NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Medical technologies evaluation programme

Equality impact assessment: Guidance development

MT568 Magtrace and Sentimag to locate sentinel lymph nodes for breast cancer

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

Medical technology consultation document

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
The committee recognised that people with breast cancer are protected under the Equalities Act 2010. The intended population includes people with invasive breast cancer and people with high-grade ductal carcinoma in-situ breast cancer. Women are more likely to get breast cancer than men. Gender is a protected characteristic under the Equalities Act 2010. The contraindications of Magtrace include people with known hypersensitivity to iron oxide or dextran compounds, people with iron overload disease and people with a metal implant in the axilla or in the chest. Sentimag is contraindicated for use within 15mm of a working pacemaker. The contraindications are stated in 2.7 of the guidance. The committee accepted that people who cannot have Magtrace and Sentimag would undergo treatment with standard care. This scenario was applied to the economic modelling and informed the committee's decision.

2. Have any other potential equality issues been highlighted in the sponsor's submission, or patient organisation questionnaires, 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?
Standard care with the dual technique involves injecting a small amount of radioactive material which contains human albumin, this may not be appropriate for people who are a Jehovah's Witness. The committee considered that as the chemicals used in Magtrace are different from the dual technique and do not contain animal or blood-derived products, Magtrace provides an alternative for this group. The committee recognised that the technology has not been tested in pregnant or breastfeeding women. Therefore, people must tell doctors if they are pregnant or breastfeeding.

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. Although there are groups that are contraindicated for Magtrace or would not be given Magtrace due to the need for follow-up MRI, exclusion is not a direct result of the committee's recommendations. These people would receive standard care instead.

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 medical technology consultation document, and, if so, where?
Section 4.3 presents the committee considerations on the use of Magtrace for people who are likely to need follow-up MRI studies after having a sentinel lymph node biopsy procedure.

Approved by Associate Director: Anastasia Chalkidou

Date: 10/5/22