

## 1.0.7 DOC EIA (2019)

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### 3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Two equality issues were identified during scoping: (1) pregnancy and maternity; (2) people with mental health problems. Both these issues have been addressed in the guideline in relation to treatments related to surgery and radioactive iodine. These issues are addressed in the recommendations and evidence reviews and are described in more detail in section 3.3 of this EIA.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee agreed that thyroid hormone withdrawal (THW) can adversely affect people from a lower socioeconomic group. This was taken into consideration by the committee when drafting the recommendations for thyrotropin alfa and is described in more detail in section 3.3 of this EIA.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Equality considerations have been described in relation to:

1. Age and sex
2. Surgery and pregnancy
3. Pretherapeutic thyrotropin alfa and its advantages over THW for older people,

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

people with mental health issues and socioeconomic factors.

4. Radioactive iodine and its affects for pregnant women, and men and women planning to have children

5. Radioactive iodine and mental health issues

### **Age and sex**

The recommendations, rationale and evidence report G discuss how greater age and male sex have both been shown to increase the risk of spread and recurrence. Therefore the recommendation has included age and sex as factors that should be taken into account when considering whether to do cross sectional imaging in people with T2 thyroid cancer.

### **Surgery and pregnancy**

The recommendations, rationale and evidence report H discuss the issue of pregnancy and surgery. In general, pregnant women needing surgery are usually given active surveillance until delivery and the committee recommended this. It was agreed that the patient should be reassured and that plans for their thyroid cancer treatment after birth should be discussed with them. However, the committee also noted that in the rare event of there being clinical or radiological evidence of progression (local invasion or regional disease development) then they would consider surgery after discussion with the woman and an obstetrician.

### **Thyrotropin alfa and older people, people with mental health issues and socioeconomic factors**

The rationale and committee discussion in evidence report I discuss the use of pretherapeutic thyrotropin alfa. The committee agreed that three groups of people would be disadvantaged with THW and thyrotropin alfa is recommended. The three groups are older people and people with a mental health disability (protected characteristics under the Equality Act 2010), and people for whom a loss of earnings could adversely affect their quality of life.

THW can be a problem for older people who are frail and those at risk of falling. THW in preparation for RAI also involves enforced seclusion for the patient, which can create a problem for anyone with a mental health issue. In particular, it may exacerbate certain psychiatric conditions, and this exacerbation may be increased by the hypothyroidism brought on by THW, which can adversely affect mood. Therefore, thyrotropin alfa is recommended to avoid exacerbating their condition.

Thyrotropin alfa enables people to return to normal activities within 2 or 3 days of treatment, whereas with THW is taken for 4 to 6 weeks before treatment with RAI. This means people typically need to take at least 2 to 3 weeks off work with THW which would disproportionately disadvantage those in whom a loss of earnings

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

could adversely affect their quality of life.

### **Radioactive iodine, pregnancy and fertility**

The committee discussions in evidence reports J and K discuss the use radioactive iodine in pregnant women and its impact on fertility for both men and women.

Overall, the committee agreed there is standard and accepted advice around what to do and recommended that written and verbal information is provided on how treatment may affect pregnancy and fertility. This is discussed in evidence report R on patient information.

### **Radioactive iodine and mental health issues**

The committee agreed that for people who have significant physical and mental co-morbidities and disabilities which may impact on the safe administration of RAI, it is already usual practice for them to have a patient specific risk assessment and care plan arranged before RAI is administered.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, recommendations have been made with an intent to redress any imbalance.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

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3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No, recommendations have been made with an intent to redress any imbalance.

Completed by Developer: Carlos Sharpin

Date: 21/06/2022

Approved by NICE quality assurance lead: Nichole Taske

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