

## **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

### **Equality and health inequality impact assessment**

# **Artificial intelligence (AI) technologies to help detect prostate cancer on MRI**

## **Scoping**

### **1 Have any potential equality issues been identified during the scoping process? If so, what are they?**

Several potential equality issues have been identified during the scoping of this topic. Key considerations include:

- People with cancer are protected under the Equality Act 2010 from the point of diagnosis.
- Some people with disabilities may be partially or completely ineligible for MRI. For example, certain medical devices are not MRI compatible, including some cochlear implants used by people with hearing loss, and some pacemakers or implantable cardioverter defibrillators (ICDs) used by people with heart conditions. Most modern joint replacement implants are MRI compatible.
- Prostate cancer is the most commonly diagnosed cancer in men in England ([Prostate Cancer UK 2025a](#)).
- Prostate cancer mainly affects men over 50, and risk increases with age. The most common age for men to be diagnosed with prostate cancer is between 70 and 74 years ([Prostate Cancer UK 2024](#)).
- People from a Black African or Caribbean background are at higher risk of developing prostate cancer, and are more likely to be diagnosed with prostate cancer at a younger age ([Prostate Cancer UK 2024](#)).

- A person can have a prostate but not identify as a man. This includes trans women, non-binary people who were registered male at birth and some intersex people. Prostate cancer can affect trans women, as the prostate is usually not removed during gender-affirming surgery. The risk of developing prostate cancer may be lower in people who take testosterone blockers or anti-androgens, or who have had an orchidectomy, as these treatments reduce testosterone levels ([Prostate Cancer UK 2025b](#)).
- Equality issues with the use of AI technologies in prostate MRI may arise if the software has been developed and validated in populations in which particular groups (such as younger people or people from different ethnic groups) have been underrepresented. The technologies may perform differently in these groups than available data suggests.

Disability, sex, age, race and gender reassignment are protected characteristics under the Equality Act (2010).

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

Several potential health inequality issues have been identified during the scoping of this topic. Key considerations include:

- The risk of metastatic disease at diagnosis is higher in people from more deprived areas, but the risk of developing prostate cancer overall is lower ([Dodkins et al 2025](#)).
- Some rural or underserved areas may lack dedicated specialist urologists, or have limited access to MRI.
- Where MRI is available, smaller regional centres may only have access to bpMRI rather than mpMRI.
- Experts noted that the technologies may work less well in people with atypical anatomy, who have received prior pelvic treatments, have pelvic metal-work or have conditions such as significant benign prostatic hyperplasia or prostatitis.

**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 committee should take into account all potential equality and health inequality issues when making recommendations.

The committee will need to consider generalisability of the data for populations that may be under-represented in training datasets (e.g., people from different ethnic minority backgrounds).

The committee should consider how AI may have different costs and benefits in different places, for example in underserved areas where specialist urologists are unavailable or MRI data quality are suboptimal.

**4 Has any change to the draft scope been agreed to highlight the potential equality or health inequality issues set out in questions 1 and 2 following the scoping workshop?**

All potential equality issues have been included in the equalities section of the draft scope. The analysis by the External Assessment Group will include an evaluation of evidence on subgroups including people who have prostate bpMRI and mpMRI. A new section has been added to the scope on 'Generalisability issues'. This section includes consideration of generalisability issues that may arise with use of AI technologies if the software has been developed and validated in populations in which particular groups (described above) have been underrepresented.

**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 senior responsible officer:** Lizzy Latimer

Date: 25/03/2026

## Draft guidance (if issued)

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

[add answer]

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

[add answer]

- 3 **Have any other potential equality or health inequality issues been raised in information submitted by stakeholders or in the external assessment report? If so, how has the committee addressed these?**

[add answer]

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

[add answer]

- 5 **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?**

[add answer]

- 6 **Has the committee made any reasonable adjustments within its recommendations for the equality issues identified? That is, have any adjustments to the recommendations been made to remove**

**or alleviate barriers to, or difficulties with, access to the technology needed to fulfil NICE’s obligations to promote equality.**

[add answer]

**7 Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?**

[add answer]

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

[add answer]

**Approved by senior responsible officer:** [name]

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

## **Final draft guidance (when issued)**

**1 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]

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

[add answer]

**3 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]

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

[add answer]

- 5 Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?**

[add answer]

- 6 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 senior responsible officer: [name]**

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