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| **Checklist for submitting comments*** Use this comments form and submit it as a **Word document (not a PDF)**.
* **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
* Complete the disclosure about links with, or funding from, the tobacco industry.
* Include **document name,** **page number and line number** of the text each comment is about.
* Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 response from each organisation**.
* **Do** **not** paste other tables into this table – type directly into the table.
* Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
* **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
* **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
* Spell out any abbreviations you use.
* **We do not accept comments submitted after the deadline stated for close of consultation.**

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.  |

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|  | We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence review document. We would also welcome views on the Equality and health inequalities assessment (EHIA) and health inequalities briefing.In addition to your comments below on our guideline documents, we would like to hear your views on these specific questions. **Please include your answers to these questions with your comments in the table below:**1. Would it be challenging to implement any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. NICE developed the health inequalities briefing for breast cancer to support a more transparent and systematic consideration of health inequalities. The briefing provides an overview of health inequalities relating to breast cancer and is not specific to radiotherapy. Please tell us if there are any particular health inequality issues relating to breast cancer that the briefing has not identified or has misinterpreted.
4. NICE produced the Equality and health inequalities assessment (EHIA) to consider potential health inequalities relating radiotherapy dose fractionation. The equality issues that were identified at the scoping phase in the [EHIA stage 2](https://www.nice.org.uk/guidance/gid-ng10358/documents/equality-and-health-inequalities) and any additional issues raised by the committee after this stage were discussed during the development of the recommendations and research recommendations. The EHIA stage 4 summarises any new issues and how all the identified issues have been reflected in the guideline. The committee discussions are summarised in the section of the guideline titled ‘Why the committee made the recommendations’ and are covered in more detail in the evidence review in sections 1.1.12.2 (the quality of the evidence), 1.1.12.3 (benefits and harms) and 1.1.12.5 (other factors the committee took into account). Please could you review the EHIA stage 4, and the committee discussions in the evidence review and guideline and let us know if you think there are any additional equality or health inequality issues that we have not covered.

See [[Developing NICE guidance: how to get involved](https://www.nice.org.uk/process/pmg20/resources/developing-nice-guidelines-how-to-get-involved-2722986687/chapter/commenting-on-a-draft-guideline)](https://www.nice.org.uk/process/pmg20/resources/developing-nice-guidelines-how-to-get-involved-2722986687/chapter/commenting-on-a-draft-guideline) for suggestions of general points to think about when commenting. |
| Organisation name (if you are responding as an individual rather than a registered stakeholder please specify). | [**Insert organisation name or “individual”**] |
| Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry). | [**Insert disclosure here**] |
| Confidential comments (Do any of your comments contain confidential information?) | Yes/No [please delete as applicable] |
| Name of person completing form | [**Insert your name here**] |

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| **Comment number** | **Document**[e.g. guideline, evidence review A, B, C etc., methods, EIA] | Page number**‘General’** for comments on whole document | Line number**‘General’** for comments on whole document | Comments* Insert each comment in a new row.
* Do not paste other tables into this table, because your comments could get lost – type directly into this table.
* Include section or recommendation number in this column.
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| Example  | Guideline | 016 | 045 | Rec 1.3.4 – We are concerned that this recommendation may imply that ………….. |
| Example  | Guideline | 017 | 023 | Question 1: This recommendation will be a challenging change in practice because …… |
| Example  | Guideline | 037 | 016 | This rationale states that… |
| Example  | Evidence review C | 057 | 032 | There is evidence that … |
| Example | Evidence review C | 063 | 12 | CONFIDENTIAL: Our unpublished study has shown that [X] is more effective than [Y] |
| Example  | Methods | 034 | 010 | The inclusion criteria … |
| Example  | Algorithm | General | General | The algorithm seems to imply that … |
| Example | EIA | 010 | 002 | We agree with the barriers to access listed, and would also like to add …. |
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Insert extra rows as needed

**Data protection**

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties.Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

For more information about how we process your data, please see our [privacy notice](https://www.nice.org.uk/privacy-notice).