

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): Abiraterone acetate and prednisolone for high-risk, hormone-sensitive metastatic prostate cancer (adults)**
- 2. Brief summary of the proposal in a few sentences**

Prostate cancer is the most common cancer in men¹, and the second most common cancer in the UK. About 1 in 8 men will get prostate cancer at some point in their life. There are approximately 44,000 new cases of prostate cancer every year in England (Cancer Research, 2024). On average, 18% of these new cases are diagnosed at stage IV (metastatic cancer) (National Disease Registration Service).

Patients with newly diagnosed hormone-sensitive metastatic prostate cancer are currently offered one of the following options: ADT alone, docetaxel plus ADT, docetaxel plus darolutamide and ADT, enzalutamide and ADT, apalutamide plus ADT.

Choice of which of these options depends on all of the following: the wishes of the patient, the fitness of the patient, any relevant comorbidities and concurrent medications and on the differing licensing of the androgen receptor inhibitors in hormone-sensitive metastatic prostate cancer (enzalutamide, apalutamide and darolutamide).

Abiraterone acetate is an anti-androgen treatment that is licensed in adults for the treatment of metastatic prostate cancer. It works by inhibiting enzymes involved in the testosterone production pathway, thus reducing circulating levels of testosterone, when used in combination with ADT. It is administered orally in combination with prednisolone in a once daily regime. It is proposed as an additional

¹ In this policy proposition the term 'men' is used, based on the source evidence used in its development. This proposition is also relevant to people with male anatomy who do not identify as men.

line of treatment for patients with high-risk, hormone-sensitive metastatic prostate cancer. The use of abiraterone acetate is licensed in this population.

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.	Prostate cancer primarily occurs later in adulthood with the highest incidence occurring between ages 75 to 79 years old. The risk increases with age (Cancer Research UK). This policy proposition offers an additional line of treatment to patients with high-risk prostate cancer and is expected to have a positive effect on the overall survival and overall outcomes of all eligible patients regardless of age.	Prostate cancer does not affect children and therefore there is no anticipated adverse impact of restricting this policy to adults only. All adult patients who meet the inclusion criteria will be eligible to be treated with abiraterone acetate under this policy proposition.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Following a diagnosis of cancer, the individual is defined as having a disability under the Equality Act 2010.	All adult patients who meet the inclusion criteria will be eligible to be treated with abiraterone acetate under this policy proposition.

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>Abiraterone acetate is taken orally, which enables administration in both outpatient and community settings. This potentially supports Service Users with disabilities to complete their course of treatment if they have difficulties in travelling to an acute setting for treatment.</p> <p>This policy proposition offers an additional line of treatment to patients with high-risk prostate cancer and is expected to have a positive effect on the overall survival and overall outcomes of all eligible patients, reducing impact of disability.</p>	
<p>Gender Reassignment and/or people who identify as Transgender</p>	<p>Gender reassignment and being transgender are not known to be associated with prostate cancer. However, prostate cancer can also affect trans females, as the prostate is usually conserved after gender-confirming surgery, but it is not clear how common prostate cancer is in this population. These patients may face barriers to getting a diagnosis because medical professionals may not always consider the patients assigned gender at birth when considering disease specific risk factors for trans women.</p>	<p>Clinicians should ensure they are effectively screening all patients with prostates for prostate cancer.</p> <p>All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment. The policy proposition is therefore not considered to have an adverse impact on this protected characteristic group.</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
	This policy proposition is expected to have a positive effect on the overall survival and overall outcomes of all eligible patients, regardless of gender reassignment and being transgender.	
Marriage & Civil Partnership: people married or in a civil partnership.	Marriage status is not known to be associated with prostate cancer. This policy proposition will promote access to abiraterone acetate regardless of marriage status.	Not applicable (no impact). All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment. The policy proposition is therefore not considered to have an adverse impact on this protected characteristic group.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	Prostate cancer only affects men. There is therefore no anticipated impact on this protected characteristic group.	Not applicable (no impact).
Race and ethnicity²	Incidence rates for prostate cancer are lower in the Asian ethnic group and in people of mixed or multiple ethnicities, but higher in the Black ethnic group, compared with the White ethnic group, in males in England 2013-2017 (Cancer Incidence by Broad Ethnic Group link is	The clinical criteria, based on reliable clinical evidence, in the policy clearly define the eligible patient population to maximise access to treatment.

² 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.

