

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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?

An individual (not registered as a stakeholder) noted that given the fact that thyroid cancer is three times more common in women, and also affects a substantial proportion of women of child bearing age and with a young family, they may be disproportionately disadvantaged if thyroid hormone replacement (THW) is used.

Strengthening the thyrotropin alfa recommendation to an 'offer' recommendation for all has removed any potential inequalities from that recommendation.

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?

No. Strengthening the thyrotropin alfa recommendation to an 'offer' recommendation for all has removed any potential inequalities from that recommendation.

The recommendation for cross sectional imaging changed from a consider recommendation to a do not routinely offer recommendation for T2 disease. This has removed the need to mention age and sex as factors that should be taken into account when considering whether to do cross sectional imaging in T2 disease.

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?

The committee agreed that changes to recommendations were unlikely to have an adverse impact on people with disabilities.

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?

Not applicable

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

Equality considerations have been described in relation to:

1. Surgery and pregnancy
2. Pretherapeutic thyrotropin alfa and its advantages over THW for older people, people with mental health issues and socioeconomic factors.
3. Radioactive iodine and its affects for pregnant women, and men and women planning to have children
4. Radioactive iodine and mental health issues

Surgery and pregnancy

The recommendations, rationale and evidence report H discuss the issue of pregnancy and surgery. In general, pregnant women needing surgery are usually given active surveillance until delivery and the committee recommended this. However, the committee also noted that in the rare event of there being clinical or radiological evidence of progression (local invasion or regional disease development) surgery cannot be delayed. In these circumstances they recommended that this should be done during the second trimester of pregnancy where possible, after discussion with the woman.

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

Thyrotropin alfa and older people, people with mental health issues and socioeconomic factors

The rationale and committee discussion in evidence report I includes the use of pretherapeutic thyrotropin alfa. The committee agreed that three groups of people would be disadvantaged with THW rather than thyrotropin alfa, which is recommended. The three groups are older people, people with a mental health disability (protected characteristics under the Equality Act 2010), and people for whom a loss of earnings could adversely affect their quality of life.

Radioactive iodine, pregnancy and fertility

The committee discussions in evidence reports J and K discuss the use of radioactive iodine in pregnant women and its impact on fertility for both men and women.

Overall, the committee agreed there is standard and accepted advice around what to do and recommended that written and verbal information is provided on how treatment may affect pregnancy and fertility, and that the precautions that may therefore be needed are explained. This is discussed in evidence report R on patient information.

Radioactive iodine and mental health issues

The committee agreed that for people who have significant physical and mental co-morbidities and disabilities which may impact on the safe administration of RAI, it is already usual practice for them to have a patient specific risk assessment and care plan arranged before RAI is administered.

Updated by Developer: Carlos Sharpin

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Approved by NICE quality assurance lead: Nichole Taske

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