

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**Equality and health inequality impact assessment**

**GID-HTG10870 Melphalan chemosaturation  
with percutaneous hepatic artery perfusion  
and hepatic vein isolation for primary or  
metastatic cancer in the liver**

**Scoping**

- 1 Have any potential equality issues been identified during the scoping process? If so, what are they?**
  - Liver cancer is more common in older people. In the UK, the highest rates are in 85 to 89 year olds.
  - Uveal melanoma is also more common in older people ([NICE](#)).
  - In the UK, liver cancer is more common in males than females.
  - In England, liver cancer is more common in Asian and Black people, but lower in people of mixed ethnicity, compared with White people.
  - Melanoma of the eye is more common in White people than Black, Asian or Hispanic people ([Cancer Research UK](#)).
  - All people with cancer and therefore people with primary or metastatic liver cancers are covered by the disability provision of the Equality Act 2010 from the point of diagnosis.
  - The chemotherapeutic agent used in the procedure may harm an unborn child, so it is unsuitable for people who are pregnant, trying to become pregnant, or are breastfeeding.
  
- 2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?**

- In England, liver cancer is more common in people from the most deprived areas compared with the least deprived areas.
- The procedure is not currently available on the NHS. It is only done in specialist centres, so some people may not be able to access it.

**3 What is the preliminary view as to what extent the committee needs to address the potential issues set out in questions 1 and 2?**

The potential equality issues will be noted by the committee and inform discussions where appropriate.

If all the evidence used to make the recommendation is in adults, then this will be acknowledged in the guidance for transparency. If possible, a comment should be made about the generalisability of the evidence beyond the adult population. The committee will consider if there are any factors about the procedure or the evidence that would lead to a difference between groups, to ensure that the guidance is not unintentionally disadvantaging groups.

**4 Has any change to the draft scope been agreed to highlight the potential issues set out in questions 1 and 2?**

Additional potential equality issues were added to the draft scope but no other changes were made.

**5 Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?**

No additional stakeholders related to potential equality issues were identified during the scoping process.

**Approved by associate director:** Rebecca Albrow

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Issue date: January 2026

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Date: 14/01/2026

## Draft guidance

This section will be completed when the draft guidance is issued.

**6 Have the potential equality issues identified during the scoping process been addressed by the committee? If so, how?**

The potential equality issues were considered by the committee. A statement about age has been included in the equalities section of the draft guidance and there is a committee comment noting that all the evidence was in adults.

**7 Have the potential health inequality issues identified during the scoping process been addressed by the committee? If so, how?**

A statement about challenges in accessibility and geographic equity has been included in the equalities section of the draft guidance.

**8 Have any other potential equality or health inequality issues been raised in the stakeholder submissions or the assessment report? If so, how has the committee addressed these?**

No

**9 Have any other potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?**

No

**10 Do the preliminary recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?**

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No

- 11 **Has the committee made any reasonable adjustments for the equality issues identified in its recommendations? That is, any adjustments needed to remove or alleviate barriers to, or difficulties with, access needed to fulfil NICE's obligations to promote equality.**

No

- 12 **Have the committee's considerations of equality and health inequality issues been described in the draft guidance? If so, where?**

The equalities section of the draft guidance includes the key issues considered by the committee.

**Approved by associate director: Rebecca Albrow**

**Date:** 27/05/2026

## **Final draft guidance**

This section will be completed when the final draft guidance is issued.

- 13 **Have any additional potential equality or health inequality issues been raised during consultation on the draft guidance? If so, how has the committee addressed these?**

[add answer]

- 14 **Have any additional potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?**

[add answer]

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**15 If the recommendations have changed after consultation, do the updated recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?**

[add answer]

**16 If the recommendations have changed after consultation, has the committee made any other reasonable adjustments for the equality issues identified in its recommendations? That is, any adjustments needed to remove or alleviate barriers to, or difficulties with, access needed to fulfil NICE's obligations to promote equality.**

[add answer]

**17 Have the committee's considerations of equality and health inequality issues been described in the final draft guidance? If so, where?**

[add answer]

**Approved by associate director: [name]**

**Date: XX/XX/20X**