# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# HEALTH TECHNOLOGY APPRAISAL PROGRAMME

## Equality impact assessment – Guidance development

## STA Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy

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 the scoping process, a clinical organisation commented that:

- a) CAR T-cell therapy will only be delivered in specialised centres. This may mean longer travelling distances for some people.
- b) Consideration should be given to young adults aged between 16 to 17 years who were not enrolled in clinical trials for axicabtagene ciloleucel but are treated similarly to people aged 18 years in UK CAR T-cell therapy centres.

The committee noted that CAR T-cell therapy is going to be delivered at more centres across the country, which may mitigate the geographic inequality. The committee also noted the license extension for axicabtagene ciloleucel specifies use in adults. It considered that NICE only makes recommendations within a technology's marketing authorisation so concluded that it was appropriate for its recommendation to specify adults.

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?

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The company commented that there is an age inequality in current care because autologous stem cell transplants are not usually offered to people over age 70. Age is a protected characteristic under the Equality Act 2010. The committee noted that the company positioned axicabtagene ciloleucel only for people who were eligible for autologous stem cell transplant. It noted that it had not seen evidence for axicabtagene ciloleucel for treating relapsed or refractory DLBCL in people for whom autologous stem cell transplant is not suitable, who are usually older and less well. The committee was aware of the need for new treatments in this population and was disappointed the company chose to position axicabtagene ciloleucel for the transplant eligible population only.

Several stakeholders also commented that CAR T-cell therapy is only delivered at specialised centres, which could lead to a geographic inequality. Clinical experts explained that it is planned that CAR T-cell therapy is going to be delivered at more centres across the country, which may mitigate this issue.

The committee noted these concerns but concluded that its recommendation for axicabtagene ciloleucel would not adversely affect people protected by the equality legislation.

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 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, or difficulties with, access for the specific group?

No.

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5. Is there potential for the preliminary 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?

No.

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

Yes, in section 3.18.

#### Approved by Associate Director (name): Ross Dent

Date: 10/11/2022

### Final appraisal determination

(when an ACD issued)

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

No additional potential equality issues were raised during consultation

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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, or difficulties with, access for the specific group?

No

3. If the recommendations have changed after consultation, 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

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

N/A

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

Yes, in section 3.20

#### Approved by Associate Director (name): Ross Dent

Date: 03/03/2023

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