## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Medical technologies evaluation programme Equality impact assessment: Guidance development GID-MT553 Synergo for non-muscle-invasive bladder cancer

The impact on equality has been assessed during this evaluation according to the principles of the <u>NICE Equality scheme</u>.

## Medical technology consultation document

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

The fact that Synergo is contraindicated in pregnancy was a potential equality issue which was identified during topic selection. No additional equality issues were identified by stakeholders during scoping.

Considerations relating to equality were highlighted during topic selection and the scoping process: bladder cancer is more common in men than in women, and most cases happen in people aged 60 and over. Women diagnosed with bladder cancer are more likely to present at an advanced stage and have worse prognosis and outcomes than men. Bladder cancer is more common in white people than in black or Asian people. Age, sex and race are protected characteristics under the Equality Act. People with cancer are considered to have a disability under the Equality Act.

All equality issues and considerations were acknowledged by the committee at the beginning of the committee meeting.

2. Have any other potential equality issues been highlighted in the sponsor's submission, or patient organisation questionnaires, and, if so, how has the committee addressed these?

No other potential equality issues were highlighted in the sponsor's submission or patient organisation questionnaire, however the external assessment centre's (EAC) report states:

'The EAC noted that adverse events and treatment side effects may differ for male and female patients. Expert input suggested that male patients have a risk of urethral injury due to difficulties inserting the rigid catheter. For female patients, there is a risk of from residual chemotherapy leaking and potentially causing injury to the genital area when the catheter is removed. The EAC has not identified any additional equalities concerns.'

This additional equality consideration identified by the EAC's assessment was acknowledged by the committee at the beginning of the committee meeting.

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

No other potential equality issues have been identified by the committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology 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 obligations to promote equality?

N/A

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

These are described in section 4.7 of the medical technologies consultation document.

Approved by Associate Director: Anastasia Chalkidou

**Date:** 16/06/2021

## Medical technology guidance document

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

No additional equality issues were raised during consultation

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 the technology compared with other groups? If so, what are the barriers to access for the specific group?

The wording of the recommendations did change after consultation but the changes are not expected to affect access to the technology

**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?

The wording of the recommendations did change after consultation but the changes are not expected to have an adverse impact on people with disabilities

**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?

The changes made to the wording of the recommendations after consultation are not expected to affect access or have an adverse impact so no further amends were made.

**5.** Have the committee's considerations of equality issues been described in the medical technology guidance document, and, if so, where?

These are described in section 4.7 of the medical technologies guidance.

**Approved by Programme Director:** Sarah Byron

Date: 6/10/21