

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality and health inequalities assessment (EHIA)

### Advanced breast cancer: diagnosis and management (Partial update)

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

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

CG81 Advanced breast cancer

Date of completion: February 2026

Focus of guideline or update:

- Platinum containing neoadjuvant chemotherapy regimens
- Diagnostic imaging using PET-CT or CT
- Monitoring disease status

1. From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any <b>further</b> potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?
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#### **Protected characteristics outlined in the Equality Act 2010**

<p><b>Depression:</b> This is relevant to the protected characteristic of disability. The committee discussed the impact that living with cancer might have on people's mental health. They noted that people with cancer may be more at risk of developing depression or exacerbating existing depression. Depression is considered a disability if it has a long-term effect on normal day to day activities. This might be</p>
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particularly relevant around diagnosis, and also when undergoing treatments which have side effects that are difficult to cope with.

**Difficulties with travelling for appointments:** This is relevant to the protected characteristics of age, disability, pregnancy and maternity, and sex. Monitoring treatment response of advanced breast cancer requires regular appointments for imaging. The difficulties that this might entail for various groups are covered in Stage 2 and Stage 3 of this EHIA. The committee were aware of these challenges and noted that there is no reason that FDG PET-CT and contrast-enhanced CT (CECT) would have different imaging schedules by default, meaning that neither will have more frequent appointments. They noted, however, that PET-CT scanners are currently only available at some centres. This means that people who are having monitoring with PET-CT scans may have to travel further than people who are having CECT scans, which are more widely available. The greater time and financial impact that increased travel has may be especially difficult for older adults, people with disabilities, and people with caring responsibilities which may disproportionately affect women.

**Treatment or scans during pregnancy:** this is relevant to the protected characteristic of pregnancy and maternity. The committee noted a lack of evidence about either platinum-based chemotherapy or imaging for diagnosis or monitoring in people who are pregnant. As discussed in Stage 2 of this EHIA, pregnancy is often a reason for exclusion in studies. This makes it difficult to fully assess the benefits and harms of these management methods.

No additional health inequalities were identified for: gender reassignment, race, religion or belief, or sexual orientation.

### **Socio-economic deprivation and vulnerable groups**

See 'Difficulties with travelling for appointments' earlier in this section. People on low incomes or who live in deprived areas with poor transport links may find it difficult to attend regular appointments, or to travel to access PET-CT. This is also likely to apply to anyone who struggles to access healthcare more generally, for example vulnerable migrants and people experiencing homelessness.

### **Geographical variation**

See 'Difficulties with travelling for appointments' earlier in this section. People who live rurally may be more likely to need to travel further for appointments in general, and especially to access PET-CT which is more likely to be provided in larger centres.

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 discussions about equality and health inequalities issues are included in evidence reviews under the section on other factors the committee took into account in the committee's discussion of the evidence.

### **Protected characteristics outlined in the Equality Act 2010**

**Depression:** The committee agreed that people with advanced breast cancer of all receptor subtypes would benefit from additional support to identify and manage depression. They therefore included a recommendation signposting to the NICE guideline on depression in adults with a chronic physical health problem, in order to help improve the care of people with advanced breast cancer. This was not linked to a particular review but was considered an important signpost to add.

**Difficulties with travelling for appointments:** Many of the issues identified by the committee were societal in nature and not within the remit of this guideline to be able to address. The committee agreed that there were barriers to accessing some care options, however they agreed that it remained important to give patients information about all suitable and relevant treatment options and services that they are entitled to, even if they are not provided locally as they can be referred for treatment elsewhere. They acknowledged that this is already a recommendation in [NICE's guideline on patient experience in adult NHS services](#) (1.3.3) and so did not replicate it in the current guideline. The committee noted that inclusion of FDG PET-CT in the recommendations may help support future investment in imaging infrastructure, particularly in regions where availability is currently low. The committee considered this an important step towards improving equity of access and ensuring that more people can benefit from FDG PET-CT in the future.

**Treatment or scans during pregnancy:** The committee discussed that decisions about treatment or scans during pregnancy are likely to be based on a risk assessment by the team providing care for the individual, and shared decision making to ensure that the individual is fully informed and involved in any decisions. For this reason, the committee did not recommend against providing any of the treatment options (platinum-based chemotherapy regimens) or imaging modalities for people who are pregnant. Instead, they kept the recommendations broad to allow for clinician judgement and personal preference, noting that the decision is often very complex and nuanced. They also included a recommendation about how to decide whether to use systemic anti-cancer therapy (SACT) and which SACT to use. They specified that the person's preferences should be taken into account in this decision.

No additional health inequalities were identified for: gender reassignment, race, religion or belief, or sexual orientation.

**Socio-economic deprivation, geographical variation and vulnerable groups**

See 'Difficulties with travelling for appointments' earlier in this section. This is also likely to apply to anyone who struggles to access healthcare more generally, for example vulnerable migrants and people experiencing homelessness.

3. Could any draft recommendations potentially increase inequalities?

It is not expected that the recommendations will increase health inequalities.

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?

A research recommendation was made for this update about the best imaging modalities for lobular breast cancer. We made a suggestion to include subgroup analyses by socioeconomic status and ethnicity as part of any research. Tumour biology influences how well different imaging techniques detect metastases. If tumour biology also varies by individual characteristics – such as socioeconomic status or ethnicity – then these factors become important to examine in any research comparing imaging techniques. The impact of these characteristics, which are also related to health inequalities, on tumour biology is not yet fully understood.

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?

We have reviewed the list of stakeholder organisations to ensure that key patient groups are included (such as METUP UK and Breast Cancer Now).

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 about equality and health inequalities, but we will ensure that any comments from relevant stakeholders are considered and discussed with the committee, and changes will be made where necessary.

Completed by topic team: Olivia Crane and Marie Harrisingh

Date: 9/02/2026

Approved by committee chair Adam Firth

Date 27/02/2026

Approved by NICE CFG topic hub senior topic adviser or associate director: Sara Buckner

Date 24/02/2026