NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

MRI fusion software for diagnosing prostate cancer

Consultation

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

The following were identified as potential equality issues relating to the condition rather than use of the technology:

- All people with cancer are covered under the disability provision of the Equality Act (2010) from the point of diagnosis.
- Radical treatment for prostate cancer can affect fertility.
- Prostate cancer is more common in older people, people of African family background and people with a family history of prostate cancer.
- People with learning disabilities are often disproportionally impacted by cancer.
- Trans women should have access to prostate biopsy if needed.
- Enlarged prostate is most common in older people and prevalence may vary by ethnic background.
- Some people are at a greater risk of complications during general anaesthetic. This might include people with diabetes, older people, people who are overweight, people with heart disease and people with high blood pressure.

The following were identified as potential equality issues relating to use of the technologies:

- The technology is contraindicated for people who cannot have an MRI, for example, people with implanted non MRI-compatible pacemakers, intracranial aneurysm clips and cochlear implants. The committee noted that this limitation was shared by the comparator (cognitive fusion), which

also requires an MRI scan. The committee noted that people who cannot have an MRI could still undergo a systematic biopsy instead.

- The technology may not be suitable for people who are not eligible for a transrectal ultrasound, for example people who have had a proctectomy (removal of the rectum). This is because the technology overlays transrectal ultrasound images with the MRI scan. This may be more prevalent in people who have inflammatory bowel diseases, such as ulcerative colitis. The committee noted that this limitation was shared by the comparator (cognitive fusion), which also requires transrectal ultrasound during the procedure to compare the MRI images with the ultrasound. The committee noted that alternative biopsy routes were available for people who do not have a rectum.

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?

Clinical experts highlighted that the level of experience of people doing biopsies varies across centres. Sections 3.8 and 3.9 in the diagnostics consultation document describes the committee's consideration of the potential benefits of the technology for less experienced health professionals, and that it could help improve and standardise quality of biopsy offered across the NHS. Improving the ability of less experienced operators to do a biopsy may allow it to be available more widely, improving accessibility. The committee acknowledged that the technology could benefit less experienced health professionals and help to level out the quality of service provided across different centres. But it concluded there was too much uncertainty about how much it would improve detection of prostate cancer to recommend its use for routine adoption at present.

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, the technology is suitable for anyone who is eligible for cognitive fusion biopsy (the comparator).

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?

   None identified for question 4 or 5.

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

   The final recommendations do not restrict use of the technology to certain subgroups. Committee considerations about how the technology could help to level out the quality of service provided across the NHS and improve patient access are described in sections 3.8 and 3.9.

Approved by Associate Director (name): Rebecca Albrow

Date: 16/12/2022

Diagnostics guidance document

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

   No.

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 changes to the recommendations have been made.

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 changes to the recommendations have been made.

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 changes to the recommendations have been made.

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

   The final recommendations do not restrict use of the technology to certain subgroups. Committee considerations about how the technology could help to level out the quality of service provided across the NHS and improve patient access are described in sections 3.8 and 3.9.

Approved by Associate Director (name): Rebecca Albrow

Date: 06/03/2023