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): Combination brentuximab vedotin and bendamustine for relapsed or refractory classical Hodgkin lymphoma [URN: 2404]

2. Brief summary of the proposal in a few sentences

Classical Hodgkin lymphoma is a rare blood cancer in which white blood cells start to grow in an uncontrolled way and begin to collect in certain parts of the lymphatic system, such as the lymph nodes. The affected white blood cells lose their infection-fighting properties, making the body more vulnerable to infection. Frontline therapy is highly effective and cures the majority of patients, but approximately 10-30% patients will develop relapsed or refractory (R/R) disease (Chohan et al, 2022).

Classical Hodgkin lymphoma is the commonest single malignancy in the Teenage and Young Adult (TYA) age group (15-24 years) with a median age of 35-40 years at presentation. Around 2100 people are diagnosed with Hodgkin lymphoma each year in the UK and the incidence has increased by over a third in the last 20-30 years.

Bendamustine is an alkylating agent. It has demonstrated clinical efficacy in several lymphoid malignancies, including non-Hodgkin lymphoma, however, its use in the treatment of relapsed or refractory Hodgkin lymphoma is off-label.

Brentuximab vedotin is a CD30-targeted antibody drug conjugate which is licenced and NICE approved for use in Hodgkin lymphoma (Technology Appraisal 524).

The intervention is the addition of off-label bendamustine to the NICE approved dose and usage of Brentuximab vedotin as third-line or subsequent treatment in patients with relapsed or refractory classical Hodgkin lymphoma.

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.	Classical Hodgkin lymphoma affects people of all ages. It is the commonest single malignancy in the Teenage and Young Adult (TYA) age group (15-24 years). The policy is considered to have a potential positive impact on this protected characteristic group because it enables patients of all ages access to treatment that is not currently routinely commissioned.	This policy aims to make brentuximab vedotin and bendamustine available for all children and adults who meet the eligibility criteria.
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. There are no adverse impacts associated with the use of brentuximab vedotin and	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.

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
	bendamustine as outlined in the policy on this protected characteristic group, and its adoption will not hinder the promotion of equality for people with protected characteristics.	One of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced number of treatment cycles is required which will be beneficial to individuals in this group.
Gender Reassignment and/or people who identify as Transgender	Classical Hodgkin lymphoma is not known to disproportionately impact individuals with gender reassignment and/or people who identify as transgender. This policy will promote access to brentuximab vedotin and bendamustine regardless of gender reassignment and being transgender.	Not applicable (no impact). All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.
Marriage & Civil Partnership: people married or in a civil partnership.	Classical Hodgkin lymphoma is not known to disproportionately impact individuals with gender reassignment and/or people who are married or in a civil partnership. This policy will promote access to brentuximab vedotin and bendamustine regardless of marriage status.	Not applicable (no impact). All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The policy 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.	As per the Summary of Product Characteristics (SmPC), both brentuximab vedotin and bendamustine are contraindicated in pregnancy and breast-feeding. Specifically, during	The potential adverse impact of the policy on this protected characteristic group cannot be reduced without compromising patient safety. Patients of childbearing age should discuss suitable methods of contraception with their clinician for the

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
	treatment with brentuximab vedotin, women must be able to comply with the requirement to use two methods of effective contraception. Women must continue to use contraception for 6 months following the last dose. This is a potential adverse impact of the policy. However, this restriction on use in pregnancy and breast-feeding applies to current standard treatment, as brentuximab vedotin is commissioned as monotherapy for third-line treatment of Hodgkin lymphoma (NICE TA524, June 2018). Therefore, the potential adverse impact of the policy is no greater than that of the current standard of care.	duration of treatment with brentuximab vedotin and bendamustine.
Race and ethnicity[1]	Hodgkin lymphoma incidence rates are higher for people in Asian and Black ethnic groups, and similar in people of mixed or multiple ethnicity, compared with the White ethnic group, in England (2013-2017) (Cancer Research UK,	Not applicable (no impact). All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The policy is therefore not

[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.

