NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Scoping

STA Tafamidis for treating transthyretin amyloid cardiomyopathy

The impact on equality has been assessed during this appraisal 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?

- The most common transthyretin (TTR) variants associated with hereditary transthyretin amyloid cardiomyopathy (ATTR-CM) are Val122I, which is prevalent in people of African Caribbean family origin, and T60A, which is prevalent in white people and endemic to parts of Northern Ireland. There are numerous other rare TTR variants that are associated with ATTR-CM and specific ethnic minority groups.

- It was noted in response to consultation and at the scoping workshop that it is important that the people with Val122I hereditary ATTR-CM disease are not disadvantaged by the choice of the comparators (such as patisiran and inotersen). It was noted that the only comparator for this group is supportive medical therapy with diuretics. Patisiran and inotersen are not licensed for use when there is no associated neuropathy. The Val122I variant is mostly associated with isolated cardiomyopathy without neuropathy.

- The burden of this condition disproportionally affects people from the black, Asian and minority ethnic groups over 60 years and men from black, Asian and minority ethnic groups.

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

Issues related to differences in prevalence or incidence of a disease cannot be addressed in a technology appraisal.

3.	Has any change to the draft scope been agreed to highlight potential equality issues?
The scope has been updated to specify that patisiran and inotersen are only potential comparators for people with mixed phenotype transthyretin amyloidosis (that is, people presenting with both transthyretin familial amyloid polyneuropathy [TTR-FAP] and hereditary ATTR-CM).	

4.	Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the matrix been made?
No.	

Approved by Associate Director (name): Jasdeep Hayre

Date: 11/07/2019