

A Non-Systematic Review of Equity in Oncology HTA Submissions to NICE

SA13

Kathleen Bowes¹, Jonathon A. Briggs¹, Audrey E. Brown¹, Grace G. Goldsmith-Martin¹, Zarmina S. Khankhel²

¹Genesis Research Group, Newcastle-Upon-Tyne, UK ²Genesis Research Group, Hoboken, US



Background

- Health Technology Assessment (HTA) bodies are responsible for making decisions about health technologies, using submitted evidence to compare efficacy, safety, cost effectiveness and budget impact.¹
- A key goal of a nationalized health care system is not only to improve health outcomes but reduce inequity in health.
- Health equity is defined as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.” by the World Health Organization (WHO).²
- The aim of identifying and reducing health inequalities is important to ensure all can attain full health and no person is disadvantaged because of their demographics.²
- Equity considerations are typically highlighted and discussed in HTA submissions, subsequent evidence reviews, and committee appraisals.

Objective

This review aimed to assess equity considerations raised in oncology HTAs submitted to the National Institute for Health and Care Excellence (NICE) over the previous 2 years.

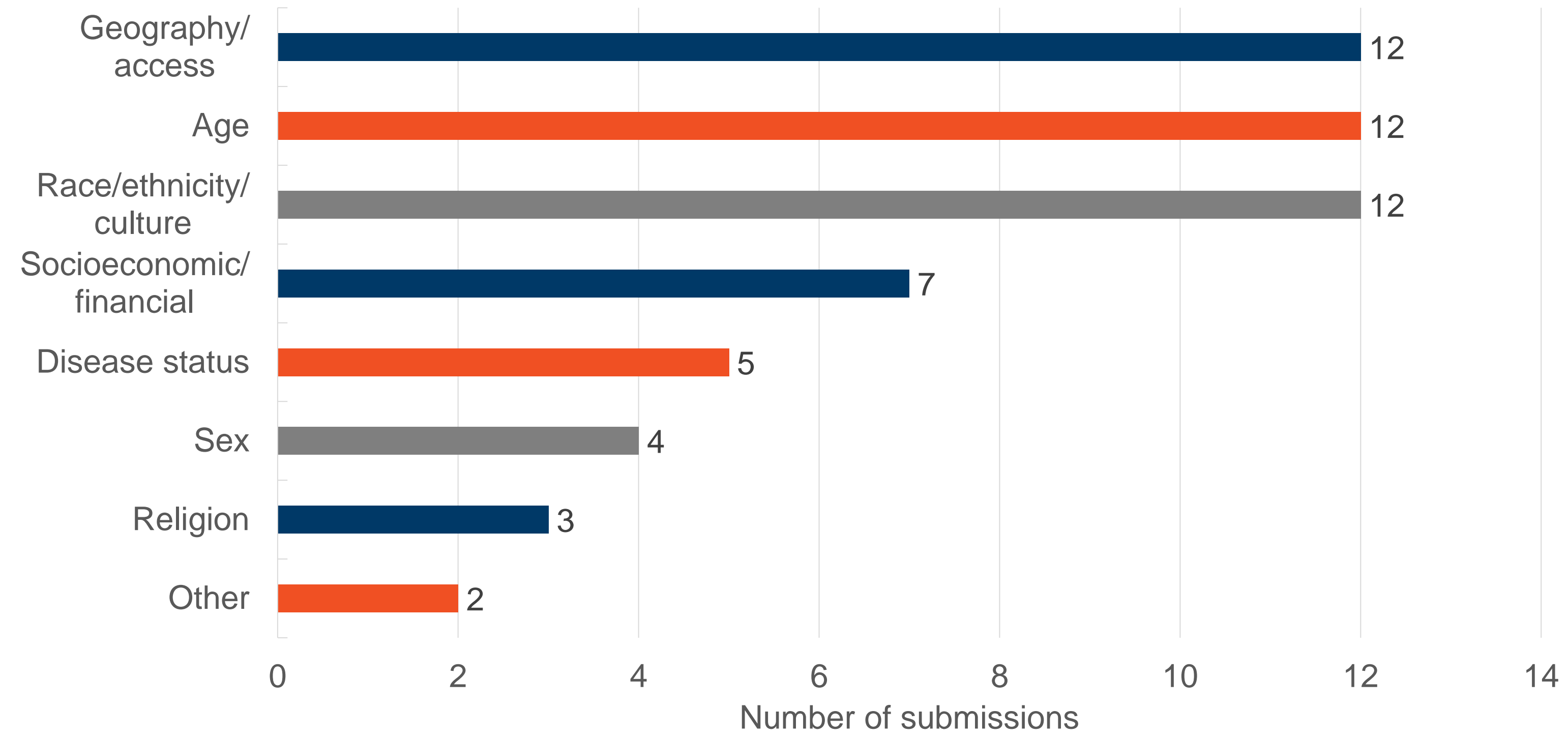
Methods

- A review of the technology appraisal evidence published on the NICE website between March 1st 2022 and March 1st 2024 was performed to identify recommended STAs.
