

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality impact assessment

GID-IPG10448 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 the Asian and Black ethnic groups, but lower in people of mixed ethnicity, compared with the White ethnic group.
 - 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?**

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Issue date: January 2026

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Page 1 of 3

- 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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Page 2 of 3

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Page 3 of 3