

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA Olaparib in combination with bevacizumab for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy with bevacizumab [ID1652]

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?

At the scoping stage it was noted that, if appropriate, consideration may be given to characteristics that are shared by people in the scope population (people with advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy with bevacizumab), and are protected under equality legislation (including age, gender and disability). The committee addressed this potential issue by considering to what extent the clinical and cost effectiveness evidence presented for decision making reflected the characteristics (protected or otherwise) of the scope population. The committee concluded that although there were some issues with the generalisability of the evidence to the population of interest, these issues did not relate to protected characteristics.

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?

During technical engagement, one stakeholder noted the importance of gaining consent for genetic testing as follows.

The expansion of genetic testing to a wider population would need to ensure planned, timely and structured provision of support and information for patients and their families. The method of delivery will need to reflect the diversity of the patient population. This is not a barrier to implementation of routine HRD testing but it does require integration into implementation planning.

There would need to be high quality written information in patients' preferred language available in accessible formats to support genetic counselling conversations. Written and verbal information will need to be culturally sensitive. There would need to be adequate time allowed for patient decision-making around genetic testing and fully informed consent.

The technical team noted that the comment did not identify any specific equalities issues but recalled that genetic testing had been considered as a potential barrier to treatment access for people with protected characteristics in another related appraisal. For this reason, the technical team asked the committee to consider whether it needed to make any reasonable adjustments to the guidance to ensure equality of access for people who cannot undergo gene testing for equalities reasons. The committee noted that the genetic testing required to access olaparib plus bevacizumab maintenance treatment (HRD testing) is done using the same biopsy tumour sample that patients provide as standard for diagnostic and treatment planning purposes. Therefore, while the committee agreed that it was important that fully informed consent is sought before carrying out any such tests, it took the view that any equalities issues arising from biopsy testing would not be specific to the committee's recommendations regarding the use of olaparib plus bevacizumab maintenance treatment. It therefore concluded that this was not an equalities issue and that no adjustments to the guidance were required.

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?
Not applicable

7. Have the committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?
No

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

Date: 23/02/21