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
	2024). However, race and ethnicity have no bearing on eligibility for treatment with brentuximab vedotin and bendamustine. The policy intends equitable access to this treatment for all racial and ethnic groups.	considered to have an adverse impact on this protected characteristic group.
Religion and belief: people with different religions/faiths or beliefs, or none.	Classical Hodgkin lymphoma is not known to disproportionately impact people with different religions or beliefs. This policy will promote access to brentuximab vedotin and bendamustine regardless of religion or belief.	Not applicable (no impact). All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.
Sex: men; women	Classical Hodgkin lymphoma is not known to disproportionately impact either men or women. Sex has no bearing on eligibility for treatment with brentuximab vedotin and bendamustine (with the exception for pregnancy and breast-feeding). The policy proposes equitable access to this treatment for both sexes.	Not applicable (no impact). All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The policy is therefore not considered to have an adverse impact on this protected characteristic group.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	Classical Hodgkin lymphoma is not known to disproportionately impact people of any sexual orientation.	Not applicable (no impact). All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment.

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 will promote access to brentuximab vedotin and bendamustine regardless of sexual orientation.	The individual health, physical, mental, emotional, educational, and developmental needs of the patient will be taken into consideration if was proposed as a treatment option. The policy 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[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
Looked after children and young people	Classical Hodgkin lymphoma is the commonest single malignancy in the Teenage and Young Adult (TYA) age group (15-24 years). However, this condition is not known to disproportionately impact looked after children or young people.	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The individual health, physical, mental, emotional, educational, and developmental needs of the patient will be taken into consideration if brentuximab vedotin and bendamustine was proposed as a treatment option.

[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
		Commissioned providers and their specialised cancer teams should work with other relevant agencies (e.g., GP, Local Authority, charities) to mitigate risk for looked after children and young people and facilitate access to the treatment, as well as clinical monitoring and follow-up appointments.
Carers of patients: unpaid, family members.	Looking after patients with classical Hodgkin lymphoma can be difficult for carers, especially as they may have to support patients attending infusion sessions for brentuximab vedotin and bendamustine. However, current standard of care is intravenous brentuximab vedotin which may be required for up to 16 cycles. One of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced of treatment cycles is required which will be beneficial to patients and carers. This policy may benefit carers who support patients with Hodgkin lymphoma by reducing the assistance required to complete work, family and personal tasks and reduce the need for emergency or unscheduled care or prolonged	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. One of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced number of treatment cycles is required which will be beneficial to individuals in this group.

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
	admissions to address the consequences of advanced cancer.	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Classical Hodgkin lymphoma is not known to disproportionately impact people who are homeless. This group may be less likely to enter the patient pathway due to access issues e.g., not registered with a General Practitioner. Homeless people may also find it more difficult to maintain engagement with a course of treatment at tertiary inpatient settings.	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. 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 treatment, as well as clinical monitoring and follow-up appointments. One of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced number of treatment cycles is required which will be beneficial to individuals in this group.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Classical Hodgkin lymphoma is not known to disproportionately impact people who are involved in the criminal justice system. This policy will promote access to brentuximab vedotin and bendamustine regardless of involvement in the criminal justice system.	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. 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 patients who are involved in the criminal justice system and facilitate access to the treatment, as well as clinical monitoring and follow-up appointments.

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
People with addictions and/or substance misuse issues	Classical Hodgkin lymphoma is not known to disproportionately impact people with addictions and/or substance misuse issues. This policy will promote access to brentuximab vedotin and bendamustine regardless of addictions and/or substance misuse issues.	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. Issues of addiction and substance misuse and any impact on drug interactions, compliance and need for carer and inter-agency support and assistance will be carefully considered by commissioned providers and their specialised cancer teams in making treatment recommendations.
People or families on a low income	Socioeconomic factors are not known to be linked to incidence of Hodgkin lymphoma. Cancer treatment is known to have a financial impact on patients with cancer with 4 in 5 people affected by financial difficulties and incurring, on average, costs of £570 per month (Macmillan Cancer Care, 2017). However, it is anticipated that treatment with brentuximab vedotin and bendamustine would reduce the need for emergency or unscheduled care or prolonged admissions to address the consequences of advanced cancer. 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	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. 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. The existence of a clear referral process into an MDT should enable access to brentuximab vedotin and bendamustine treatment. Patients' socio-economic circumstance will be considered by an appropriately constituted MDT. 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. Commissioned