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>external). The overall proportion of Black men who receive radical treatment for prostate cancer is lower than for White men. After adjusting for all other factors, this difference translated into a 25% reduction in the likelihood of receiving radical treatment for Black men compared to White men (National Prostate Cancer Audit Report, October 2020).</p> <p>This policy proposition offers patients with prostate cancer an additional treatment option, regardless of race or ethnicity, and therefore is anticipated to have a positive impact.</p>	
<p>Religion and belief: people with different religions/faiths or beliefs, or none.</p>	<p>Religion is not known to be associated with prostate cancer. This policy proposition will promote access to abiraterone acetate regardless of religion.</p>	<p>All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment. The policy proposition is therefore not considered to have an adverse impact on this protected characteristic group.</p>
<p>Sex: men; women</p>	<p>Prostate cancer is the most common cancer in biological men. About 1 in 8 men will get prostate cancer at some point in their life.</p> <p>This policy proposition offers men with prostate cancer an additional treatment option and therefore is anticipated to have a positive impact.</p>	<p>All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment. The policy proposition is therefore not considered to have an adverse impact on this protected characteristic group.</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
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Sexual orientation is not known to be associated with prostate cancer. This policy proposition will promote access to abiraterone acetate regardless of sexual orientation.	All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment. The policy proposition is therefore not considered to have an adverse impact on this protected characteristic group.

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

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 inequalities ³	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	Prostate cancer is a disease that occurs in older adults and is extremely rare in children. There is therefore no anticipated impact on this protected characteristic group.	Not applicable (no impact).
Carers of patients: unpaid, family members.	Abiraterone acetate has the potential to improve an individual's health status and reduce morbidity. Abiraterone acetate may reduce the care needs of patients, allowing them to participate more in activities of daily living. Additionally, as	All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment. Holistic care includes considering the support, care, and follow-up mechanisms a patient would require undergoing the intervention. The availability of an

³ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities ³	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>an oral medication, abiraterone acetate will reduce hospital attendance for intravenous infusions, thereby potentially relieving pressures on carers. This policy proposition may benefit carers who support patients with prostate cancer by reducing the assistance required to complete work, family, and personal tasks and reduce the need for emergency or unscheduled care or prolonged admissions to address the consequences of advancing cancer.</p>	<p>oral treatment is likely to have a positive impact on this inequality group.</p>
<p>Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.</p>	<p>This group may be less likely to enter the patient pathway due to access issues e.g., not registered with a General Practitioner. They may also find it more difficult to maintain engagement with a course of treatment.</p> <p>Abiraterone acetate is taken orally, which enables administration in both outpatient and community settings. This potentially supports Service Users to complete their course of treatment if they have difficulties in travelling to an acute setting for treatment and is likely to increase compliance in this group.</p>	<p>All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment.</p> <p>The availability of an oral treatment is likely to have a positive impact on this inequality group.</p> <p>Commissioned providers and their specialised cancer teams should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to mitigate risk for homeless patients and facilitate access to the drug, as well as clinical monitoring and follow-up appointments.</p>

Groups who face health inequalities³	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>People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.</p>	<p>Being in the criminal justice system is not known to be associated with prostate cancer.</p> <p>Abiraterone acetate is taken orally, which enables administration in both outpatient and community settings. This potentially supports Service Users to complete their course of treatment if they have difficulties in travelling to an acute setting for treatment and is likely to increase compliance in this group.</p> <p>This policy proposition will promote access to abiraterone acetate regardless of criminal status.</p>	<p>All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment.</p> <p>The availability of an oral treatment is likely to have a positive impact on this inequality group.</p>
<p>People with addictions and/or substance misuse issues</p>	<p>Addiction and substance misuse is an increased risk in patients with prostate cancer who often experience a high level of chronic pain.</p> <p>People with addiction/and or substance misuse issues might find it harder to maintain engagement with the course of treatment.</p> <p>Abiraterone acetate is taken orally, which enables administration in both outpatient and community settings. This potentially supports Service Users to complete their course of treatment if they have</p>	<p>All patients who meet the clinical inclusion criteria would be considered for abiraterone acetate treatment.</p> <p>Patients with addictions and/or substance misuse issues may benefit from being discussed at a multidisciplinary team (MDT) meeting so that issues of addiction and substance misuse and any impact on drug interactions, compliance and need for carer and inter-agency support and assistance can be carefully considered in making treatment recommendations.</p>

