

Quality Standards Topic Expert Group day 1

Ovarian Cancer

Minutes of the meeting held on Thursday 29th September 2011

Meeting held at NICE offices in Manchester

<p>Attendees</p>	<p>Sean Duffy (Chair) (SD), Laurence Brown (LB), Derek Cruickshank (DC), Craig Dobson (CD), Linda Facey (LF), Cathy Hughes (CH), Frances Reid (FR), Evis Sala (ES), Jurjees Hasan (JH), Robin Crawford (RC), Nathan Bromham (NB), Azim Lakani (AL), Doug Wulff</p> <p><u>NICE Attendees</u></p> <p>Nicola Greenway (NG), Tim Stokes (TS), Andy McAllister (AM), Claire Turner (CT), Nick Staples (NS), Jenny Harrison (JH)</p> <p><u>Observers</u></p> <p>Angela Bennett</p>
<p>Apologies</p>	<p>Marcia Hall, Michael Scanes, Ian Manifold, Charles Redman, Audrey Bradford, Daniel Sutcliffe, Edgar Masanga</p>

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	<p>SD welcomed the attendees and announced the apologies. SD reviewed the agenda for the day.</p> <p>The group agreed the minutes from the scoping meeting held on 27th June 2011 were an accurate record.</p>	
2.Objectives of the meeting	<p>TS highlighted that the objective for the day was to discuss and agree the wording of draft quality statements and measures, and to decide which statements are progressed for consultation.</p>	
3.Review of process for developing the Ovarian Cancer quality standard	<p>TS reviewed the process for developing the quality standard and asked the TEG to think about factors which would have a high impact on outcomes, reducing variation in quality, lead to more efficient use of NHS resources and promote choice and equality whilst maintaining clarity and intent.</p> <p>NG presented the areas of care pathway which was revised from the scoping meeting.</p>	

Agenda item	Discussions and decisions	Actions
<p>4.Draft quality statements (QS) and quality measures (QM) developed from Ovarian Cancer recommendations</p> <ul style="list-style-type: none"> •Presentation •Discussion •Agreement 	<p>Draft Quality Statement 1: Women reporting one or more of the following symptoms are offered a serum CA125 test: persistent bloating, feeling full and/or loss of appetite, pelvic or abdominal pain, increased urinary urgency and/or frequency, unexplained weight loss, fatigue or changes in bowel habit (or other symptoms that suggest irritable bowel syndrome if they are over 50).</p> <p>In the evidence section it was highlighted by the TEG that the percentage figure stated in current practice for patients waiting more than 6 months for a correct diagnosis (44%) was incorrect and was in fact 30%. The group stated that the 80% of GPs who wrongly thought ovarian cancer had no symptoms should actually read no specific symptoms as ovarian cancer symptoms can be vague.</p> <p>The TEG agreed to change bloating to abdominal distension in the statement. The TEG stated that frequency should be mentioned in the quality statement. Following this the wording 'persistent' and 'frequency' are to be added to the definitions section. Persistent- at least 4 weeks, Frequency- 12 times per month (as per suspected cancer guideline).</p>	<p>Action 1: Wording to be changed and included in the statement and measures.</p> <p>Action 2: Definitions to be included.</p>
	<p>Draft Quality Statement 2: Women with a serum CA125 of 35 IU/ml or greater are offered an ultrasound scan of their abdomen and pelvis.</p> <p>The TEG agreed 'symptoms suggestive of ovarian cancer' to be included</p> <p>The TEG agreed for 'within 2 weeks' to be added to the statement.</p> <p>The TEG agreed the wording 'and direct access from primary care to an' to be included in the middle of the statement.</p> <p>During discussion on statement 6 the issue of the quality of ultrasound reporting and the ability to calculate RMI I was raised. The TEG agreed for a structure measure to be included and thought it more appropriate to occur in statement 2.</p>	<p>Action 3: Wording to be included in the statement and measures.</p> <p>Action 4: Structure measure to be included.</p>