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
	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). This group may struggle to attend infusion appointments regularly, although the only current alternative is single agent brentuximab vedotin which requires the same frequency of appointments.	providers must support patients with access to schemes that help towards the cost of travel for treatment, including the NHS Low Income Scheme (LIS) and the Healthcare Travel Costs Scheme (HTCS). One of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced number of treatment cycles is required which will be beneficial to individuals in this group.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Classical Hodgkin lymphoma is not known to disproportionately impact people with poor literacy or poor health literacy. This policy will promote access to brentuximab vedotin and bendamustine regardless of literacy status. Patients should be facilitated to make an informed discussion regarding their treatment.	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The provision of treatment should be provided in a way to assist those with poor health or literacy skills. Commissioned providers should foster shared decision making using appropriate mediums including verbal, written shared decision-making tools, translated and Easy Read materials to facilitate patient understanding regarding their treatment. Material should be current, culturally and linguistically appropriate and available in a range of media formats (that is, not just in a written format). All reasonable attempts should be made This material should be modified to meet the specific needs of the audience, if necessary.

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
		A holistic assessment of an individual should be undertaken by the prescribing physician to assess their suitability and understanding of compliance barriers for brentuximab vedotin and bendamustine treatment.
People living in deprived areas	Deprivation is not known to be linked to incidence of Hodgkin lymphoma. 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). This group may struggle to attend infusion appointments regularly. Current standard of care is intravenous brentuximab vedotin which may be required for up to 16 cycles. One of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced of treatment cycles is required which will be beneficial to people living in deprived areas.	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. The existence of a clear referral process into an MDT should enable access to brentuximab vedotin and bendamustine treatment. Patients' socio-economic circumstance will be considered by an appropriately constituted MDT. 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. Commissioned providers must support patients with access to schemes that help towards the cost of travel for treatment, including the NHS Low Income Scheme (LIS) and the Healthcare Travel Costs Scheme (HTCS). One of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced number of treatment cycles is required which will be beneficial to individuals in this group.

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
People living in remote, rural and island locations	Classical Hodgkin lymphoma is not known to disproportionately impact people living in remote, rural and island locations. This policy will promote access to brentuximab vedotin and bendamustine regardless of geographical location of patients.	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. One of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced number of treatment cycles is required which will be beneficial to individuals in this group. The existence of a clear referral process into an MDT should enable access to brentuximab vedotin and bendamustine treatment. Patients' socio-economic circumstance will be considered by an appropriately constituted MDT. 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. Commissioned providers must support patients with access to schemes that help towards the cost of travel for treatment, including the NHS Low Income Scheme (LIS) and the Healthcare Travel Costs Scheme (HTCS). 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.

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
Refugees, asylum seekers or those experiencing modern slavery	Classical Hodgkin lymphoma is not known to disproportionately impact refugees, asylum seekers or those experiencing modern slavery. This policy will promote access to brentuximab vedotin and bendamustine regardless of refugee, asylum or modern slavery status.	All patients who meet the clinical inclusion criteria would be considered for brentuximab vedotin and bendamustine treatment. 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	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 X	No	Do Not Know

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	PPV Representation	A PPV representative was on the working group of this policy	
2	Stakeholder Testing	This policy was sent for 14 days of stakeholder testing between 5th June 2025 to 18th June 2025	June 2025

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	An external review of available clinical evidence was undertaken to inform this policy.	None
Consultation and involvement findings	This policy was sent out for a 14-day period of stakeholder testing.	N/A
Research	TBC	N/A
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	The PWG for this policy was comprised of clinicians, pharmacists, a public health lead, a lead commissioner and a patient representative.	None

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	x
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?		
The proposal may support?	x	x

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 policy aims to provide a third-line or subsequent treatment for patients of all ages with relapsed or refractory classical Hodgkin lymphoma. The policy is not thought to adversely impact on any individuals from protected characteristic groups. However, one of the benefits of treatment with brentuximab vedotin and bendamustine is that a reduced number of treatment cycles is required which will be beneficial to individuals and their families from protected characteristic groups and on those experiencing health inequalities.

As a policy commissioned nationally, this aims to potentially promote equity of access and treatment across the country, thereby reducing the variation of outcomes for people of all ages with relapsed or refractory classical Hodgkin lymphoma.

11. Contact details re this EHIA

Team/Unit name:	National Cancer Programme of Care
Division name:	Specialised Commissioning
Directorate name:	System Development Group

Date EHIA agreed:	
Date EHIA published if appropriate:	