

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

Transperineal biopsy 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 potential equality issues were identified during scoping:

- 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.
- The randomised trial comparing transperineal vs. transrectal MRI-targeted prostate biopsy study suggests that men from an African family background are twice more likely to have anterior prostate cancers compared with white men. Transperineal prostate biopsy therefore might improve cancer detection rates in this group.
- People with learning disabilities are often disproportionately impacted by cancer.
- Transperineal prostate biopsies may be more suitable than transrectal biopsies for people with inflammatory bowel disease.
- Trans women should have access to prostate biopsy if needed.
- 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 committee discussed the differences between local anaesthetic transperineal (LAMP) biopsy and local anaesthetic transrectal ultrasound (LATRUS) biopsy. An expert adviser said that mpMRI may identify anterior lesions of the prostate and these can be more difficult to reach using LATRUS biopsy compared with LAMP biopsy. However, the committee noted that there was no evidence to assess the clinical effectiveness of the different biopsy approaches in people with anterior lesions.

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 explained that in a minority of cases, LATP might be contraindicated and so LA-TRUS biopsy should be offered, for example in people who have had gender reassignment surgery. In the draft recommendations, the committee recommended LATP biopsy as an option and so TRUS biopsy should remain available for these people. The committee also heard that there are also some patient groups with a higher risk of infection (for example, immunocompromised people) where LATP biopsy would be the preferred option due to the lower risk of sepsis with LATP compared with LA-TRUS.

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?

N/A

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

Committee considerations about people who have had gender reassignment, and people who are immunocompromised are covered in section 3.6 of the diagnostics consultation document.

Approved by Associate Director (name): Rebecca Albrow

Date: 04/02/2022

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 additional issues were raised during the consultation.

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?

The recommendations did not change after 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?

The recommendations did not change after 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?

The recommendations did not change after consultation.

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

Committee considerations about people who have had gender reassignment, and people who are immunocompromised are covered in section 3.7 of the diagnostics guidance document.

Approved by Associate Director (name): Rebecca Albrow

Date: 07/04/2022