

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**NICE guidelines**

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

**Early and locally advanced breast cancer**

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](#).

This EHIA relates to:

Early and locally advanced breast cancer [NG101]

Section 1.10 Radiotherapy – Dose fractionation

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

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

Early and locally advanced breast cancer

Date of completion: 08/02/2023

Focus of guideline or update: Radiotherapy – dose fractionation

4.1 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?

1) *Protected characteristics*

a. *Age*

No further potential issues were identified.

b. *Disability*

No further potential issues were identified.

c. *Gender reassignment*

No further potential issues were identified.

d. *Pregnancy and maternity*

No further potential issues were identified.

e. *Race*

No further potential issues were identified.

f. *Religion or belief*

No further potential issues were identified.

g. *Sex*

No further potential issues were identified.

h. *Sexual orientation*

No further potential issues were identified.

i. *Marriage/civil partnership*

No further potential issues were identified.

2) *Socioeconomic status and deprivation*

No further potential issues were identified.

3) *Geographical area variation*

No further potential issues were identified.

4) *Inclusion health and vulnerable groups*

No further potential issues were identified.

4.2 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?

The committee's discussion on equality and health inequalities issues is included in the evidence review (in the section on the committee's discussion of the evidence) and the rationale section of the guideline.

The committee discussed that people's individual needs should be considered to inform further decisions regarding radiotherapy treatment for breast cancer. These discussions were considered when the committee drafted the recommendation for people where the 26 Gy in 5 fraction regimen may not be suitable. They decided to highlight that 40 Gy in 15 fractions may be more acceptable for some people, such as those who experience high levels of fatigue. Although fatigue was given as an example, the committee did not specify other reasons where the 15 fraction regimen may be more suitable, as they were aware that this may vary depending on individual circumstances. Instead, this is a decision that should be based on discussions between a patient and the clinician.

The committee also highlighted how the barriers to people attending radiotherapy appointments revolve around extended treatment duration and accessibility. For example, people may find it difficult to attend multiple appointments due to other commitments such as carer responsibilities and work responsibilities. Costs of travel to treatment are also higher when multiple appointments are needed, particularly for people who live far from their nearest radiotherapy centre, and this may be a barrier to treatment for some people. A shorter treatment duration would therefore be beneficial for many people with breast cancer and make treatment more accessible for a wider range of people.

**4.3 Could any draft recommendations potentially increase inequalities?**

No.

**4.4 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?**

Two research recommendations were made to address groups of people where there is a lack of evidence about the effectiveness of different hypofractionation regimens. No research recommendations were made that specifically addressed the health inequalities issues identified.

4.5 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?

Due to the large number of potential groups involved we plan to try to engage with people from relevant groups during consultation. We have a number of organisations registered for consultation who we will ask for feedback on our recommendations.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

No specific questions will be asked, but we will ensure that any comments from relevant stakeholders are considered and discussed with the committee, and changes will be made where necessary. We are also asking for feedback on the health inequalities briefing that has been developed for breast cancer.

Completed by developer: Clare Dadswell

Date: 08/03/2023

Approved by committee chair: Adam Firth

Date: 08/03/2023

Approved by NICE quality assurance lead: Kate Kelley

Date: 08/03/2023