

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

#### STA Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer

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

#### Consultation

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| 1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how? |
| None identified   |

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| 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?   |
| At submission by Peaches Trust (patient organisation): <ul style="list-style-type: none"><li>- Ease and frequency of administration of the technology should be considered. Tertiary oncology centres are often difficult and expensive for patients to access on a regular basis, so it is important that therapies could be administered at local hospitals or at home to improve access and availability to all, regardless of income or disability.</li></ul> At technical engagement phase by patient expert: <ul style="list-style-type: none"><li>- There are two distinct groups of people disadvantaged by age and sex:<ol style="list-style-type: none"><li>1. majority of patients with endometrial cancer are postmenopausal older women who may have comorbidities and or are disabled.</li></ol></li></ul> |

Pembrolizumab and lenvatinib offer this group of women access to a treatment that is both effective and kinder than chemotherapy.

2. premenopausal women often find themselves diagnosed with endometrial cancer at an advanced stage due to healthcare professionals' failure to recognise symptoms of endometrial cancer in younger people and or lack of explicit guidance on referring symptomatic women under 55. These women are disadvantaged by age, have been let down by health services, and deserve access to the best available treatments.

During first committee meeting by patient experts:

- the above points raised at technical engagement were emphasised and expanded on.

The committee discussed these and the draft guidance notes: The committee acknowledged these issues which had also been raised by stakeholders, and agreed that improving outcomes in people with endometrial cancer was important, however the committee was considering pembrolizumab with lenvatinib for all groups raised and felt their decision would not disadvantage any specific protected group.

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

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 3.15

**Approved by Associate Director (name):** .....Janet Robertson.....

**Date:** 21/10/2022

## 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?

Peaches Trust (patient organisation) noted inequality in access to care:

- Chemotherapy has a financial impact which is not experienced to the same level as those with pembrolizumab plus lenvatinib due to absence from work, travel to/from hospital for treatment, cost of living at home (i.e. heating) and alternative therapies

- Chemotherapy is not suitable for many older patients because of comorbidity but pembrolizumab plus lenvatinib is likely to be better tolerated
- Urgent unmet need for people with pMMR as no treatment is available
- Geographical inequality since the treatment is available in Scotland.

A member of the public considered that people who cannot afford private healthcare are discriminated against.

The above issues raised are not considered equalities issues because:

- In accordance with NICE's [social value judgement](#) principles, no priority is given based on individuals' income, social class, position in life or social roles in guidance developed for the NHS. NICE's standard approach to economic modelling (the 'reference case') does not compare NHS healthcare with privately funded healthcare.
- Geographical location is not a protected characteristic

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?

Not applicable

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?

Not applicable

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?
Not applicable

5. Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
Yes, in section 3.16

**Approved by Associate Director (name):** ...Janet Robertson.....

**Date:** 05 May 2023