**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**Equality and health inequalities assessment (EHIA)**

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE guidelines**

**Equality and health inequalities assessment (EHIA) template**

**Suspected cancer: recognition and referral**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](https://www.nice.org.uk/process/pmg20/chapter/introduction).

This EHIA relates to:

Section 1.3 on lower gastrointestinal tract cancers in the NICE guideline on Suspected cancer: recognition and referral.

**Appendix A: equality and health inequalities assessment (EHIA)**

**2023 update of suspected cancer (NICE guideline NG12)**

# STAGE 1. Surveillance review

Date of surveillance review: June 2022

Focus of surveillance review: lower gastrointestinal tract cancers

This EHIA relates to an update of the recommendations on lower gastrointestinal tract cancers to align with the updated diagnostic guidance on faecal immunochemical testing to guide colorectal cancer pathway referral in primary care. Due to the methods used for this update, only section 1 on the surveillance review, and section 5 on the update will be completed.

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| * 1. On reviewing the existing EIA or EHIA and issues log for the guideline(s), describe below any equality and health inequalities issues relevant to the current surveillance review |
| No relevant equalities issues could be identified from previous EIA’s. No relevant equalities issues were identified on the issues log. |

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| * 1. Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)? |
| During the exceptional review process, it was noted that there may be cultural considerations regarding the acceptability of providing a stool sample for FIT testing. |

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| * 1. If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues? |
| During consultation on the exceptional surveillance review stakeholders were asked: Are you aware of any acceptability issues from specific groups around the use of FIT, particularly on collecting stool sample? If yes, please provide us details.  Stakeholders also provided information on acceptability issues around the use of FIT. This information includes a cross-sectional survey on the usability and acceptability of FIT, unpublished findings from Cancer Research UK (2022) and patient experience evaluations from Cheshire and Merseyside Cancer Alliance. Overall, this information suggested that FIT is less acceptable among certain groups, such as, men, younger age group (aged 18 to 34), people who are more socioeconomically deprived, and people who are of Black, Asian, and Minority Ethnic (BAME) ethnicity.  Additional intelligence on potential health inequalities issues was provided by several stakeholders. For example, stakeholders stated there may be variation in provision of FIT, a language barrier in understanding patient instruction leaflets for FIT, and lower satisfaction with GP consultation and the delivery of the FIT results from patients who are more socioeconomically deprived. |

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| * 1. What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision? [If an update is proposed, include information in the update and outcomes plan] |
| The acceptability and inequality issues raised through the consultation will be logged and considered in the update process. |

Completed by surveillance reviewer: SP Technical Analyst

Date: 11/08/2023

Approved by NICE surveillance associate director: KN, associate director

Date: 11/08/2023

# STAGE 2. Informing the scope

## (to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)

[Guideline(s)/suite title]

Date of completion: [Enter date]

Focus of guideline or update: [XXX]

For short updates where there is no scoping workshop or scope consultation, questions relating to these in stage 2 can be noted ‘not applicable’.

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| * 1. What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope? |
| *[Sources of information on equality and health inequalities issues may include existing EIA/EHIA on the guideline topic; relevant surveillance review; health inequalities briefing (if available); topic experts; committee members; any specific literature searches.*  *Please also specify if anyone with lived experience of the equality or health inequalities issues was consulted or included as part of the scoping workshop. This could be a stakeholder, a group or an organisation representing people with lived experience. Please note any discussion with the Public Involvement Programme (PIP)*  *Please provide a hyperlink to the EHIA for the relevant surveillance review/outcomes and update plan (found in the appendix), if available]* |

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| * 1. What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope? |
| *[Describe which populations face the biggest inequalities for the topic, considering each of the four dimensions below and describe any potential issue(s) identified. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted. Where no issue has been identified, ensure that this is also noted.*   1. *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)* 2. *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)* 3. *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)* 4. *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*   *Where available, please check existing equality impact assessment (EIA)/EHIAs for the topic for known intelligence on equality and health inequalities issues, HI briefings, IS preliminary searches, other sources of intelligence and surveillance checks]* |

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| * 1. How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process? |
| *[Consider how the equality and health inequality issues you have identified in question 2.2 could be best addressed by the guideline.*  The scope is going to deliver a guideline so think ahead about what intelligence, evidence and approach might be needed to enable the guideline to address the HI issues identified and how these could be captured in the scope.  *what review questions will ensure the committee have access to evidence that will support the development of recommendations to address health inequalities, for example evidence on:*   * *equitable access to and quality of services for specific population groups* * *interventions for or include underserved groups (or key subgroups)* * *evidence to improve uptake of/access to interventions for underserved groups* * *E.g.* * *Could the guideline make specific recommendations or research recommendations to improve data collection / monitoring?* * *Are there any known gaps in the research literature about particular groups or dimensions of health inequalities that may be addressed by research recommendations?]*   Based on the HI issues identified which could include gaps in the research literature (e.g. on inclusion groups) how might this be reflected in the scope to enable the development of research recs as appropriate  Do you plan to include review questions to address the gaps identified in 2.2 – drawing on previous EIA, any IS prelim searches, HI briefings, other intelligence |

