

Equality and Health Impact Assessment

Infliximab to treat grade 2–4 enterocolitis caused by immune checkpoint inhibitors (ICI), when symptoms have not responded to first-line immunosuppression with corticosteroids or require multiple challenge with corticosteroids

AWTTC will fill in an Equality and Health Impact Assessment in parallel with each development stage of our projects. This will help us to follow the five ways of working for public bodies, and work to achieving the wellbeing goals, outlined in the Well-Being of Future Generations (Wales) Act 2015.

Date: 23/05/2024

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| 1. | AWTTC contact details | Tel: 02921 826900 Email: awttc@wales.nhs.uk |
| 2. | State the objectives of the project. | Assessment, through the One Wales Medicines process, of the use of infliximab to treat grade 2–4 enterocolitis caused by immune checkpoint inhibitors (ICI) when symptoms have not responded to first-line immunosuppression with corticosteroids or require multiple challenges with corticosteroids. |
| 3. | Evidence and background information considered. For example: <ul style="list-style-type: none"> • population data • staff and service users' data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge | The One Wales Medicines recommendation OW21 covers the use of infliximab to treat ICI-induced grade 3–4 enterocolitis that has not responded to corticosteroids. After a review of the most recent evidence for the OW21 recommendation in April 2024, the One Wales Medicines Assessment Group asked that the medicine be re-assessed to expand its use: <ul style="list-style-type: none"> • to include patients with grade 2 colitis as an alternative option to vedolizumab for those not responding to corticosteroids; • to include patients who need multiple corticosteroid challenges and who may benefit from earlier intervention with infliximab; and • to consider dose escalation to 10 mg/kg when there is no response to the 5 mg/kg dose of infliximab. |



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| | <ul style="list-style-type: none">• list of stakeholders and how stakeholders have engaged in the development stages• comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory.</p> | <p>Immune-related enterocolitis is one of the most common and severe immune-related adverse events (irAE) associated with ICI treatment. ICIs are a recent advancement in cancer immunotherapy. They negatively target regulators of the immune response which results in immune system activation and anti-tumour immunity. This specific immune system activation can potentially affect any organ system at the same time, most commonly the skin, gut, liver and endocrine system.</p> <p>Symptoms of gastrointestinal irAE include nausea, vomiting, diarrhoea, abdominal pain, and blood and mucous in the stool. Gastrointestinal irAE symptoms typically begin four to seven weeks after starting ICI treatment but can occur, or recur, up to 12 months or more after stopping treatment. Gastrointestinal irAE are the most common cause of ICI treatment interruption, permanent discontinuation and treatment related death.</p> <p>Incidence of ICI-induced enterocolitis will vary greatly depending on the ICI treatment and dosage used. The proportion of people who develop corticosteroid-refractory colitis is not known but has been estimated to be between one- and two-thirds of those receiving anti-CTLA-treatment and approximately 12.5% of those receiving anti-PD-1 treatments.</p> <p>Clinicians in Wales consider there is an unmet need and have identified a cohort of patients who could benefit from this treatment. Infliximab is therefore considered suitable for assessment though the One Wales medicines process.</p> <p>The All Wales Therapeutics and Toxicology Centre (AWTTC) sought opinions from clinical experts in Wales, who said the incidence of ICI-induced enterocolitis will increase over the next few years as the use of cancer immunotherapies increases. Clinical experts expressed a need for effective ICI toxicity management, with infliximab considered standard of care for severe or corticosteroid-refractory ICI-induced enterocolitis.</p> |
| 4. | Who will this project affect? | Patients and healthcare staff |

5. EQIA - How will the project impact on people?

Questions in this section relate to the impact on people based on the 'protected characteristics' of the Equality Act 2010, and other factors.

| How will the project impact on, or affect: | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Actions taken (and who by) |
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| <p>5.1 Age For most purposes, the main categories are people aged:</p> <ul style="list-style-type: none"> • under 18 years; • between 18 and 65 years; • over 65 years. | <p>There is therefore a growing population of patients with melanoma who are younger in age. Checkpoint inhibitors are standard of care for patients with metastatic melanoma. Early assessment and intervention is key for the management of ICI-induced colitis. Severe colitis is potentially fatal. There are expected to therefore be positive benefits for younger patients as a result of access to this treatment.</p> <p>[Note: For prescription medicines we expect the prescriber to have prescribed or advised their use within the terms of their UK marketing authorisations. Healthcare</p> | <p>None</p> | <p>N/A</p> |



