# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

### HEALTH TECHNOLOGY APPRAISAL PROGRAMME

## **Equality impact assessment – Guidance development**

# STA Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over [ID4021]

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?

Yes, currently, only 72% of patients from White, Caucasian, backgrounds can find the best possible stem cell tissue match from a stranger. This drops, significantly, to 37% for patients from a minority ethnic background. Mismatched, unrelated donors are consistently reported as a risk factor for chronic graft versus host disease, which is an iatrogenic complication resulting from an allogeneic haematopoietic stem cell transplant. Therefore, it is plausible that chronic graft versus host disease is more likely to occur in people from a minority ethnic background.

The committee noted these concerns, but concluded that they had no effect on its recommendations.

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?

In its submission, the company highlighted the following equality issues:

 people who have mismatched unrelated donor transplants, and people from minority ethnic backgrounds (who are less likely to find a

Technology appraisals: Guidance development

Equality impact assessment for the single technology appraisal of Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over [ID4021] Issue date: December 2023 1 of 4

related donor match), are at a higher risk of developing chronic graft versus host disease.

- there is potential for errors and delays in the diagnosis of skin manifestations (which are a major complication of chronic developing chronic graft versus host disease) in people with non-white skin, and that current physician and patient-reported outcome measures may not adequately capture subtle changes
- geographical access to extracorporeal photopheresis services and specialist blood and marrow transplant clinics can be a barrier for people in lower socioeconomic groups who may be unable to take time off work or afford to travel to appointments.

The committee took these issues into account in its decision making, but concluded that they had no material effect on its recommendations.

3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?	
None identified.		

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 3.18	
Final Draft Guidance when DH issued)		
when I		
when I		
1.	DH issued)  Have any additional potential equality issues been raised during the	
1.	DH issued)  Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?	

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?
No.	
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):Linda Landells  Date: 5 December 2023	