

NHS England: Equality and Health Inequalities Impact Assessment (EHIA)

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. **Name of the proposal (policy, proposition, programme, proposal or initiative):** Trametinib in recurrent or progressive low grade serous ovarian cancer (Adults) [2253]
2. **Brief summary of the proposal in a few sentences**

Low grade serous ovarian cancer (LGSOC) is a rare subtype of ovarian cancer. Current standard treatment for LGSOC is surgery that aims to remove all of the tumour deposits and obtain complete remission. Following surgery, adjuvant (additional) platinum-based chemotherapy can be offered. If disease progression or recurrence occurs other treatment options can be offered including hormonal therapy (if this treatment has not previously been given) or further chemotherapy. However, due to the chemotherapy resistant nature of LGSOC, the effectiveness of these treatments in preventing further disease progression is often limited. Trametinib is a mitogen-activated protein kinase (MEK) inhibitor which has been proposed as a potential treatment for recurrent or progressive LGSOC who have received at least one line of platinum-based chemotherapy, with or without surgery or hormonal agents.

3. **Main potential positive or adverse impact of the proposal for protected characteristic groups summarised**

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.

| Protected characteristic groups | Summary explanation of the main potential positive or adverse impact of your proposal | Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|---|---|---|
| Age: older people; middle years; early years; children and young people. | LGSOC is often diagnosed in younger patients, compared to the more common high grade serous ovarian cancer. It is | The inclusion criteria in the policy, based on the results from the evidence review, clearly define the eligible patient population to maximise access to |

| Protected characteristic groups | Summary explanation of the main potential positive or adverse impact of your proposal | Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|---|---|--|
| | <p>most commonly diagnosed in patients between 40-60 years of age, although it can affect patients of any age.</p> <p>This policy recommends that trametinib be available to all patients with recurrent LGSOC who meet the inclusion criteria.</p> | <p>treatment. This will ensure equitable access to the intervention for individuals of all ages who meet the inclusion criteria. This policy is for adult patients with LGSOC.</p> |
| <p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p> | <p>A cancer diagnosis is defined as a disability under the Equality Act 2010. A review of the available clinical evidence demonstrates that the addition of trametinib to the current standard of care results in increased progression free survival for patients with recurrent LGSOC. Therefore, the policy is expected to have a potential positive impact.</p> | <p>The inclusion criteria in the policy, based on the results from the evidence review, clearly define the eligible patient population to maximise access to treatment. This will ensure equitable access to the intervention for individuals with a diagnosis of LGSOC who meet the inclusion criteria.</p> |
| <p>Gender Reassignment and/or people who identify as Transgender</p> | <p>This policy is applicable to anyone with ovaries.</p> | <p>The inclusion criteria in the policy, based on the results from the evidence review, clearly define the eligible patient population to maximise access to treatment. This will ensure equitable access to the intervention for all individuals with a diagnosis of LGSOC who meet the inclusion criteria.</p> |
| <p>Marriage & Civil Partnership: people married or in a civil partnership.</p> | <p>Not applicable</p> | <p>Not applicable</p> |
| <p>Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.</p> | <p>Not applicable</p> | <p>Not applicable</p> |

| Protected characteristic groups | Summary explanation of the main potential positive or adverse impact of your proposal | Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|---|--|---|
| Race and ethnicity ¹ | LGSOC is not known to have an increased incidence in patients of a particular race or ethnicity. | It is important to ensure that patients are aware of all treatment options available to them and to obtain informed consent for treatment. If additional resources are required for this purpose- e.g., use of an interpreter, then this should be made available to patients. |
| Religion and belief: people with different religions/faiths or beliefs, or none. | Not applicable | Not applicable |
| Sex: men; women | This policy is applicable to anyone with ovaries. | The inclusion criteria in the policy, based on the results from the evidence review, clearly define the eligible patient population to maximise access to treatment. This will ensure equitable access to the intervention for all individuals with a diagnosis of LGSOC who meet the inclusion criteria. |
| Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual. | Not applicable | Not applicable |

4. Main potential positive or adverse impact for people who experience health inequalities summarised

¹ Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

| Groups who face health inequalities² | Summary explanation of the main potential positive or adverse impact of your proposal | Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|--|---|---|
| Looked after children and young people | Looked after children and young people in this context refers to children under the care of their local authority. Ovarian cancer is primarily dependent on age, co-existing medical conditions and genetics (Cancer Research UK, 2018). It has been recognised that LGSOC disproportionately affects younger patients, with the most common age at diagnosis being 40-60 years old. | This policy is for adult patients. It is not expected to impact on looked after children and young people under the care of their local authority. |
| Carers of patients: unpaid, family members. | <p>Trametinib is an oral treatment option which would provide an alternative treatment option to second line palliative chemotherapy given intravenously. Therefore, it is expected that this would reduce the number of hospital visits required and this may have a positive effect for patients' carers.</p> <p>Additionally, a review of the available clinical evidence demonstrates that the addition of trametinib into the current standard of care results in improved progression free survival for patients.</p> | Patient convenience is a key consideration and particularly important for patients with recurrent disease and for their carers and family members. This policy will potentially have a positive impact on this group, as trametinib would provide an oral treatment option compared to other IV chemotherapy options, therefore resulting in a reduced number of hospital visits. |

² Please note many groups who share protected characteristics have also been identified as facing health inequalities.

