NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

MRI-based technologies for the assessment of non-alcoholic fatty liver disease

Consultation

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

   People of South Asian origin may have a more centralised distribution of body fat, leading to a higher risk of associated chronic diseases such as non-alcoholic fatty liver disease (NAFLD) or non-alcoholic steatohepatitis (NASH). Criteria for suspected NAFLD or NASH may be different in the South Asian population than in the wider population. The committee noted that the technology may be particularly beneficial for this group, but concluded that there was not enough data to support this.

   One of the major risk factors for NAFLD is obesity. Transient elastography or acoustic radiation force impulse imaging may fail in people with obesity due to fat or fluid overlying the liver. Therefore, MRI techniques may be beneficial for people who are obese if they enable non-invasive characterisation of fibrosis where other techniques may not work. But, MRI techniques may not be suitable for people with a very high BMI because of the size of the scanner bore. The committee noted that the technology may be particularly beneficial for people with high BMI, but concluded there was insufficient data to recommend use at present. A research recommendation was made for further data on the test accuracy of MRI-based tests for people whom transient elastography or ARFI is unsuitable.

2. Have any other potential equality issues been raised in the diagnostics assessment report, and, if so, how has the Committee addressed these?

No other potential equality issues were raised in the diagnostics assessment report.

3. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?

   No other potential equality issues were raised by the committee.

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

   No

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

6. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

   No

7. Have the Committee's considerations of equality issues been described in the diagnostics consultation document, and, if so, where?

   Yes, in sections 3.1, 3.4 and 3.5.

Approved by Associate Director (name): Rebecca Albrow

Date: 14//06/2022

Diagnostics guidance document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

A stakeholder commented that not all tests currently recommended for the assessment of NAFLD (such as transient elastography or the ELF test) are available in all areas of the NHS, and that recommendation of MRI-based testing could alleviate geographic inequalities. The committee considered this at the committee meeting on the 28th September. The committee further considered increasing MRI-based testing, and noted substantial barriers to increasing use of MRI scans in the NHS (see section 3.3 in diagnostics guidance document). The population for this assessment includes people with intermediate or discordant results from previous fibrosis testing, without specifying that this population must have been tested with transient elastography or ELF. As described in section 2.4 of the diagnostics consultation and guidance documents, the British Society of Gastroenterology (BSG) guideline on NAFLD recommends testing for fibrosis in people with NAFLD using the NAFLD fibrosis score (NFS) or FIB-4. If these scores indicate an intermediate risk, transient elastography or the ELF test can be used to further clarify the diagnosis. If the non-invasive tests are not able to exclude advanced fibrosis, the BSG recommends that liver biopsy is considered.

A population for whom transient elastography or ELF are not available, and only test results such as FIB-4 are available, and results are considered indeterminate, or discordant with any other information available test results or information, would fall within the scope of the assessment. During the second committee meeting, clinical experts commented that tests such as FIB-4 and the NFS are routinely available in the NHS.

The EAG's systematic review of clinical evidence did not only look for people who had previously had TE or ELF, but used broad inclusion criteria (people with NAFLD for whom advanced fibrosis or cirrhosis had not yet been diagnosed; diagnostics assessment report section 5.2). So, important evidence gaps highlighted by the committee, that prevented adoption recommendations being made, apply to people with no access to transient elastography or ELF. Therefore, uncertainty about how the result of the LiverMultiScan would change care or people's adherence to lifestyle advice or interventions would still remain a considerable uncertainty regardless of what previous tests had been done prior to the test being used.

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No substantive change to recommendations following consultation.

3. If the recommendations have changed after consultation, 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 substantive change to recommendations following consultation.

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

No substantive change to recommendations following consultation.

5. Have the Committee's considerations of equality issues been described in the diagnostics guidance document, and, if so, where?

Yes, in sections 3.1, 3.3, 3.4, 3.5 and 3.22.

Approved by Associate Director (name): Rebecca Albrow

Date: 14/10/2022