology appraisal 150 and part-review of technology appraisal 118)

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?

One potential equality issue was raised during consultation on the draft scope, but this did not result in any changes being made to the draft scope.

The manufacturer of cetuximab (Merck Serono) explained that "A number of networks in the UK have already approved the use of cetuximab as a third line treatment for KRAS wild type mCRC patients ahead of NICE guidance.

Consequently, potential inequity could exist across current NHS clinical practice. Effectively, in some Trusts, patients would have access to cetuximab therapy in the third line setting, whilst in other areas patients would only have the option of appealing to an exceptional cases panel creating inequity for patients in accessing newer and more effective treatment options.

In addition, many patients are currently dying prematurely each year due to health inequalities and social differences (partly as a result of late diagnosis

Technology Appraisals: Guidance development

Equality impact assessment for the Multiple Technology Appraisal of Cetuximab (monotherapy or combination chemotherapy), bevacizumab (in combination with non-oxaliplatin chemotherapy) and panitumumab (monotherapy) for the treatment of metastatic colorectal cancer after first-line chemotherapy (review of technology appraisal 150 and part review of technology appraisal guidance 118)

in patients) therefore action is required in reducing survival differences for metastatic colorectal cancer patients".

The Committee was aware that patients with colorectal cancer in England are becoming increasingly worried about what they perceive to be unequal access to treatment with biological drugs, which are currently only provided to some patients through the Cancer Drugs Fund.

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?

Merck Serono raised the same equality issue in their submission (see above).

The Committee was aware that patients with colorectal cancer in England are becoming increasingly worried about what they perceive to be unequal access to treatment with biological drugs, which are currently only provided to some patients through the Cancer Drugs Fund.

3. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?

None

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

Technology Appraisals: Guidance development
Equality impact assessment for the Multiple Technology Appraisal of Cetuximab
(monotherapy or combination chemotherapy), bevacizumab (in combination with nonoxaliplatin chemotherapy) and panitumumab (monotherapy) for the treatment of metastatic
colorectal cancer after first-line chemotherapy (review of technology appraisal 150 and part
review of technology appraisal guidance 118)
Issue date: January 2012

	question 4, or otherwise fulfil NICE's obligations to promote equality?
N/A	

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

This issue has been included in the summary table in the ACD.

Approved by Associate Director (name): Elisabeth George

Date: 25/08/11

Final appraisal determination

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

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?

No

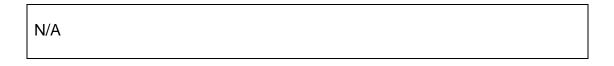
No

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?

Technology Appraisals: Guidance development

Equality impact assessment for the Multiple Technology Appraisal of Cetuximab (monotherapy or combination chemotherapy), bevacizumab (in combination with non-oxaliplatin chemotherapy) and panitumumab (monotherapy) for the treatment of metastatic colorectal cancer after first-line chemotherapy (review of technology appraisal 150 and part review of technology appraisal guidance 118)

Issue date: January 2012



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

Yes. FAD section 4.4.4 and summary table.

Approved by Centre or Programme Director (name): Elisabeth George

Date: 07 11 11