| Groups who face health inequalities ² | Summary explanation of the main potential positive or adverse impact of your proposal | Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|---|--|---|
| | This outcome may have a positive impact on family members and carers. | |
| Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs. | People experiencing homelessness are more likely to suffer from physical health problems and access to healthcare is difficult for this group (Crisis, 2011). However, no additional impact on this group is anticipated as a result of this policy. | Not applicable |
| People involved in the criminal justice system: offenders in prison/on probation, ex-offenders. | People involved in the criminal justice system would be able to access treatment through prison and community healthcare services. No specific impact is expected on this group as a result of the implementation of the policy. | Not applicable |
| People with addictions and/or substance misuse issues | There is no specific increased risk of developing LGSOC in individuals with addictions and/or substance misuse issues. Therefore, this policy is not thought to specifically impact on this group. | Not applicable |
| People or families on a low income | Cancer treatment is known to have a financial impact on patients with cancer with 4 in 5 people are affected by | Patient convenience is a key consideration and particularly important for patients with recurrent disease. This policy will potentially have a positive |

| Groups who face health inequalities ² | Summary explanation of the main potential positive or adverse impact of your proposal | Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|--|--|--|
| | <p>financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017). However, as trametinib is an oral tablet it is anticipated that this would reduce the number of hospital visits required compared to treatment with intravenous (IV) chemotherapy. This could positively impact patients or families on a low income due to a reduction in costs associated with hospital visits. This may confer an additional benefit to patients on top of available support schemes that help towards the cost of travel for treatment, including the NHS Low Income Scheme (LIS) and the Healthcare Travel Costs Scheme (HTCS).</p> | <p>impact on this patient group, as trametinib would provide an oral treatment option compared to other IV chemotherapy options.</p> |
| <p>People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).</p> | <p>The policy is specifically for people with a confirmed cancer diagnosis and already accessing healthcare. It is important to ensure that patients are aware of all treatment options available to them and to obtain informed consent for treatment. If additional resources are required for this purpose- e.g., use of an interpreter, then this should be made available to patients.</p> | <p>Not applicable</p> |

| Groups who face health inequalities² | Summary explanation of the main potential positive or adverse impact of your proposal | Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact |
|--|--|--|
| People living in deprived areas | Not applicable | Not applicable |
| People living in remote, rural and island locations | People living in remote, rural and island locations may have greater difficulty accessing secondary care services for treatment due to more limited transport options. | Patient convenience is a key consideration and particularly important for patients with recurrent disease. This policy will potentially have a positive impact on this patient group, as trametinib would provide an oral treatment option compared to other IV chemotherapy options. This would make it easier for patients living in remote, rural and island locations who may find it more difficult to access services. |
| Refugees, asylum seekers or those experiencing modern slavery | Refugees and asylum seekers with an active application or appeal are fully entitled to free NHS care (British Medical Association, 2020). Refused asylum seekers are not necessarily entitled to secondary NHS care free of charge. Their ability to access care depends on whether the care is immediately necessary/urgent or non-urgent and whether specific exemptions apply. Refused asylum seekers must always receive immediately necessary and urgent treatment regardless of their chargeable status or ability to pay (BMA, 2020). | Trametinib for this indication would not be considered as an immediately necessary or urgent treatment and refused asylum seekers would not necessarily be entitled to this treatment free of charge. |
| Other groups experiencing health inequalities (please describe) | Not applicable | Not applicable |

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

| | | |
|--|------------------------------------|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |
|--|------------------------------------|---|

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

| | Name of engagement and consultative activities undertaken | Summary note of the engagement or consultative activity undertaken | Month/Year |
|----------|--|---|-------------------|
| 1 | Stakeholder Testing | This policy and supporting documents, including the EHIA, was out for a 14-day period of stakeholder testing. | March 2023 |
| 2 | Patient Representation | The Patient and Public Voice Advisory Group (PPVAG) representative formed part of the policy working group (PWG) for this policy and was involved in the development and production of the policy and supporting documents. | |
| 3 | | | |

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

| Evidence Type | Key sources of available evidence | Key gaps in evidence |
|--|--|---|
| Published evidence | The independent evidence review that informed this policy included one international, randomised controlled, open label study. | No evidence was returned for: hospitalization, treatment adherence and activities of daily living. Additionally, no evidence was returned for cost effectiveness or subgroup analyses. Further research is required in these areas. |
| Consultation and involvement findings | | |
| Research | | |
| Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team | A PPVG member formed part of the PWG for this policy. | |

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

| | Tackling discrimination | Advancing equality of opportunity | Fostering good relations |
|--|-------------------------|-----------------------------------|--------------------------|
| The proposal will support? | | | |
| The proposal may support? | | x | x |
| Uncertain whether the proposal will support? | x | | |

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

| | Reducing inequalities in access to health care | Reducing inequalities in health outcomes |
|----------------------------|--|--|
| The proposal will support? | x | x |
| The proposal may support? | | |

| | | |
|---|--|--|
| Uncertain if the proposal will support? | | |
|---|--|--|

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

| Key issue or question to be answered | | Type of consultation, research or other evidence that would address the issue and/or answer the question |
|--------------------------------------|-----|--|
| 1 | N/A | |
| 2 | | |
| 3 | | |

10. Summary assessment of this EHIA findings

This EHIA demonstrates that it is expected that trametinib for patients with recurrent or progressive LGSOC will have a positive impact on health equity. As an oral treatment option, trametinib would provide an alternative treatment option to second line palliative chemotherapy given IV. Therefore, it is expected that this would reduce the number of hospital visits required. This would be expected to positively impact patients living in rural or remote locations, patients living in deprived areas and have a positive impact on patients' families and their carers. The eligibility criteria to access this treatment are clearly defined in the policy.

11. Contact details re this EHIA

| | |
|-------------------|---------------------------|
| Team/Unit name: | Cancer Programme of Care |
| Division name: | Specialised Commissioning |
| Directorate name: | CFO |

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|-------------------------------------|---------|
| Date EHIA agreed: | 30/3/23 |
| Date EHIA published if appropriate: | |