NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality and health inequalities assessment (EHIA)

Suspected cancer: recognition and referral: Partial update

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: Suspected cancer: recognition and referral (update)

Equality and health inequalities assessment (EHIA)

STAGE 2. Development of guideline or topic area for update

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

Suspected cancer: recognition and referral: Partial update [NG12]

Date of completion: October 2025

Focus of guideline or update:

- Ovarian cancer and the signs and symptoms and a suspected cancer pathway referral.
- Unexplained weight loss in adults and a suspected cancer pathway referral.
- Endometrial cancer, HRT, unscheduled post-menopausal vaginal bleeding and a suspected cancer pathway referral.

2.1 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?
• Age The scope of this update includes only people ≥18 years old. The committee recognised that serum CA125 testing is less reliable in younger adults, particularly those under 40. The committee raised concerns about the delayed ovarian cancer diagnosis in people under 50 where symptoms may be misattributed to other causes due to the rarity of the disease in this demographic. The findings of the evidence review, combined with the committee expertise and discussion contributed to the development of recommendations for setting age-band thresholds based on clinical and cost-effectiveness. • Socio-economic factors The committee discussed that people from deprived backgrounds present to primary care later and at more advanced stages of ovarian cancer. They acknowledged that primary care clinicians working in the most deprived population may consider using lower threshold to refer people for ultrasound scan. • Geographical area variation The committee noted that there is regional variation in ultrasound availability and waiting times for ultrasound scan. The committee did not note any additional equalities or health inequalities issues in the evidence. The committee did not note any equalities or health inequalities issues for

unexplained weight loss in adults or for endometrial cancer, HRT and unscheduled post-menopausal vaginal bleeding.

2.2 How have the committee's considerations of equality and health inequalities issues identified in 1.2 and 2.1 been reflected in the guideline or update and any draft recommendations?

- Age

Ovarian cancer

There was an acknowledgement that ovarian cancer is more likely in older women but that whilst less prevalent, ovarian cancer can be missed in younger women. To address the potential equalities and health inequalities while basing the recommendation on the presented evidence, the committee opted to recommend that clinicians should not rely on serum CA125 to make ultrasound decisions and should use clinical judgement and assessment of symptoms for patient presenting with symptoms that may suggest ovarian cancer in those aged 39 and under

The committee recommended 10-year age banding serum CA125 thresholds in patients aged ≥40 to provide primary care practitioners with more bespoke thresholds for arranging ultrasound scans. The new bespoke thresholds lower the serum CA125 thresholds for those aged ≥ 50, with the aim of increasing the appropriate access to the referral pathway.

Unexplained weight loss

The committee have recommended that unexplained weight loss should be investigated in people over the age of 60. Introducing an age-based threshold could minimise the number of people without cancer who get inappropriately referred whilst maximising the number of people with cancer who get appropriately referred. The committee discussed that for under 60 years presenting with unexplained weight loss alone is rare. The committee acknowledged that whilst adults 18 to 59 years of age are not covered by the updated recommendation on unexplained weight loss as a non-site-specific symptom, the guideline has 'safety netting' recommendations to consider a review for people with any symptom associated with increased cancer risk who do not meet the criteria for referral or investigative action.

- Gender reassignment

No specific considerations, but the language in the guideline has been updated to be more gender inclusive now referring to 'women, and trans men and non-binary people with female reproductive organs'.

- Geographical variation

The committee discussed the issue of geographical variations in access to ultrasound and the impact this had in terms of the arrangement of ultrasound scans. The committee discussed that clinicians working in deprived areas may consider lowering thresholds to refer for possible ovarian cancer because patients may present later with more advanced disease. The evidence review for dual compared with sequential serum CA125 and ultrasound did not identify any studies and recommendations could not be developed. To address this the committee developed a research recommendation to stimulate research in this area.

Section 1.2 highlights potential equalities and health inequalities issues related to, disability, race, religion or belief, socioeconomic deprivation and inclusive health groups. These were general issues and not specific to ovarian cancer or non-site-specific-weight-loss or endometrial cancer. There was nothing highlighted in the evidence reviews that alluded to issues outlined and as such the committee have not sought to address them in the recommendations developed.

2.3 Could any draft recommendations potentially increase inequalities?
It is unlikely that any draft recommendations would increase inequalities.

2.4 How has the committee's considerations of equality and health inequalities issues identified in 1.2 and 2.1 been reflected in the development of any research recommendations?
No. The committee did not make any specific research recommendations based on any of the equality and health inequalities themes identified. However, based on some of the general issues regarding groups with protected and other characteristics surfaced in this EHIA, sub-group analysis has been included in the PICO for research recommendations.

2.5 Based on the equality and health inequalities issues identified in 1.2 and 2.1, 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?

Yes. Out of a total of 276 stakeholders registered or identified as relevant for this guideline 45 represent patient groups (for example British Asian Cancer Charity, Cancer Research UK and Young Lives vs Cancer) of which 9 consider more specifically, issues relating to ovarian and endometrial cancer (for example Ovacome, Womb Cancer Alliance and The Eve Appeal).

2.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?
Based on the recommendation and the research recommendation developed it was not felt that specific questions regarding equality and health inequalities was required. However, due to the change in current practice that the recommendations are suggesting the following questions will be asked at consultation: Would it be challenging to implement any of the draft recommendations? a. Please say why and for whom? b. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives.

Completed by developer: James Jagroo/Armina Paule

Date: 29th October 2025

Approved by committee chair: Britta Stordal

Date: 31st October 2025

Approved by NICE quality assurance lead: Kate Kelley

Date: 11th December 2025