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| * 1. Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list? |
| *[Please note any discussion with the Public Involvement Programme (PIP).*  *If there is no consultation planned, please state ‘Not Applicable’ and note no consultation is planned* |

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| * 1. How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward? |
| *[Given the population groups identified as experiencing equality and health inequalities issues in question 1.2, consider appropriate process changes that could improve their inclusion and engagement. For example, adjustments to committee processes, representation on the committee, expert testimony, evidence submissions, additional forms of consultation. Please note any discussion with the Public Involvement Programme (PIP)]* |

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| * 1. If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities? |
| *[Please state Not Applicable if there is no consultation]* |

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| * 1. Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified? |
| *[Please document a rationale which includes consideration of any impact these exclusions could potentially have on equality and health inequalities.]* |

Completed by developer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved by committee chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved by NICE quality assurance lead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# STAGE 3. Finalising the scope

## (to be completed by the Developer, and submitted with the revised scope if this is applicable. Skip this stage if there was no consultation.)

[Guideline(s)/suite title]

Date of completion: [Enter date]

Focus of guideline or update: [XXX]

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| * 1. How inclusive was the consultation process in terms of response from stakeholders who may experience inequalities related to the topic (identified in 2.2)? |
| *[Please provide a summary of relevant stakeholders that were invited to respond to the consultation (and the type of organisation, if known), whether they did respond, and the quality of their response]* |

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| * 1. Have any additional equality and health inequalities issues been identified during consultation? If so, what were they and what potential solutions/changes were suggested by stakeholders to address them? |
| *[Consider each of the four dimensions listed below, and indicate whether any additional issues were identified by a stakeholder or group with lived experience or representing those with lived experience during consultation, and whether any potential solutions/changes were suggested. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted.*   1. *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)* 2. *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)* 3. *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)* 4. *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*   *Please note ‘none’ as appropriate if no further issues were identified]* |

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| * 1. Have any changes been made to the scope as a result of the consultation and equality and health inequalities issues identified in 2.2 and 3.2? Were any other changes made to the scope that may impact on equality and health inequalities? |
| *[If yes, explain what the changes are, and how they may impact on potential equality and health inequalities issues identified? If no changes were made to the scope despite equality and health inequalities issues being identified in Stage 2 and/or through consultation, please explain why?]* |

Completed by developer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved by committee chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved by NICE quality assurance lead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# STAGE 4. Development of guideline or topic area for update

## (to be completed by the developer before consultation on the draft guideline or update)

[Guideline(s)/suite title]

Date of completion: [Enter date]

Focus of guideline or update: [XXX]

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| * 1. From the evidence syntheses and the committee’s considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group? |
| *[Consider each of the dimensions listed below and indicate the main equality and health inequalities issue(s) identified through the evidence syntheses and committee discussions. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted.*   1. *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)* 2. *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)* 3. *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)* 4. *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*   *Please also state if there were any gaps in the evidence for any particular groups within each of the dimensions above which may be important to highlight.*  *With regards to the committee’s considerations of equality and health inequalities issues, please link to where in the evidence reviews these discussions are.]* |

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| * 1. How have the committee’s considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations? |
| *[Outline where in the guideline or update you have discussed equality and health inequalities issues, specifying the relevant recommendations, rationale and impact sections. Please summarise* *any draft recommendations that have been designed to address these issues. Please note that equality and health inequalities considerations should be reported in a subsection entitled ‘Equality and health inequalities’ in the rationale section of the guideline template]* |

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| * 1. Could any draft recommendations potentially increase inequalities? |
| *[For example by making it more difficult for a specific group to access and/or engage with interventions or services compared with other groups? By requiring self-directed action which is more likely to be done by affluent groups. If so, could any changes be made at this stage to ensure that those most disadvantaged are able to benefit?]* |

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| * 1. How has the committee’s considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations? |
| *[Please provide further information on any draft research recommendations specifically addressing gaps in the evidence that have been identified in sections 2.2, 3.2, 4.1]* |

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| * 1. Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included? |
| *[Please detail any discussions with the Public Involvement Programme]* |

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| * 1. What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities? |
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Completed by developer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved by committee chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved by NICE quality assurance lead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# STAGE 5. Revisions and final guideline or update

## (to be completed by the developer before guidance executive considers the final guideline or update)

Suspected Caner: recognition and referral (NICE guideline NG12)

Date of completion: 11/08/2023

Focus of guideline or update: Section 1.3 lower gastrointestinal tract cancers

This EHIA relates to an editorial update of the recommendations on lower gastrointestinal tract cancers to align with the updated diagnostic guidance on faecal immunochemical testing to guide colorectal cancer pathway referral in primary care. Due to the methods used for this update, only section 1 on the surveillance review, and section 5 on the update will be completed.