Groups who face health inequalities³	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>difficulties in travelling to an acute setting for treatment and is likely to increase compliance in this group.</p> <p>This policy proposition will promote access to abiraterone acetate regardless of addiction issues.</p>	<p>The availability of an oral treatment and access to specialist guidance is likely to have a positive impact on this inequality group.</p>
People or families on a low income	<p>Abiraterone acetate is taken orally, which enables administration in both outpatient and community settings. This potentially supports Service Users to complete their course of treatment if they have difficulties in travelling to an acute setting for treatment and is likely to increase compliance in this group.</p>	<p>Commissioned providers should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to ensure adequate referral, access and attendance support for people or families on a low income.</p> <p>Arrangements can be made to support access to assessment and treatment in hospital, especially where travel is required. Reimbursement for travel costs is covered in the Healthcare Travel Costs Scheme.</p>
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	<p>This group may find it hard to understand their condition and the benefits and risks associated with different treatment options. This might impact on their ability to access treatment or maintain involvement in a treatment regime.</p>	<p>Commissioned providers should foster shared decision making using appropriate mediums. including verbal, written shared decision-making tools, translated and Easy Read materials.</p> <p>The provision of treatment should be provided in a way to assist those with poor health or literacy skills. A holistic assessment of an individual should be undertaken by the prescribing physician to assess their suitability and understanding of compliance barriers for abiraterone acetate.</p>

Groups who face health inequalities ³	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>People living in deprived areas</p>	<p>Prostate cancer incidence rates in males in England are 17% lower in the most deprived quintile compared with the least (2013-2017).</p> <p>Around 3,100 cases of prostate cancer each year in England are linked with lower deprivation.</p> <p>This may indicate barriers to diagnosis or lack of awareness and education for men in deprived areas, rather than actual reduced incidence.</p> <p>Abiraterone acetate is taken orally, which enables administration in both outpatient and community settings. This potentially supports Service Users to complete their course of treatment if they have difficulties in travelling to an acute setting for treatment and is likely to increase compliance in this group.</p>	<p>Patients' socio-economic circumstance should be considered by the treating clinicians. This will help to ensure treatment is provided as close to the home location of the patient as possible. Access to travel arrangements provided by Integrated Care Boards (ICBs) needs to be part of this.</p> <p>Arrangements can be made to support access to assessment and treatment in hospital, especially where travel is required. Reimbursement for travel costs is covered in the Healthcare Travel Costs Scheme.</p>
<p>People living in remote, rural and island locations</p>	<p>This may have a positive impact on people in this category as abiraterone acetate is taken orally, which enables administration both outpatient and community settings. This potentially supports Service Users to complete their course of treatment if they have</p>	<p>If adopted, a commissioning plan will provide guidance for local service arrangements, which may include specialist oversight, to improve travel access for patients but with the necessary arrangements in place for reimbursement.</p>

Groups who face health inequalities ³	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
	difficulties in travelling to an acute setting for treatment.	Arrangements can be made to support access to assessment and treatment in hospital, especially where travel is required. Reimbursement for travel costs is covered in the Healthcare Travel Costs Scheme .
Refugees, asylum seekers or those experiencing modern slavery	Being a refugee, asylum seeker or experiencing modern slavery are not known to be associated with prostate cancer in any way. This policy proposition will promote access to abiraterone acetate regardless of refugee status.	Commissioned providers should work with the patient and other relevant agencies (e.g., GP, Local Authority, charities) to ensure adequate referral, access and attendance support for refugees, asylum seeker or experiencing modern slavery.
Other groups experiencing health inequalities (please describe)	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	No X	Do Not Know
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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		
2		
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 evidence of clinical effectiveness for abiraterone acetate and prednisolone in this population is documented in NICE Technology Appraisal 721.	
Consultation and involvement findings	Consultation was not undertaken.	
Research	No pending research is known.	
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	A Policy Working Group was assembled which included oncologists specialising in prostate cancer, a public health specialist, a pharmacist and a patient and public voice representative.	

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?	X	X	X

The proposal may support?			
Uncertain whether the proposal will support?			

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

Prostate cancer is the most common cancer affecting people men. This policy proposition offers an additional line of treatment and is anticipated to have a positive impact on service users. In particular, abiraterone acetate is an oral treatment which offers a benefit to groups who may struggle to attend secondary care for intravenous treatments. There are no anticipated negative impacts on any protected characteristics.

11. Contact details re this EHIA

Team/Unit name:	National Cancer Programme of Care
Division name:	Specialised Commissioning
Directorate name:	Chief Finance Office
Date EHIA agreed:	
Date EHIA published if appropriate:	