

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 **Guideline title**

Ovarian cancer: the recognition and initial management of ovarian cancer

1.1 **Short title**

Ovarian cancer

2 **The remit**

The Department of Health has asked NICE: 'To prepare a clinical guideline on the recognition and initial management of ovarian cancer, to include both surgery and chemotherapy.'

3 **Clinical need for the guideline**

3.1 **Epidemiology**

- a) Ovarian cancer is the leading cause of gynaecological cancer death in the UK and its incidence is rising. It is the fourth most common malignancy in women, with a lifetime risk of about 2% in England and Wales.
- b) The overall outcome for women with ovarian cancer is poor, with an overall 5-year survival rate of less than 30%. This is because most women who develop ovarian cancer present with advanced disease.
- c) The stage of the disease at presentation is the most important factor with regard to outcome. The woman's general health at the time of presentation is also important because it affects what treatments can be used. Most women have had symptoms for

months prior to initial presentation, and there are often delays between initial presentation and specialist referral. There is a need for greater awareness of the disease and also initial investigations enabling earlier referral and maximising of treatment options.

3.2 Current practice

- a) There are variations in:
- the number of drugs used and duration of treatment in women with advanced disease
 - the timing, extent and effectiveness of surgery in women with advanced disease in whom complete removal of the disease is not possible.
- b) A clinical guideline will help to address these issues and offer guidance on best practice.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

If we are to produce a high-quality guideline within the allotted time it will not be possible to cover the entire care pathway described by the remit (see section 2).

Therefore we intend to focus on clinical issues:

- for which there is uncertainty or disagreement on best practice
- that will have the most significant impact on the clinical service and on the management of patients with ovarian cancer
- that could improve health outcomes and/or make better use of health resources

- that could help to avoid unlawful discrimination and reduce health inequalities.

A list of the key clinical issues (section 4.3) has been developed using advice from the Guideline Development Group chair and clinical lead, attendees at the NICE ovarian cancer stakeholder workshop and registered stakeholders. We acknowledge that there will be some important topics that are not part of the final prioritised list. These will go on to a holding list for future consideration within any update, and the final guideline will make this clear to the reader.

The areas that will be addressed by the guideline are described in the following sections.

4.1 *Population*

4.1.1 **Groups that will be covered**

- a) Adult women (18 years and older) with epithelial ovarian cancer.
- b) Adult women with fallopian tube carcinoma.
- c) Adult women with primary peritoneal carcinoma.
- d) Adult women with suspected ovarian or primary peritoneal carcinoma.
- e) Adult women with borderline ovarian cancer.
- f) No patient subgroups needing special consideration have been identified.

4.1.2 **Groups that will not be covered**

- a) Children (younger than 18 years) with ovarian or fallopian tube cancer.
- b) Women with relapsed ovarian, fallopian tube or peritoneal cancer.
- c) Women with germ cell tumours of the ovary.

- d) Women with sex cord stromal tumours of the ovary.
- e) Women with secondary cancers metastasising to the ovary or peritoneum.

4.2 *Healthcare setting*

- a) Primary care.
- b) Secondary care, including diagnosis, surgery and chemotherapy.
- c) Tertiary care in cancer centres, and regional centres with specialties such as intraperitoneal chemotherapy.
- d) Voluntary sector hospice care.

4.3 *Clinical management*

4.3.1 Key clinical issues that will be covered

- a) Interventions to increase awareness of the signs and symptoms of ovarian cancer amongst the general public.
- b) The signs and symptoms of ovarian cancer.
- c) The relationship between the duration of pre-diagnostic symptoms of ovarian cancer and survival.
- d) For women with suspected ovarian cancer, the most effective first test in primary care.
- e) For women with suspected ovarian cancer, the most effective malignancy index.
- f) For women with suspected ovarian cancer, the serum tumour marker tests that should be routinely carried out to determine future management.
- g) For women with suspected ovarian cancer, the most appropriate imaging to be done to determine future management.

- h) For women with suspected advanced ovarian cancer, when it is appropriate to have a tissue diagnosis before starting chemotherapy.
- i) The best method of tissue diagnosis before chemotherapy: samples from image guided biopsy or laparoscopic biopsy.
- j) For women with advanced ovarian cancer, the therapeutic value of surgery.
- k) The effectiveness of primary surgery before, during or after chemotherapy.
- l) For women with ovarian cancer whose disease appears to be confined to the ovaries, the effectiveness of systematic retroperitoneal lymphadenectomy in surgical management.
- m) For women with ovarian cancer, the effectiveness of intra-peritoneal chemotherapy in primary management.
- n) For women newly diagnosed with ovarian cancer, the information and support that should be offered.
- o) For women who have received treatment for ovarian cancer, the effects of HRT.

4.3.2 Clinical issues that will not be covered

- a) Population-based screening.
- b) Surveillance of high-risk groups, including women with a family history of ovarian cancer.

4.4 *Economic aspects*

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness

is the quality-adjusted life year (QALY), and the costs considered will usually only be from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see 'Further information').

4.5 Status

4.5.1 Scope

This is the consultation draft of the scope. The consultation dates are 18 February to 18 March 2009.

4.5.2 Timing

The development of the guideline recommendations will begin in May 2009.

5 Related NICE guidance

- Referral guidelines for suspected cancer. NICE clinical guideline 27 (2005). Available from www.nice.org.uk/CG27
- Improving supportive and palliative care for adults with cancer. Cancer service guidance (2004). Available from www.nice.org.uk/csgsp
- Guidance on the use of paclitaxel in the treatment of ovarian cancer. NICE technology appraisal guidance 55 (2003). Available from www.nice.org.uk/TA55
- Improving outcomes in gynaecological cancers. Cancer service guidance (1999). Department of Health, National Cancer Guidance Steering Group. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005385

6 Further information

Information on the guideline development process is provided in:

- 'How NICE clinical guidelines are developed: an overview for stakeholders, the public and the NHS'
- 'The guidelines manual'.

These are available from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the NICE website (www.nice.org.uk).