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| * 1. How inclusive was the consultation process on the draft guideline in terms of response from groups (identified in box 2.2, 3.2 and 4.1) who may experience inequalities related to the topic? |
| The diagnostic assessment programme conducted a consultation on the draft recommendations for Diagnostic Guidance DG56, in accordance with the [CHTE processes and methods manual](https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation). |

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| * 1. Have any **further** equality and health inequalities issues beyond those identified at scoping and during development been raised during the consultation on the draft guideline or update, and, if so, how has the committee considered and addressed them? |
| The diagnostic guidance undertook an EIA during their scoping process, and as these updated recommendations in NICE guideline NG12 will be lifted from the diagnostic guidance, the issues identified, and how they were dealt with by the committee have been reproduced here:  During scoping it was noted that older people and Jewish people of central and eastern European family origin are at increased risk of colorectal cancer. The evidence assessment group did scenario analyses examining the effect of increased prevalence of colorectal cancer and found that FIT remained cost-effective at 50% increased prevalence, although cost-effectiveness was reduced. No evidence was identified in the clinical review on how the use of FIT might impact different ethnic groups.  It was identified that the test 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. Faecal haemoglobin concentrations may be greater in men than women and may also increase with age. Test thresholds may therefore vary according to age and sex. During development of the diagnostics guidance, the committee noted that there was not enough evidence on how the performance of FIT would be affected by the various different characteristics identified during scoping. So, it concluded that clinicians should not use FIT differently according to these characteristics.  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. Cultural or demographic preferences may influence the acceptability of tests that require collection of a stool sample. Stakeholders also raised that age may influence likelihood of completing a test. Experience from the bowel cancer screening programme indicates that socioeconomic factors can also act as barriers to engaging with FIT programmes. The diagnostic committee made a research recommendation to increase the uptake and return of FIT in groups with less engagement. They also decided against recommending dual FIT (requesting 2 samples rather than 1 to inform a referral decision) as this could further impact test uptake and return in groups which are already less likely to return a test. A recommendation was also made that referral to secondary care should not be delayed for people who do not return a faecal sample, and that clinicians should consider if additional help or support is needed to enable people to return samples, in part because some people may not be able to due to physical or cognitive disability. Additionally the committee acknowledged that some people may not be able to return a FIT sample due to disability, so the recommendation includes a statement that referral to secondary care should not be delayed in the absence of a FIT result. This should allow GPs to bypass FIT where difficulty completing the test due to disability is a concern. |

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| * 1. If any recommendations have changed after consultation, how could these changes impact on equality and health inequalities issues? |
| The diagnostic assessment programme consulted on the draft diagnostic recommendations, and any highlighted inequalities issues were resolved in a final committee meeting and addressed in the recommendations where possible. |

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| * 1. Following the consultation on the draft guideline and response to questions 4.1 and 5.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final guideline? |
| No further health inequalities were identified beyond those identified and resolved by the diagnostic assessment team, as described in section 5.2. |

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| * 1. Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final guideline or update |
| The health inequalities issues identified by the DAP, during scoping and consultation, were able to be addressed. A recommendation for further research was made in the NICE diagnostic guidance DG56 to address some of these health inequalities identified including:   * FIT in people aged under 40 * methods for improving access, uptake and return of FIT, especially in groups in which engagement is less likely * determining how conditions or medicines that increase the risk of gastrointestinal bleeding affect the diagnostic accuracy of FIT. |

Completed by surveillance analyst: SP Technical Analyst

Date: 11/08/2023

Approved by NICE surveillance associate director: KN, associate director

Date: 11/08/2023

# STAGE 6. After guidance executive amendments – only if applicable

## (to be completed by appropriate NICE staff member after guidance executive. This stage should be skipped if GE does not apply)

[Guideline(s)/suite title]

Date of completion: [Enter date]

Focus of guideline or update: [XXX]

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| * 1. Outline any amendments related to equality and health inequalities issues suggested by guidance executive and what the outcome was. |
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Completed by developer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved by committee chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approved by NICE quality assurance lead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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