- Technology appraisals which were terminated, replaced by newer guidance, or in development were excluded from the analysis.
- HTA submissions which focused on cancer indications were included, whereas other indications were excluded from this analysis.
- Documents (i.e. company submission, final appraisal document, and committee papers) from oncology HTAs submitted to NICE were reviewed to understand whether equity was considered in the underlying systematic review, economic model, and/or by the evidence review group (ERG), NICE review committee, or patient groups.
- Relevant data were extracted by a single researcher, with 20% validated by a second, independent researcher.
- Extracted data were reviewed to synthesize trends related to equity in HTAs.

Results

Overview In total, 70 submissions were identified in 16 cancer types. Equity concerns were raised by the company, patient groups, or clinical experts in 30/70 submissions (43%). Protected characteristics most frequently flagged were related to age (12/70; 17%), geography/access (12/70; 17%), and race/ethnicity/culture (12/70; 17%). Other characteristics which were mentioned included sex (6%), religion (4%), and other themes such as presence of a carer/family member to support the patient (3%; **Figure 1**).

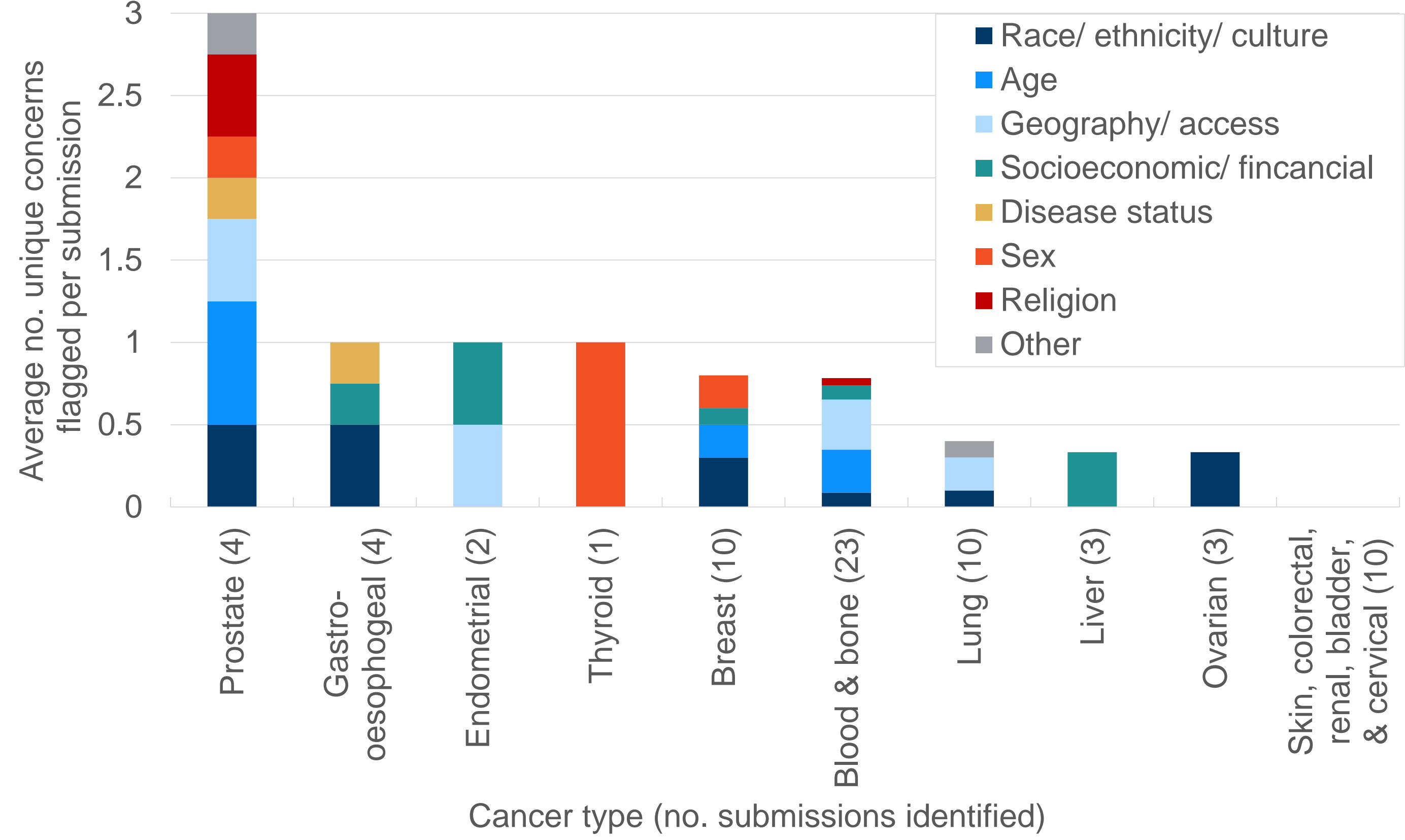
Figure 1. Characteristics flagged as potential health equity issues.