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| | <p>professionals should take note of the contraindications, warnings, safety recommendations and any monitoring needs for the medicine. These are explained in the Summary of Product Characteristics (SmPC) for the medicine.</p> <p>Healthcare professionals should follow relevant professional guidance and take full responsibility for the decision when prescribing or advising the use of off-label or unlicensed medicines. This includes considering the contraindications, warnings, monitoring requirements and other safety recommendations for the medicine (MHRA guidance on off-label or unlicensed use of medicines)]</p> | | |
| <p>5.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health</p> | <p>Severe or frequent episodes of diarrhoea can be disabling for patients. Negatively impacting on quality of life and affecting their ability to undertake day to</p> | <p>All related documents published on the AWTTC website will meet accessibility requirements.</p> | <p>N/A</p> |



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| conditions, long-term medical conditions such as diabetes. | day tasks. This treatment will improve and resolve symptoms of diarrhoea. | Any patient-facing materials will be also be produced as easy read booklets in Welsh and English. | |
| 5.3 People of different genders: Consider men, women, people undergoing gender reassignment. N.B. Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender. | We do not expect a potential negative, or unequal, impact on people based on their gender, or on people undergoing gender reassignment. | None | N/A |
| 5.4 People who are married or who have a civil partner. | We do not expect a potential negative, or unequal, impact on people based on their marital status or being in a civil partnership. | None | N/A |
| 5.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave. | We do not expect a potential negative, or unequal, impact on women who are expecting a baby, are breastfeeding, or are on a break from work after having a baby. | Prescribers should take account of the Summary of Product Characteristics (SmPC) when prescribing any medicines for women who are pregnant, or who are breastfeeding. Women of childbearing potential should consider the use of adequate | The SmPC criteria specify which people are excluded from treatment due to the associated risks of treatment. This will be identified for consideration of any change to the advice at the next review if there is a change to the current |



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| | <p>Infliximab should only be given to pregnant women if clearly needed. Please refer to the SmPC. In infants exposed in utero to infliximab, fatal outcome due to disseminated Bacillus Calmette-Guérin (BCG) infection has been reported following administration of BCG vaccine after birth.</p> | <p>contraception to prevent pregnancy and continue its use for at least 6 months after the last infliximab treatment.</p> <p>A twelve-month waiting period following birth is recommended before the administration of live vaccines to infants exposed in utero to infliximab. Similarly, administration of a live vaccine to a breastfed infant while the mother is receiving infliximab is not recommended unless the levels of infliximab in the infant's serum are undetectable.</p> | <p>advice for pregnant and breastfeeding women.</p> |
| <p>5.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies and travellers, migrant workers.</p> <p>The Runnymede Trust</p> | <p>There may be differences in the incidence and prevalence of certain conditions in relation to race or ethnicity that are treated with ICIs. Access to infliximab to treat ICI-induced enterocolitis may allow patients to restart or continue on treatment with their ICI for their condition.</p> <p>People of different race and ethnicities can have varying responses to medicines.</p> | <p>Note in the project document that people of different race and ethnicities can have varying responses to medicines.</p> | <p>N/A</p> |



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| <p>5.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief.</p> <p>Implications of religious beliefs on selection of medicines (BMJ)</p> <p>In practice: guidance on religion, personal values and beliefs (General Pharmaceutical Council)</p> | <p>We do not expect a potential negative, or unequal, impact on people who have a religion or belief, or people with no religion or belief.</p> <p>Some medicines are made from certain animal products and people might not want to take them because of religion or belief.</p> | None | N/A |
| <p>5.8 People who are attracted to other people of:</p> <ul style="list-style-type: none">• the opposite sex (heterosexual);• the same sex (lesbian or gay);• both sexes (bisexual). <p>Stonewall</p> | <p>We do not expect a potential negative, or unequal, impact on people based on who they are attracted to.</p> | None | N/A |
| <p>5.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.</p> | <p>We do not expect a potential negative, or unequal, impact on people who communicate using the Welsh language.</p> <p>Any patient-facing materials will be produced in Welsh and English.</p> | Any patient-facing materials will be produced in Welsh and English, in line with the Welsh language standards. | N/A |
| <p>5.10 People according to their income-related group.</p> | <p>For patients in Wales all prescription medicines are</p> | None | N/A |



