

1.0.7 DOC EIA (2019)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Melanoma: assessment and management (update)

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- Age

There is a higher incidence of skin tumours in older people, however, skin tumours can affect anyone at any age.

The incidence of melanoma skin cancer is highest in people aged 85 to 89, with the highest rate of mortality from melanoma being in people aged 90 years or older. The incidence of melanoma skin cancer is significantly higher in younger

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women compared to younger men.

The incidence of non-melanoma skin cancer, and rate of mortality, is highest in people aged 90 years or older.

While there are differences in the incidence of skin cancers in different age groups there are no identified equality issues relating to the treatment pathway for these groups.

- Disability

People with a compromised immune system will require individual consideration in terms of appropriate treatment for skin cancer, however, there are no identified equality issues in terms of the treatment pathway.

- Gender reassignment

No issues identified.

- Pregnancy and maternity

While individuals who are pregnant will require individual consideration in terms of appropriate treatment for skin cancer, there are no identified equality issues related to pregnancy and maternity in terms of the treatment pathway.

- Race

Evidence suggests that people with darker skin are often diagnosed with skin cancer at a more advanced stage compared to people with white or lighter skin.

The current guidelines include recommendations on diagnosis which should address variations in care. As these recommendations are not being updated, there are no identified equality issues related to race for this update.

- Religion or belief

No issues identified.

- Sex

There is no difference in the incidence of non-melanoma and melanoma skin cancers between different genders. For both non-melanoma and melanoma skin cancer the rate of survival is higher in women compared to men.

While there are differences in the rate of survival from skin cancers between

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genders there are no identified equality issues related to gender in terms of the treatment pathway.

- Sexual orientation
No issues identified.
- Socio-economic factors
No issues identified.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

There are no equality issues identified for this guideline.

Completed by Developer: Katrina Penman

Date: 11/12/2019

Approved by NICE quality assurance lead _____ Simon Ellis _____

Date ___ 27/01/2022 _____

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

No additional equality issues were identified during the consultation of the scope.

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2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No additional equality issues were identified during the consultation of the scope, therefore no changes were made to the scope in relation to equality issues.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

No

Updated by Developer: Katrina Penman

Date: 10/03/2020

Approved by NICE quality assurance lead _____ Simon Ellis _____

Date _____ 27/01/2022 _____

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3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The committee considered the potential equality issues identified during the scoping process and addressed these in the draft recommendations.

- Age and disability

Recommendations were made on the use of localised treatments for in-transit metastases in stage III and IV melanoma. The committee highlighted that older people and some people with a disability may benefit from localised treatments as an alternative to systematic treatment. People who are frail, have existing co-morbidities or some people with a disability may not be able to tolerate the toxicities in systemic treatment.

- Pregnancy and maternity

The committee made a recommendation on the use of sentinel lymph node biopsy (SLNB) during staging in people who are pregnant. The recommendation outlined that decisions regarding the role of SLNB and whether this should be delayed until after pregnancy, should be made on an individual basis. In the follow-up after treatment for melanoma recommendations, the committee also noted that for people who have not had a SLNB, either due to personal choice, pregnancy or comorbidities, consider ultrasound surveillance.

- Race

It is known that people with darker skin are often diagnosed with skin cancer at a more advanced stage compared to people with white or lighter skin. The committee considered this issue carefully but felt ethnicity did not influence the updated recommendations on assessment and management of melanoma and therefore did not make any specific recommendations. The Melanoma: assessment and management guideline contains recommendations on other assessment methods such as dermoscopy and other visualisation techniques and photography however these were not included in the scope of this update.

- Sex

Sex was considered as a potential risk factor in a number of the evidence reviews (for example male gender as a prognostic factor during follow-up). The committee

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

considered this issue and the evidence carefully but felt that sex did not influence the assessment and management of melanoma and therefore did not make any specific recommendations.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No additional equality issues were identified by the committee.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes – in the “committee's discussion of the evidence” section in the evidence reviews and also in the rationale and impact section of the guideline.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The committee did not identify anything in the preliminary recommendations to make it more difficult in practice for a specific group to access services compared with other groups.

3.5 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.

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3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

None.

Completed by Developer __ Caroline Mulvihill _____

Date ____ 27.01.21 _____

Approved by NICE quality assurance lead _____ Simon Ellis _____

Date ____ 27/01/2022 _____

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

A number of additional equality issues were raised by stakeholders during consultation:

- Pregnancy and maternity

Comments were made regarding the recommendation on the use of whole-body and brain MRI to people who are pregnant suggesting that imaging should be determined on a case-by-case basis. The committee considered this but agreed that MRI should be offered because of the cumulative risk of radiation associated with CE-CT scanning which is undesirable in pregnant people.

- Race

The context section of the guideline notes that melanoma is most common in those with pale skin however it is often diagnosed at a more advanced stage in people with darker skin. It was suggested by a stakeholder that more should be done to ensure equal opportunity of diagnoses for those from a Black, Asian and minority ethnic background. The committee considered this issue and agreed to amend the wording in the context section to address this.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

There are no recommendations that make it more difficult in practice for a specific group to access services compared to other groups.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Amendments made to the recommendations after consultation have not resulted in any adverse impact on people with disabilities accessing assessment and management.

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4.4 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 to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

There are no recommendations or explanations that could be made to remove or alleviate barriers to or access to services.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The Committee's consideration of equality issues is detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

Updated by Developer ___ Kate Kelley _____

Date ___ 09.05.2022 _____

Approved by NICE quality assurance lead ___ Simon Ellis _____

Date ___ 27/01/22 _____