Results continued

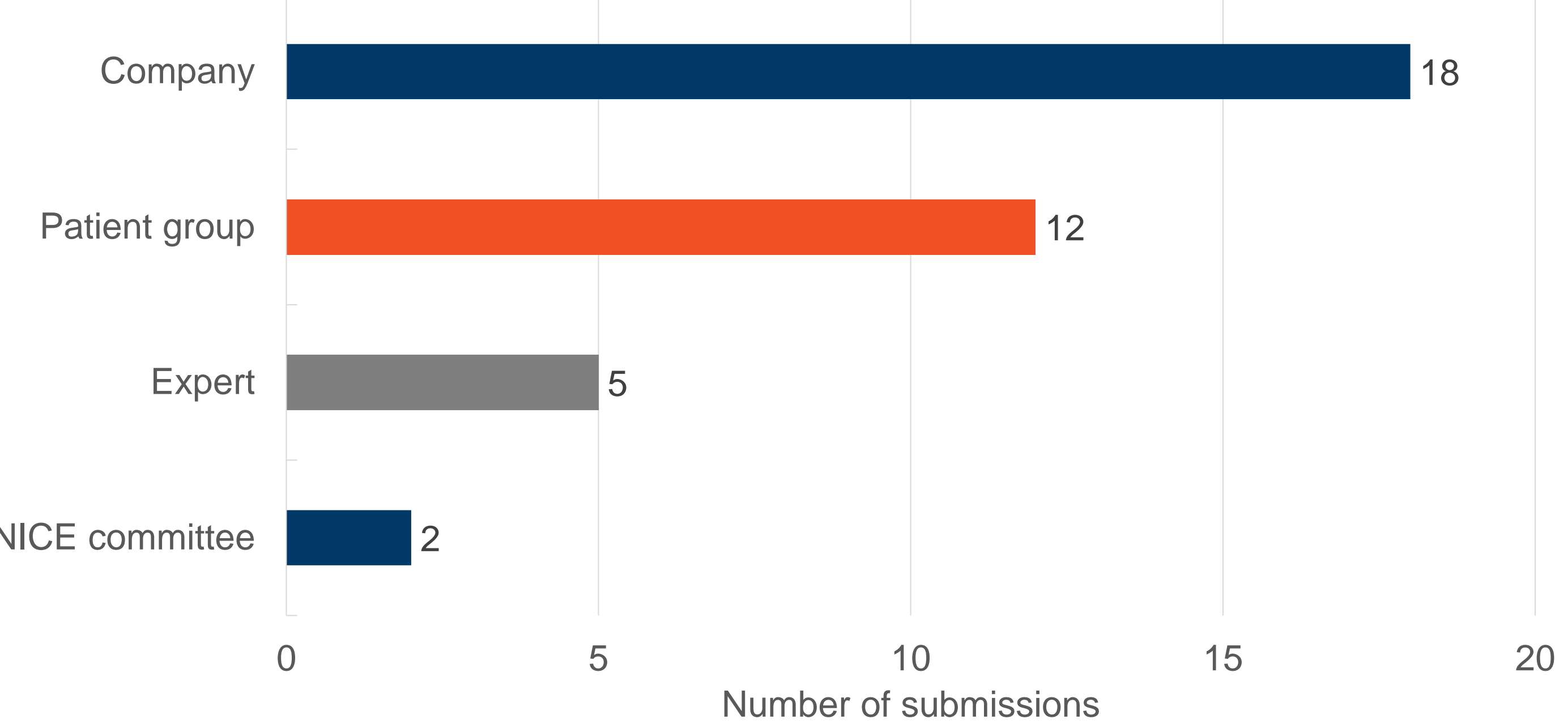
Concerns by cancer type The average number of unique equity concerns per submission, by cancer type, is shown in Figure 2. A concern has been defined as unique if it falls into a separate category (e.g., in a single submission raising two age-related concerns, this is counted as one concern). The length of each colored band is proportional to the number of concerns raised in each category. The data suggests that more equity concerns, and a more diverse range of concerns, are flagged in submissions relating to prostate cancer, although the sample was small.

