NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids

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

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?

During the scoping stage, it was highlighted that relugolix–estradiol– norethisterone acetate should be available to everyone with uterine fibroids, including people who are trans or non-binary. The committee acknowledged the equality concern and considered this in its decision making.

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?

The company submission highlighted that women with an African or Caribbean family background are 2 or 3 times more likely to develop uterine fibroids than white women and may be more opposed to surgery because of cultural beliefs. It also noted that some people may also decline surgery because of professional and family commitments. The clinical experts highlighted that clinic visits for treatment with GnRH agonists can result in significant financial and time costs. This could be a particular problem for people from lower socioeconomic groups and may increase the 'did not attend' rate at clinics. During the committee meeting, 1 clinical expert highlighted the need for a more effective non-surgical treatment option for people not wanting to have a hysterectomy. The patient organisation submission noted the need for 'equality of esteem' with 'men's' conditions. It highlighted that prostatectomies are rare unless there is progressive cancer. But removal of the uterus and other reproductive organs is common and often the only option because of a lack of other treatment choices. The committee acknowledged the equality concerns raised. It recognised that non-surgical interventions, such as relugolix–estradiol–norethisterone acetate, may provide a more suitable treatment option than surgery for uterine fibroids. In particular, it thought that the recommendations will provide the benefit of another treatment option when surgery has been declined.

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?

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N/A	
7	Have the committee's consideration

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

Yes, section 3.15 of FAD

Approved by Associate Director (name): Ross Dent

Date: 26/04/2022