Agenda item	Discussions and decisions	Actions
	<p>Draft Quality Statement 3: Women with serum CA125 of 35 UL/ml or greater and whose ultrasound suggests ovarian cancer, are referred urgently for further investigation.</p> <p>The TEG recommended including RCR guidance in the statement, and the TEG agreed with the wording 'as defined by RCR guidance'.</p> <p>The TEG discussed the word 'suggest' in that it is not clear enough, however this is defined in the RCR guideline.</p> <p>The TEG discussed where the referral was from in the statement, primary care and imaging departments were mentioned. Check lung cancer guidance for clarification.</p>	<p>Action 5: Wording to be included in the statement and measures.</p> <p>Action 6: Check lung cancer guidance.</p>
	<p>Draft Quality Statement 4: Women with a normal serum CA125 (less than 35 IU/ml), or CA125 of 35 IU/ml or greater but a normal ultrasound, with no other apparent clinical cause for their symptoms, receive advice to return to their GP if the symptoms become more frequent and/or persistent.</p> <p>The TEG agreed to replace 'become more frequent and/or persistent' with 'persist'.</p> <p>The TEG agreed for 'within 4 weeks' to be included in the statement.</p> <p>The TEG wanted the statement to ensure that women would expect to receive a further assessment when they returned to their GP.</p>	<p>Action 7: Wording to be changed in the statement and measures.</p> <p>Action 8: Wording to be included in the statement and measures.</p>

Agenda item	Discussions and decisions	Actions
	<p>Draft Quality Statement 5: Women with suspected ovarian cancer have access to other imaging techniques (in addition to ultrasound) in accordance with current national guidance.</p> <p>The TEG wished for CT to be mentioned. Following this they also wanted the inclusion of 'where required other imaging modality should be used in accordance with RCR national guidance'. The NICE team stated that this may be hard to measure, but the TEG believed this had to be stated to ensure other techniques can be used if necessary.</p> <p>The TEG then felt that CT needed specifying, and this lead to the inclusion of 'of the abdomen and pelvis with specialist MDT reporting expertise'.</p>	<p>Action 9: Wording to be included in the statement and measures.</p>
	<p>Draft Quality Statement 6: Women with suspected ovarian cancer have their risk of malignancy index I (RMI I) score calculated and those with an RMI I score of 250 or greater are referred to a specialist multidisciplinary team.</p> <p>After discussion surrounding where the RMI I would take place the TEG decided to include 'referred to a rapid access clinic' in the statement.</p> <p>The group expressed concern around the quality of imaging and reporting and asked for a structure measure to be included within statement 2 to address ultrasound.</p>	<p>Action 10: Wording to be included in the statement and measures.</p> <p>Action 4: Structure measure to be included (in statement 2)</p>

Agenda item	Discussions and decisions	Actions
	<p>Draft Quality Statement 7: Women with ovarian cancer are offered information about the disease, including psychosocial and psychosexual issues.</p> <p>The TEG believed ‘suspected or diagnosed’ should be included in the statement.</p> <p>The TEG also wished for ‘tests and or’ to be included in the statement.</p> <p>The TEG agreed for ‘psychosocial and psychosexual’ to be changed to ‘social, sexual and psychological’.</p> <p>The TEG believed the statement should mention a clinical nurse specialist as this role is best placed to deliver this support.</p>	<p>Action 11: Wording to be included in the statement and measures.</p> <p>Action 12: Wording to be changed in the statement and measures.</p> <p>Action 13: TEG member to tighten up the wording in the statement and send back to NG</p>
	<p>Draft Quality Statement 8: Women with suspected stage I ovarian cancer undergo retroperitoneal lymph node assessment as part of optimal surgical staging but do not receive systematic retroperitoneal lymphadenectomy or adjuvant chemotherapy if the assessment confirms that disease is confined to the ovaries.</p> <p>The TEG decided to remove ‘chemotherapy’ from the statement.</p> <p>The TEG noted that ‘confined to the ovaries’ should be removed.</p> <p>Through discussion the TEG believed ‘retroperitoneal lymph node assessment as part of’ should be removed from the statement and just have ‘optimal surgical staging’ mentioned. Following this the TEG wished for ‘optimal surgical staging’ to be included in the definitions section.</p> <p>The TEG agreed to change ‘but do not receive’ to ‘this does not include upfront’.</p>	<p>Action 14: To remove wording from the statement and measures.</p> <p>Action 15: Definitions to be included.</p> <p>Action 16: Wording to be changed in the statement and measures.</p>

