

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

## Prostate Cancer: diagnosis and management; Suspected Cancer: recognition and referral

### 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?

- Age
  - The committee considered the impact of age on the PSA referral thresholds for secondary care. They were aware that PSA levels increase with age, even in the absence of prostate cancer, and, consistent with the current guideline recommendations recommended an age stratified referral threshold. The evidence supporting this recommendation was low to very low quality, so the committee also made a research recommendation for further research into the area of age-stratified thresholds to inform further version of the guideline. The committee made the recommendation to balance correctly identified people with prostate cancer with not referring people unnecessarily for invasive tests.
- Gender reassignment
  - The prostate cancer guideline refers to 'people' rather than 'men', as was the case for the 2019 version of this guideline. As part of this update, changes have been made to the suspected cancer guideline to refer to 'people' in the section on prostate cancer to reflect the fact that not all people with prostate cancer identify as men.
- Race (Ethnicity)
  - The committee were aware of the higher incidence of prostate cancer and prostate cancer related mortality in some ethnic groups (for example, people of black African origin) and discussed that possible reasons for this might include a reluctance to access services at a point where prostate cancer was more treatable. In order to address this issue ethnicity was

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included as a subgroup in the review protocol on the diagnostic accuracy of PSA testing to investigate whether different PSA referral thresholds were appropriate for different ethnic groups. However, no evidence was found on this so the committee made a research recommendation to investigate the diagnostic accuracy of PSA testing stratified by ethnicity.

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?

No additional equality issues were identified during development.

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

The Committee's considerations of equality issues are described in the suspected guideline evidence review on the diagnostic accuracy of PSA testing, in particular in the 'benefits and harms' and 'other considerations' sections of the discussion.

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?

The committee agreed that none of the recommendations should make it more difficult for any of the groups identified above to access services.

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, people with disabilities should be able to access all services for the diagnosis and treatment of prostate cancer in the same way as people without disabilities.

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. No barriers for difficulties are identified in box 3.4.

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Date: 28/09/21

Approved by NICE quality assurance lead: Simon Ellis

Date: 12/10/21