

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality impact assessment

Prostate Cancer: diagnosis and management; Suspected Cancer: recognition and referral

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

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- Age

Several stakeholders raised the issue that the proposed thresholds for PSA testing were only specified between the ages of 40 and 79. The table in the pre-consultation version of the guideline was limited to these ages because these were the ages that were specified in the studies from which the age-specified thresholds were taken. Stakeholders noted this might imply that PSA testing should not be done outside of these age ranges and might be potentially discriminatory, particularly for men over 79. The committee addressed this by adding rows to the table specifying age-specific PSA thresholds to cover people under 40 and over 79, noting that clinical judgment should be used in these cases in the absence of evidence.

- Race

Two stakeholders requested that ethnicity should be specified directly in the recommendation as a factor to take into account when deciding to refer to secondary care on the basis of the PSA result. The committee discussed these stakeholder comments but did not make changes to the recommendation. The committee agreed that having a black African family background was a well-recognised risk factor for prostate cancer and ethnicity was included as a subgroup to collect data on in the evidence review that compared age-adjusted and fixed PSA thresholds. However, no evidence on the diagnostic accuracy stratified by ethnicity was found, and in the absence of evidence, the committee did not think that a person's ethnicity should affect the decision on whether to use age-adjusted or fixed PSA thresholds. The committee recommended that the data from research be stratified by ethnicity to determine whether this factor should influence the PSA levels that should prompt

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referral. Research in this area may also help to address health inequalities in prostate cancer diagnosis and outcomes in the UK. A more extensive discussion of these issues has now been added to the committee discussion section of the evidence review on PSA testing.

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

The committee agreed that none of the final recommendations should make it more difficult for any of the groups identified above to access services.

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

No, people with disabilities should be able to access all services for the diagnosis and treatment of prostate cancer in the same way as people without disabilities.

4.4 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 to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

No. No barriers or difficulties in accessing services caused by the final guideline recommendations were identified in box 4.2.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The Committee's considerations of equality issues are described in the suspected guideline evidence review on the diagnostic accuracy of PSA testing, in particular in the 'benefits and harms' and 'other considerations' sections of the discussion.

Updated by Developer: Caroline Mulvihill (Acting AD GUT)

Date: 16.11.21

Approved by NICE quality assurance lead: S Ellis

Date: 01.12.2021