Group A:

Population

Under 'groups that will be covered' suggest moving 'suspected ovarian or primary peritoneal carcinoma' to the top of the list.

The management of 'borderline ovarian cancer' is quite different from other ovarian cancers. In addition there is very little research in this area which would make the developer's job difficult. Suggest moving this to 'groups that will not be covered'.

Prioritised clinical topics

The group was very keen to update the existing NICE guidelines for referral for suspected cancer. They all thought they were out of date, unhelpful and of limited use. So this should become one of the topics (see topic c below).

We also need to be aware of other concurrent initiatives such as NAEDI (National Awareness and Early Diagnosis Initiative) and the work from the DH on developing key messages for recognizing signs and symptoms of ovarian cancer as part of the Cancer Reform Strategy.

a) How to increase awareness about ovarian cancer (including identification of signs and symptoms) amongst the general public.

Suggested re-worded question – How to increase awareness and seek advice about ovarian cancer (including identification of signs and symptoms) amongst the general public.

b) How to increase awareness about ovarian cancer (including identification of signs and symptoms to trigger referral) amongst primary healthcare professionals.

This question should include non-ovarian specialists and nurse practitioners, not just primary healthcare professionals.

The group discussed whether a) and b) could be combined? A suggestion as to how to deal with this was: consideration of an Early Detection Programme: what symptoms, when to refer and when not to refer.

Awareness amongst primary care is vitally important. Developers should look at the data coming out of the EUROCARE study.

c) What are the indications for doing the first test?

Delete this question. The group felt that the indications for doing first test will be identified from questions a) and b) and will also be covered by question d)

Suggested new question – update NICE GP referral guidelines for suspected cancer.

The group asked whether there should be a scoring system developed in primary care (low, medium, high) to define patient risk at time of referral?

d) What is the most effective first test in primary care for patients with suspected ovarian cancer?

The group felt this was a very important topic and must stay in. It should be noted that 'first test' could be one test or a combination of tests.

e) What are the appropriate serum tumour marker tests to be routinely carried out in patients with suspected ovarian cancer to determine future management?

Suggested re-worded question – What are the appropriate serum tumour marker tests to be routinely carried out in patients with suspected ovarian cancer who have been referred to a specialist to determine future management?

The group was not sure if the GP is referring these patients to secondary care at the same time as requesting the test or if the GP is waiting for the results of the first test and then referring? Also there could be one serum marker or a panel of markers requested.

f) What is the most appropriate imaging to be done in patients with suspected ovarian cancer to determine future management?

Is this question the same as questions c) and d)? If so it can be deleted.

Suggested new question – What are the indications for referring a patient from a local DGH to a specialist gynecology cancer centre? (The group was not sure if this might be covered by the gynecological cancer IOG).

g) What is the effectiveness of image guided biopsy?

No comments.

h) Is there a need for tissue diagnosis before starting chemotherapy?

The group though this question could be reworded to either:

- If there is a need for tissue diagnosis, what is the most effective way of doing it? Interventions could be:
  - Do nothing (will have definitive cancer surgery)
  - Immunocytochemistry of ascites
  - Image guided core biopsy ± cytochemistry
  - Laprascopic biopsy

or

- What is the most effective diagnostic work up for patients with ovarian cancer before starting chemotherapy?

i) Is primary surgery following neoadjuvant chemotherapy more effective than that performed prior to chemotherapy?

The group thought this question was important and should stay in, but the question could be expanded to include timing and extent of surgery.

j) Does surgery have a therapeutic value in patients with advanced ovarian cancer?

Delete this question.

Suggested new question – In a patient found to have ovarian cancer which has not been appropriately staged, what is the next management decision?

k) What is the optimal number of chemotherapy treatment cycles in patients with advanced ovarian cancer?

The group did not know if this question is relevant as currently worded? Are there any data? Should the question focus on stage 1 disease rather than 'advanced' disease?

Suggested re-worded question – For all patients (stage 1-4) requiring chemotherapy what is the optimum duration of chemotherapy (rather than number of cycles)?

l) What is the effectiveness of systematic retroperitoneal lymphadenectomy in the surgical management of patients when the disease appears confined to the ovaries?

The group suggested simplifying the question to try and find 'what extent of surgery is appropriate for different stages of ovarian cancer?'

m) Is single agent platinum-based chemotherapy more effective (clinical and cost) than platinum-based combination regimens in the management of women with advanced ovarian cancer?

The group agreed with this question and thought it would absorb TA55.

n) What are the indications for considering immediate palliative care rather than primary chemotherapy or surgery in patients with ovarian cancer?

The group thought this question was too narrow. Could it be reworded to – What is the role (e.g. when to become involved) of specialist palliative care in the management of patients with ovarian cancer?

o) Effective provision of information and support.

The group though that this needed to be in the form of a question. Important issues are around timing of provision and what to included e.g. HRT, loss of body image, sexual issues, fertility, stoma care and lymphodema. Thought the question should be more specific.

p) Follow-up of asymptomatic treated patients.