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| | <p>provided free of charge; a positive recommendation through the One Wales Medicines process will not impact individuals according to their income-related group.</p> <p>When a medicine has a negative recommendation after the One Wales Medicines process, an independent patient funding request (IPFR) may be made on behalf of the patient; this is not dependent upon the patient's income-related group.</p> <p>If the medicine is declined through IPFR then the patient may choose to self-fund; this would be dependent upon the income-related group of the patient.</p> <p>Treatment with infliximab may allow a patient to continue their cancer treatment, and might increase their chance to regain</p> | | |
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| | employment as their symptoms improve. | | |
| 5.11 People according to where they live. | <p>Patients would need to receive infliximab treatment at their hospital/treatment centre. Infliximab is administered by intravenous infusion over a two-hour period, and patients should be monitored during and for at least one to two hours post-infusion.</p> <p>We do not expect a potential negative, or unequal, impact on people based on where they live.</p> | None | N/A |
| 5.12 Consider others who face health inequalities, such as: <ul style="list-style-type: none">• Looked after and accommodated children and young people• Carers: paid/unpaid, family members• People who are homeless or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs | Severe or frequent episodes of diarrhoea can be disabling for patients. Negatively impacting on quality of life and affecting their ability to undertake day to day tasks. This treatment will improve and resolve symptoms of diarrhoea. This may be of importance to patients who are also carers, or for individuals who may have difficulty accessing toilets. | None | N/A |



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| <ul style="list-style-type: none">• People involved in the criminal justice system: offenders in prison or on probation, ex-offenders• People with addictions and substance misuse problems• People who have poor literacy• People living in remote, rural and island locations | <p>This treatment (infliximab) is required to be given in a healthcare setting, this may impact on those patients living in a rural/remote setting. However, the treatment for their original condition will also require hospital appointments and the diarrhoea may be so severe as to require hospitalisation. There may also be opportunity for treatment with infliximab to be given more locally.</p> | | |
| 5.13 Consider any other groups and risk factors relevant to this project. | None identified | N/A | N/A |

6. HIA - How will the project impact on the health and wellbeing of people in Wales and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people, and the impact on the population in Wales.

| How will the project impact on, or affect: | Potential positive and/or negative impacts and any particular groups affected | Recommendations for improvement/ mitigation | Actions taken (and who by) |
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| 6.1 People being able to access the service offered. | We do not expect a potential negative, or unequal, impact on people's ability to access the service offered. | None | N/A |
| 6.2 People being able to improve or maintain healthy lifestyles. | We do not expect a potential negative, or unequal, impact on people's ability to improve or maintain healthy lifestyles. | None | N/A |
| 6.3 People in terms of their income and employment status. | We will consider the impact of the disease on a person's employment status. Patient organisations, the committee's lay members and clinicians have the opportunity to inform the group about how the disease affects the employment of patients and the effects of treatment. | Patient organisation summaries will only be available where patient confidentiality is ensured. | N/A |
| 6.4 People in terms of their use of the physical environment. | We do not expect a potential negative, or unequal, impact on people's use of the physical environment. | | N/A |



| How will the project impact on, or affect: | Potential positive and/or negative impacts and any particular groups affected | Recommendations for improvement/ mitigation | Actions taken (and who by) |
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| 6.5 People in terms of social and community influences on their health. | <p>Colitis can affect a person's ability to leave the house due to the frequent need to toilet. Infliximab could help to reduce the symptoms associated with the condition.</p> <p>We do not expect a potential negative, or unequal, impact on people in terms of social and community influences on their health.</p> | None | N/A |
| 6.6 People in terms of macro-economic, environmental and sustainability factors. | We do not expect a potential negative, or unequal, impact on people in terms of macroeconomic, environmental and sustainability factors. | The pharmaceutical industry aligns medicine manufacturing with sustainability practices and in line with the policy on climate change - international federation of pharmaceutical manufacturers association . | N/A |

7. Please fill in section 7.1 after completing the EqHIA, and fill in the action plan.

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| <p>7.1 Please summarize the potential positive and/or negative impacts of the project.</p> | <p>No negative impacts expected.</p> |
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Action plan for mitigation or improvement and implementation

| | Action | Lead(s) | Timescale | Actions taken (<i>state who by</i>) |
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| <p>7.2 What are the key actions identified as a result of completing the EqHIA?</p> | <ul style="list-style-type: none"> •Consult with clinical experts in Wales •Consult with patient organisations, patients and carers in Wales (or the UK) •Invite comments through the AWTTC website •Proceed to meeting of the One Wales Medicines Assessment Group (OWMAG) | <p>AWTTC</p> | <p>May-July 2024</p> | |
| <p>7.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment needed?</p> | <p>No</p> | | | |



| | Action | Lead(s) | Timescale | Actions taken (<i>state who by</i>) |
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| 7.4 What are the next steps? | Publish report of this assessment on the AWTTC website. Monitor and review | AWTTC | July 2024 | |
| 7.5 Review of project and EqHIA | | AWTTC | 2025 | |

AWTTC's EqHIA template is adapted from the Cardiff & Vale University Health Board EHIA template.