

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## DIAGNOSTICS ASSESSMENT PROGRAMME

### Equality impact assessment – Scoping

#### Early value assessment: COLOFIT algorithm to guide colorectal cancer pathway referral in primary care

The impact on equality has been assessed during this assessment according to the principles of the NICE Equality scheme.

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?

Older people and Jewish people of central and eastern European family origin are at increased risk of colorectal cancer. People with cancer are protected under the Equality Act 2010 from the point of diagnosis.

COLOFIT uses the FIT result and FIT may not be suitable for people using medicines or with conditions that increase the risk of gastrointestinal bleeding and people with blood disorders, for example sickle beta thalassaemia, in whom faecal haemoglobin may be difficult to detect. Clinical experts advised that many of these circumstances relate to difficulty collecting samples or potential for contamination and are either outdated or overly cautious. They suggested that the decision to offer FIT should not be influenced by these factors.

People with Lynch syndrome are more likely to get colorectal cancer at a younger age. COLOFIT will likely include age as a variable for risk prediction as the risk of colorectal cancer increases with age, which may underestimate the risk for this group.

People with physical or cognitive disabilities may need support to obtain and submit a stool sample using the collection devices, or to understand the purpose of the test and the implications of the test results.

Faecal haemoglobin concentrations may be greater in men than women and may also increase with age.

Cultural or demographic preferences may influence the acceptability of tests that require collection of a stool sample. Experience from the bowel cancer

screening programme indicates that socioeconomic factors can also act as barriers to engaging with FIT programmes.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

The disease is characterised by a difference in prevalence between groups of people. This disease characteristic cannot be addressed within a NICE assessment, but investigation of the effect of increased prevalence in certain subgroups may help the committee in their decision making. The COLOFIT investigators have indicated that the algorithm is likely to consider characteristics such as age and sex and therefore may provide a more objective measure of risk assessment. Depending on the availability of evidence, the External Assessment Group (EAG) will consider the utility of the algorithm in people with blood disorders and people taking medications or with conditions which increase the risk of gastrointestinal bleeding.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

Subgroups for age, sex, ethnicity, people with blood disorders, people with Lynch syndrome, people taking medications or with conditions that increase the risk of gastrointestinal bleeding, and anaemia will be included in the analysis if evidence permits.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No additional stakeholders have been identified.

**Approved by Associate Director (name):** Rebecca Albrow.

**Date:** 11/05/2023