The group though that this needed to be in the form of a question and should ask ‘how frequent’ and ‘what modality’ – the concept of tailored follow-up.

The following additional topic was suggested by the sub-group as a high-priority issue that needs investigating in the guideline:

PET scanning

Group B:

Prioritised clinical topics

a) How to increase awareness about ovarian cancer (including identification of signs and symptoms) amongst the general public.

The group suggested that high-risk patients should be specifically included in this question as a sub-group. This would need defining – the Eve appeal have agreed a consensus statement defining “high-risk” which might be helpful here.

b) How to increase awareness about ovarian cancer (including identification of signs and symptoms to trigger referral) amongst primary healthcare professionals.

The DH has created some “Key Messages” related to increasing awareness of the signs and symptoms of ovarian cancer which they will be disseminating in the early part of 2009. However, there was strong consensus within the group that both topics a) and b) should not be removed from the scope.

c) What are the indications for doing the first test?

The group thought this question should be deleted as it was felt that the increased awareness that would result from question b) would lead to the indication for doing the first test.

d) What is the most effective first test in primary care for patients with suspected ovarian cancer?

e) What are the appropriate serum tumour marker tests to be routinely carried out in patients with suspected ovarian cancer to determine future management?

The group thought this question should be deleted as tumour markers would be covered under “effective first test” in question d).

f) What is the most appropriate imaging to be done in patients with suspected ovarian cancer to determine future management?

No comments.

g) What is the effectiveness of image guided biopsy?

The group thought this question should be deleted as it was felt that image guided biopsy was not a particularly controversial issue.

h) Is there a need for tissue diagnosis before starting chemotherapy?

i) Is primary surgery following neoadjuvant chemotherapy more effective than that performed prior to chemotherapy?

j) Does surgery have a therapeutic value in patients with advanced ovarian cancer?

The group thought this question should be moved above i) as this would be a more logical order.

k) What is the optimal number of chemotherapy treatment cycles in patients with advanced ovarian cancer?

This group thought this question should be deleted as it is generally accepted that the number of chemotherapy treatment cycles that should be used is 6-8. Consequently there is very little practice variation that needs to be resolved.

l) What is the effectiveness of systematic retroperitoneal lymphadenectomy in the surgical management of patients when the disease appears confined to the ovaries?

The group suggested that “systematic retroperitoneal lymphadenectomy” could be changed to “systemic staging” as several interventions might be of interest here. This would obviously make this a much larger question. However it was also suggested that systematic retroperitoneal lymphadenectomy was the key intervention of interest because there is higher morbidity for this than for other similar interventions.

m) Is single agent platinum-based chemotherapy more effective (clinical and cost) than platinum-based combination regimens in the management of women with advanced ovarian cancer?

The group thought this question should be deleted as the use of single-agent platinum-based chemotherapy is no longer current practice.

n) What are the indications for considering immediate palliative care rather than primary chemotherapy or surgery in patients with ovarian cancer?

The group thought this question should be deleted as it would be impossible to answer due to the large number of factors that are involved in this decision. It is really a matter for clinical judgment.

o) Effective provision of information and support.

No comment.

p) Follow-up of asymptomatic treated patients.

The following additional topics were suggested by the sub-group as high-priority issues that need investigating in the guideline:

q) The use of HRT in women who have received treatment for ovarian cancer.
r) Does identifying a family history of ovarian cancer influence management of the patient/their female relatives
s) Is intraperitoneal chemotherapy effective in the primary management of patients with ovarian cancer
t) Does raising awareness of ovarian cancer lead to earlier diagnosis
u) What is the evidence for the use of laparoscopy prior to debulking surgery
v) Does surgery after completion of primary chemotherapy have any therapeutic benefit.

Group C:

Prioritised clinical topics

a) How to increase awareness about ovarian cancer (including identification of signs and symptoms) amongst the general public.

Suggested re-worded question – Is there good evidence about the early symptoms of ovarian cancer? Those women with a family history (e.g. BRCA1/2) are at higher risk of ovarian cancer but are not always aware of this. Apparently there are early symptoms. There is a DH study (Key messages for ovarian cancer for health professionals - Debbie Romney Alexander)

The group also thought that there were two questions embedded in this topic: i) What are the symptoms of ovarian cancer? This can be searched, and some evidence might be available (though probably not high quality), but a list could be provided, and ii) What interventions are there to effectively increase awareness about ovarian cancer (including the list of signs and symptoms) amongst the general public? Therefore, this question is important and relevant and should remain in the list.

b) How to increase awareness about ovarian cancer (including identification of signs and symptoms to trigger referral) amongst primary healthcare professionals.

One member of the subgroup suggested ‘how to increase the need for testing’.

