

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## INTERVENTIONAL PROCEDURES PROGRAMME

### Equality impact assessment

#### IPG809 Low-energy contact X-ray brachytherapy for rectal cancer

The impact on equality has been assessed during guidance development according to the principles of the NICE Equality scheme.

#### Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Age: Occurrence of colorectal cancer is strongly related to age, with almost three-quarters of cases occurring in people aged 50 or over. Incidence rates for colorectal cancer in the UK are highest in people aged 85 to 89. Each year more than 4 in 10 (43%) of all new colorectal cancer cases in the UK are diagnosed in people aged 75 and over.

Disability: All people with cancer are covered by the Equality Act 2010.

Socioeconomic status: There is evidence for a small association between colorectal cancer incidence and deprivation for males in England, while there is no evidence of an association for females.

Ethnicity: Incidence rates for colorectal cancer are lower in Asian and Black ethnic groups, and in people of mixed or multiple ethnicities, compared with the White ethnic group, in England.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)

This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?

No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?

No

## Consultation

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?

No specific data relating to age, disability, socioeconomic status or ethnicity was identified in the literature presented in the overview.

2. Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?

During consultation it was noted that people from ethnic minority backgrounds are less likely to use screening services. This may lead to a delay in diagnosis and treatment. This was considered by the committee and added to the guidance in committee comment 3.16.

The committee also noted that there are only a few centres in the UK that specialise in managing rectal cancer and performing low-energy contact X-ray brachytherapy. So, people living further from these centres may not have access to this procedure. This has been added to the guidance in committee comment 3.18.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

No

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligation to promote equality?

No

7. Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?

Yes, in the 'equality considerations' sections 3.15, 3.16, 3.17 and 3.18.

**Amy Crossley**

**Health Technology Assessment Adviser**

**Date:** 18/09/2025

## **Final interventional procedures document**

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

It was noted that people from ethnic minority backgrounds may present with higher prevalence of stoma rejection. This has been added to the guidance in committee comment 3.17.

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Not applicable

3. If the recommendations have changed after consultation, is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Not applicable

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

Not applicable

5. Have the committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

Yes, in the 'equality considerations' sections 3.15, 3.16, 3.17 and 3.18.

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**Associate Director**

**Date:** 06/10/2025