

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## INTERVENTIONAL PROCEDURES PROGRAMME

### Equality impact assessment

#### IPG786 Selective internal radiation therapy for neuroendocrine tumours that have metastasised to the liver

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

#### Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

**Age:** The average age of neuroendocrine tumour (NET) diagnosis in the UK is between 50 and 60 years (source: [cancerresearchuk.org](https://www.cancerresearchuk.org) [accessed 26 April 2023]). NETs can affect children but it is very rare.

**Sex:** The Surveillance, Epidemiology and End Results Programme (US) suggests slightly more women than men are diagnosed with NETs (Source: [BMJ Best practice](#): Last updated: 26 Jul 2022 [accessed 26 April 2023]). UK hospital episode statistics (2021-22) show more women than men were diagnosed with secondary malignant neoplasm of liver and intrahepatic bile duct (C78.7).

**Disability:** All people with cancer are covered by the disability provision of the Equality Act 2010 from the point of diagnosis.

No data available from standard IP sources on religion, socioeconomic status, sexual orientation and gender reassignment

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are

exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)

This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?

No.

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

No.

## Consultation

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

Not applicable.

2. Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?

No

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
No.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No. The procedure was given standard arrangements with no subgroups specified in the recommendation.

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?
Not applicable.

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 obligation to promote equality?
Not applicable.

7. Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?
No.

**Lizzy Latimer**

**Health Technology Assessment Adviser**

**Date:** 25/03/2024

### **Final interventional procedures document**

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

No. A patient organisation commented that the standard arrangements recommendation would facilitate more equality in access and to this therapy, which is already available for people with other types of cancer in the liver.

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 a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Not applicable.

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?

Not applicable.

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could

Equality impact assessment IP: IPG786

© NICE 2024. All rights reserved. Subject to [Notice of rights](#).

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?

Not applicable.

5. Have the committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

No. The committee did not think that the patient organisation's feedback about the guidance increasing access in this group was necessary to comment on in the guidance.

**Anastasia Chalkidou**

**Associate Director**

**Date: 10/4/2024**