It was thought that raising awareness with primary healthcare professionals about symptoms would be a (probable) recommendation from the list of symptoms provided in topic (a), and therefore this guideline would alert health professionals to these early warning symptoms of ovarian cancer. The group wanted to increase the activity of conducting a physical examination of a woman who had these symptoms. So a

recommendation could come from listing the symptoms (along with the recommendation to do a physical examination) and therefore delete topic (b).

c) What are the indications for doing the first test?

The group questioned what should be the trigger in primary care to initiate the first investigation for ovarian cancer and what stops the GP from testing sooner? Physical examination seems obvious to recommend but it's not always done.

The group also thought that if after examination along with presence of symptoms, doctors have a suspicion of ovarian cancer then this is the indication for the first test to be done. So then the question is which first test to do (the tests of choice are tumour marker tests or imaging – and maybe others) which is covered in other topics (e – tumour marker tests and f – imaging modalities). Therefore the group suggested deleting this topic and topic d.

d) What is the most effective first test in primary care for patients with suspected ovarian cancer?

Delete this question – see topic c notes.

e) What are the appropriate serum tumour marker tests to be routinely carried out in patients with suspected ovarian cancer to determine future management?

The group thought that the patient was undiagnosed at this point (CA125, CA19.9, CEA). Where testing should be done, i.e. primary care or other?

The group thought that age seemed to be a factor since markers may be different in different age groups. However, the group discussed how germ cell tumours are prevalent in those <18 years of age so is having any age group defined relevant? The group thought it may be worthwhile to look for clear evidence of which test is valid for which group. There could possibly be epidemiological data on this.

f) What is the most appropriate imaging to be done in patients with suspected ovarian cancer to determine future management?

The group discussed using a scoring index such as RMI, but some women could slip through the net based on scoring alone if their image does not clearly indicate disease (some women with ovarian cancer may have a low score). See Jacobs et al. for scoring methodology. May be some use of ultrasound – UKCTOCS study.

The group thought there were issues around index of malignancy – professionals reporting imaging findings using different scoring systems – and so an additional area of interest was whether using different scoring systems makes any difference to diagnosis or should one system be used across the NHS? This would be an additional question.

g) What is the effectiveness of image guided biopsy?

Suggested re-worded question – Image guided biopsy vs laparoscopic biopsy, when would one or the other be more appropriate?

h) Is there a need for tissue diagnosis before starting chemotherapy?

The group discussed family history etc.

Suggested re-worded question – When is it appropriate to do tissue diagnosis and when is it NOT appropriate before treatment? What is its effectiveness?

i) Is primary surgery following neoadjuvant chemotherapy more effective than that performed prior to chemotherapy?

j) Does surgery have a therapeutic value in patients with advanced ovarian cancer?

The group suggested combining topics i and j. Compare surgery vs no surgery v adjuvant chemotherapy. See 'Chorus' study.

Topic j is really about the value of surgery in the management of ovarian cancer. Does it affect survival? Take possible risks and morbidity into account.

k) What is the optimal number of chemotherapy treatment cycles in patients with advanced ovarian cancer?

l) What is the effectiveness of systematic retroperitoneal lymphadenectomy in the surgical management of patients when the disease appears confined to the ovaries?

The group believe there is evidence to suggest that many women are incorrectly staged i.e. their disease is not confined to the ovary. Also there is variation in practice.

The group thought the main issue for the question is 'what is the role of upstaging given the variation practice'.

m) Is single agent platinum-based chemotherapy more effective (clinical and cost) than platinum-based combination regimens in the management of women with advanced ovarian cancer?

The group thought the question should look at 'what is the most clinical and cost effective chemotherapy for women with advanced ovarian cancer (including peritoneal)? Standard vs combined vs peritoneal.'

One sub-group member thought there was already guidance from somewhere on taxol vs platinum but others did not agree.

n) What are the indications for considering immediate palliative care rather than primary chemotherapy or surgery in patients with ovarian cancer?

The group thought this question should be deleted

o) Effective provision of information and support.

The group was not sure if this was at the point of diagnosis or at the completion of treatment. Is it ‘information’ or ‘support’ or ‘both because these would be separate topics?

p) Follow-up of asymptomatic treated patients.

The group thought the word ‘asymptomatic’ could be deleted?

What is the trigger point for not following up a patient, how long should it go on for, empowering patients to seek follow-up checks, provision of information (to women) about when to seek medical advice? Is this covered by the Supportive and Palliative Care guidance?

How to ensure quick access for a woman with possible recurrence? See OV05 trial.

The following additional topics were suggested by the sub-group as high-priority issues that need investigating in the guideline:

q) What is the therapeutic role of ultra radical vs radical surgery in ovarian cancer?

r) What to do with an incidental finding of ovarian cancer? Examples cited: emergency admissions; surgery for other conditions then extensive ovarian cancer discovered – what to do at this point?

s) Equalities issues highlighted – Ashkenazi Jews, Polish and possibly Pakistani women may have higher risk of ovarian cancer and also, women with BRCA gene mutation.