

National Institute for Health and Clinical Excellence

(51/2) – Laparoscopic radical hysterectomy for early stage cervical cancer

Consultation Comments table

IPAC date: Thursday 11th February 2010

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Consultee 1 NHS Professional	1	The level of expertise provided for and the case mix suitable used in the advanced skills module for benign disease is not appropriate for radical hysterectomy management. The operation should only be offered in centres where there is sufficient throughput of cases as well as appropriate training. Anecdotal and unpublished results suggest there is a high level of complication seen where laparoscopic radical hysterectomy is being performed - up to 40% ureteric and bladder complication. Some published agreement needs to be reached for practitioners to have an appropriate level of training, audit, insight and expertise before this technique is more widely used.	Thank you for your comment. Section 1.3 states that this training 'needs to be supplemented by further training to achieve the skills required for laparoscopic radical hysterectomy for early stage cervical cancer'. NICE IP guidance does not have the remit to suggest the number of procedures that should be done per centre. The Committee agreed to add a sentence to section 1.2 stipulating that the procedure should be carried out by units specialising in the treatment of gynaecological malignancies.
2	Consultee 2 Chair Womens Health Forum at RCN	1.	Seems reasonable guidance to ensure safety of surgery and patient selection, however, there is no mention of unproven benefits and patient choice.	Thank you for your comments. The lay version of the guidance will state that there may be other treatment options available and that the healthcare team should discuss these with the patient.

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3	Consultee 1 NHS Professional	2.1	There is a new staging - please correct Int J Gynecol Obstet may 2009. Early cervix cancer does not include stage 2 disease. Radiotherapy is usually combined with chemotherapy - this is the standard of care in the UK see the recent meta-analysis showing survival advantage	<p>Thank you for your comment. The cited article states that changes have been made to the definition of stage IIA. Substages are now defined as:</p> <p>Stage IIA1: tumour size ≤ 4 cm with involvement of less than the upper two-thirds of the vagina.</p> <p>Stage IIA2: tumour size of >4 cm with involvement of less than the upper two-thirds of the vagina.</p> <p>Two studies in the overview that specified 'early-stage' cervical cancer included stage IIA.</p> <p>The Committee created a section 2.5.1: "The Committee recognised that there are different classification systems for defining stages of cervical cancer. The evidence the Committee considered on early cervical cancer was up to and including stage IIA".</p> <p>The Committee made a change to section 2.1.3 stating that radiotherapy "is usually combined with chemotherapy"..</p>
4	Consultee 2 Specialist Society	2.1.3	2.1.3 The WHO recommended treatment for Stage 1a1 is simple hysterectomy, a trachelectomy can be considered in 1a2 or a simple hysterectomy and lymph node dissection or modified radical. It may not be accurate to suggest that early cervical cancer includes 1a1 and 1a2 and then say that usual treatment is radical hysterectomy.	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.
5	Consultee 1 NHS Professional	2.2	2.2.2 this is totally out of place 2.2.1 The last sentence should read that the radical hysterectomy is completed by removal of the uterus etc. The lymph node surgery is different from the radical hysterectomy. For early cervix cancer, there is little role for para-aortic lymphadenectomy as a routine.	<p>Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.</p> <p>Section 2.2.1 states that the para-aortic lymph nodes are <i>sometimes</i> removed.</p>
6	Consultee 3 NHS Professional	2.2	2.2.2 from wrong guidance. please remove	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.

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7	Consultee 4 NHS Professional	2.2	2.2.2. relates to eye surgery.	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.
8	Consultee 5 NHS Professional	2.2	2.2.2 is not related to this procedure but with the eye	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.
9	Consultee 6 NHS Professional	2.2	2.2.2 - misprint! Related to Ophthalmology, should not be in this section.	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.
10	Consultee 1 NHS Professional	2.3	What about cost effectiveness - theatre time and consumables versus hospital stay and possible reduced transfusion	Thank you for your comment. The Interventional Procedures programme does not consider cost-effectiveness.
11	Consultee 1 NHS Professional	2.4	Non-published evidence suggests a higher rate of problems. Register of procedures should be organised nationally for all those doing the procedure	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.
12	Consultee 1 NHS Professional	2.5	2.5.2 This paragraph is not appropriate	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.
13	Consultee 3 NHS Professional	2.5	remove...wrong procedure	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.
14	Consultee 4 NHS Professional	2.5	2.5.2. Relates to eye surgery.	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.
15	Consultee 5 NHS Professional	2.5	2.5.2 is not related to this procedure but to age related macula degeneration	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.
16	Consultee 6 NHS Professional	2.5	2.5.2 - misprint! Related to Ophthalmology, should not be in this section.	Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.

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17	Consultee 4 NHS Professional	General	Please note that the last paragraph relates to Age Related Macular Degeneration is misprinted under the title for laparoscopic radical hysterectomy.	Please respond to all comments Thank you for your comment. Section 2.2.2 was included in error on the web consultation document and will not be part of the final guidance.

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."