Agenda item	Discussions and decisions	Actions
	<p>Draft Quality Statement 9: Women with high-risk stage I disease (grade 3 or stage 1c) are offered adjuvant chemotherapy consisting of six cycles of carboplatin and women with suspected stage I ovarian cancer and suboptimal surgical staging have the opportunity to discuss the possible benefits and side effects of adjuvant chemotherapy.</p> <p>It was noted by the TEG that 'suspected' can be removed from the title and then again in the statement where it reads 'with suspected stage 1 ovarian cancer and'.</p> <p>The TEG agreed to remove '(grade 3 or stage 1c)' from the statement.</p> <p>The TEG included the wording 'and appear to have stage 1 disease' in the statement.</p>	<p>Action 17: To remove wording from the title, statement and measures.</p> <p>Action 18: Wording to be included in the statement and measures.</p>
	<p>Draft Quality Statement 10: Women offered cytotoxic chemotherapy have a confirmed tissue diagnosis by histology (or by cytology if histology is not appropriate).</p> <p>The TEG noted that in the evidence the word 'cytomorphology' was used however this is now routinely referred to cytology although the evidence was a direct quote from the original full guideline.</p> <p>The TEG agreed to remove the word 'cytotoxic' from the statement.</p>	<p>Action 19: To remove wording in the statement and measures.</p>

Agenda item	Discussions and decisions	Actions
	<p>Draft Quality Statement 11: Women with ovarian cancer undergoing surgery have all macroscopic disease resected.</p> <p>The TEG reworded the statement to reflect the recommendation and included the wording 'the objective'.</p> <p>It was the consensus of the TEG that the process measure should be split into neo-adjuvant and non neo-adjuvant (interval and primary surgery)</p>	<p>Action 20: Reword the statement to reflect the recommendation.</p> <p>Action 21: Process measure to be split.</p>
	<p>Draft Quality Statement 12: Women with advanced ovarian cancer have access to appropriate clinical trials.</p> <p>The TEG wished for the statement to be removed</p>	<p>Action 22: Remove statement.</p>
	<p>Draft Quality Statement 13: Women with ovarian cancer have access to appropriate NICE-approved treatments.</p> <p>The TEG wished to change 'have access' to 'are offered'.</p> <p>After discussion around this statement and whether it should be removed the TEG felt it appropriate to be included.</p>	<p>Action 23: Wording to be changed in the statement and measures.</p>
<p>5. Other Recommendations</p>	<p>In terms of equality and diversity issues nothing was identified that directly or indirectly discriminates. However CH did raise the issue of age and co morbidity as a problem but was assured that this was not a significant issue in this topic.</p> <p>The TEG was concerned that radiotherapy was not mentioned in any of the quality statements. The group noted that there are some patients who psychologically cannot go through chemotherapy and would want the preference of radiotherapy. The group was reminded that there was no evidence to support having this as a quality statement.</p>	
<p>5.Consultation on the draft Quality standard</p>	<p>As the TEG were aware there is to be a consultation on the quality standard it was agreed not to run through the consultation slides.</p>	

Agenda item	Discussions and decisions	Actions
6.Next steps and AOB	TEG members were given an update of the next steps SD thanked NG and the group for their hard work so far and closed the meeting.	