

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE****Equality impact assessment****GID-HTE10072 Endoscopic submucosal
dissection knives for the resection of
complex colorectal polyps with suspected
submucosal invasion****Scoping**

- 1 Have any potential equality issues been identified during the scoping process? If so, what are they?**
 - The risk of colorectal cancer increases with age. Most cases occur in people over 50 years of age ([Cancer Research UK, 2025](#)). Increasing age may contraindicate surgical approaches to lesion resection due to the necessity for general anaesthetic.
 - Men are more likely to get colorectal cancer than women. Forty four percent of UK cases are in women, compared to 56% in men ([Cancer Research UK, 2025](#))
 - Variation in the incidence of colorectal cancer by ethnic group is reported. But, some studies suggest that people in the White ethnic group have an increased risk ([Birch, 2023](#)), whilst others suggest that people from Non-White do ([Delon, 2022](#)).
 - People in the Black and Asian ethnic groups have the highest rates of late stage and emergency cancer diagnosis ([Birch, 2023](#)). Late stage and emergency diagnoses may reduce the treatment options available, with surgery being the only treatment for colorectal lesions with deep submucosal invasion.
 - People with learning disabilities are less likely to receive NHS screening tests for bowel cancer ([Public Health England](#)). Early identification of people at risk of colorectal allows access secondary care services in a timelier

Equality impact assessment – GID-HTE10072 Endoscopic submucosal dissection knives for the resection of complex colorectal polyps with suspected submucosal invasion

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fashion and increases the likelihood that resection can be done with endoscopic techniques.

2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?

- People that are overweight or obese have an increased risk of bowel cancer ([Ma, 2013](#)).
- ESD is a specialist endoscopic procedure that requires extensive training. It is currently offered in a small number of regional centres and may not be accessible for all people in the UK.
- People that live further from gastroenterology specialist services are typically diagnosed with cancer at a later stage ([Dobson, 2022](#)). Late stage and emergency diagnoses may reduce the treatment options available, with surgery being the only treatment for colorectal lesions with deep submucosal invasion.
- People with a low socioeconomic status have higher colorectal cancer incidence rates and are typically diagnosed with cancer at a later stage. People living in the most deprived areas have a higher probability of death compared to those in the least deprived ([Sturley, 2023](#)).
- Genetic conditions such as familial adenomatous polyposis and Lynch syndrome, and chronic inflammatory bowel conditions such as ulcerative colitis and Crohn's disease may increase the risk of bowel cancer ([Cancer Research UK, 2025](#)). Inflammatory bowel conditions may also increase the difficulty of resection which may affect the choice of technique used.

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 identified issues are mostly related to the prevalence of lower gastrointestinal cancers. ESD knives that allow higher complete R0 resection

rates may allow timelier diagnosis of cancer by providing en bloc specimens for histopathological assessment.

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

No.

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

No.

Approved by associate director: Rebecca Albrow

Date: 15/12/2025