Figure 2. Equity concerns by cancer type



Handling of concerns Equity concerns were raised by the company in 18 submissions, 11 of which presented subgroup analyses of the relevant patient groups. Where relevant analyses were not presented by the company, this was typically due to the equity concern being geographic in nature. Other parties who expressed equity concerns included the patient groups/organisations in 12 submissions, followed by the expert panel in 5 submissions and the NICE committee in 2 submissions (**Figure 3**).

Figure 3. Agencies raising equity concerns in submissions evaluated.



ERG review Of the 70 submissions evaluated, the ERG provided comments around health equity for 53 (76%).

Overall, the ERG agreed with most of the company's handling of equity in 66 submissions (94%). and disagreed with the company's handling of equity in 4 submissions (6%). Two of these disagreements were due to inappropriate QALY weightings, and the other two were due to insufficient clinical evidence for relevant subgroups.

NICE committee review In most submissions, the NICE committee concluded that its recommendation would not affect protected groups differently or that geographic inequity within the National Health Service (NHS) was out of its control and hence not considered in the final appraisal.

CONCLUSIONS

- Though equity concerns are frequently raised in oncology HTA submissions, they are often not factored into the evidence submission or final appraisal. This highlights a need for guidelines or more practical measures to ensure health inequities are fully captured in the decision-making process.
- It is clear that the manufacturers submitting evidence are considering health equity, as most equity concerns were outlined within the company submission documents.
- The ERG mostly agreed with the company's handling of health equity.
- One of the most common equity concerns, and the least considered in decision making, was geographic inequity.
- Submissions in prostate cancer had the most diverse range of concerns raised compared to other cancers.

REFERENCES

1. Cookson, R., Mirelman, A.J. Equity in HTA: what doesn't get measured, gets marginalised. *Isr J Health Policy Res* 6, 38 (2017). <https://doi.org/10.1186/s13584-017-0162-3>

2. World Health Organization. Health Equity. Available at: https://www.who.int/health-topics/health-equity#tab=tab_1 [Accessed September 2024].

Disclosures

This study was conducted by Genesis Research Group and all authors are employees of Genesis Research Group.

CONTACT INFORMATION

Zarmina Khankhel Zarmina.khankhel@genesirg.com
www.genesirg.com

Presented ISPOR Europe 2024 – 17-20 November 2024
Barcelona, Spain