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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Early and locally advanced breast cancer

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

Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

No issues were identified during the scoping process.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee identified that some of the recommendations made in this guideline would be applicable to men as well as women, as men can be diagnosed with breast cancer. Where this is the case the committee have used the terms 'person' or 'people' so as not to discriminate against men. However, some of the recommendations, such as those relating to breast-conserving surgery are only applicable to women (breast-conserving surgery is only carried out in women) and so in these recommendations the terms 'woman' or 'women' has been used.

The committee also recognised that there may be people who have undergone gender reassignment who regard themselves as being of one gender, but may have organs (breasts) relating to their previous gender, who may be affected by breast

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3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

cancer. There may also be people who are non-binary and who do not recognise the term 'women' as applying to them, but who may be diagnosed with breast cancer.

These equality issues relate to the entire guideline and so text explaining this is included at the beginning of the short guideline and in a supplementary document, Supplement 2.

The guideline recommends the use of a prognostic tool called 'PREDICT' when planning adjuvant therapy and this tool has not been validated in men. This recommendation is therefore applicable for women only, and the caution is included in the recommendation that 'it has not been validated in men'. However, in practice, some clinicians may choose to use this tool in men, as they have no alternative tools available. Similarly, the validation of this tool may have under-represented some ethnic groups, and this is added as a caution too. However, there is no data in the validation studies specifying exactly what populations or ethnic groups were included.

For the section of the guideline that covered the provision of information and support the committee recognised that this would need to address individual needs in terms of language, readability and applicability to different ethnic origins, or religions. In order to address this the committee cross-referenced these recommendations to the NICE guideline on patient experience.

The committee were aware that there are elevated rates of triple-negative breast cancer among some ethnic groups, for example Afro-Caribbean people, and they are therefore more likely to be affected by delays to optimal treatment if progesterone receptor status is not known. The recommendations made by the committee will reduce this inequality as progesterone receptor testing will be performed upfront in all people allowing for earlier determination of triple-negative status.

The committee were also aware that for some topics there was a lack of evidence for older people as many clinical trials had not included older people, and for one review where this was agreed by the committee to be particularly important (use of taxanes) the committee used formal consensus methods to try and ascertain if specific recommendations could be made for older people.

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The equality issues described above (women, people, gender reassignment, non-binary) relate to the entire guideline and so text explaining this is included at the beginning of the short guideline and in a supplementary document, Supplement 2.

The recognition that information and support would need to address individual needs in terms of language, readability and applicability to different ethnic origins, religions or dietary requirements relates to recommendations in the previous guideline which have been refreshed to meet current editorial standards, but no evidence has been reviewed. The cross-reference to the NICE guideline on patient experience is therefore included in the guideline, but not in the evidence reports.

The discussion of the equality considerations due to elevated rates of triple-negative breast cancer among Afro-Caribbean people has been discussed in the committee's discussion of the evidence for review question 3.1, in evidence report C.

The discussion of the use of consensus methods to determine specific recommendations for elderly people is included in the committee's discussion of the evidence for question 5.1, in evidence report E. However, specific recommendations were not made for elderly populations as the committee agreed that physical health and functioning needed considering in addition to age.

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

No, the recommendations do not make it more difficult for any specific group to access services, compared to other groups.

3.5 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?

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No, the recommendations should not have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The committee were aware that written information may need to be available in alternative languages, as well as English, or in other formats that are suitable to people's individual needs. In order to address this the committee cross-referenced the recommendations to the NICE guideline on patient experience.

Completed by Developer _____ Hilary Eadon _____

Date _____ 10th Jan 2018 _____

Approved by NICE quality assurance lead Nichole Taske

Date 23rd January 2018