



S I G N

PROPOSED REVIEW OF SIGN GUIDELINE 2005  
CONSULTATION FORM

Title of guideline	SIGN 28: Management of adult testicular germ cell tumours
Date of publication	1998
SIGN scoping search – sources	MeSH headings for the condition specified, plus any common variations as free text  Sources: <b>Guidelines:</b> NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. <b>Technology appraisals:</b> NICE; UK HTA database (Southampton); INAHTA database. <b>Cochrane reviews:</b> Cochrane library. <b>Other good quality systematic reviews:</b> UK HTA database (Southampton); DARE. <b>Individual studies:</b> Embase and Medline. Date of publication - 2005.
SIGN scoping search - summary	<b>Guidelines – 1</b> <b>HTAs – 0</b> <b>Cochrane reviews – 0</b> <b>Other good quality systematic reviews – 1</b> <b>Individual RCTs – 1 in last 2 years</b>
Other guidelines/HTAs	<ul style="list-style-type: none"> <li>▪ Segal R, Lukka H, Klotz LH, Eady A, Bestic N, Johnston M, Genitourinary Cancer Disease Site Group, <b>Cancer Care Ontario Practice Guidelines Initiative (CCOPGI)</b>. Surveillance programs for early stage non-seminomatous testicular cancer: a practice guideline. <i>Can J Urol</i> 2001 Feb;8(1):1184-92</li> </ul>
Main conclusions from new evidence <i>current guideline content given in italics</i>	<ul style="list-style-type: none"> <li>▪ Review of sexual function after treatment. <i>Not discussed in guideline.</i></li> <li>▪ In stage I seminoma, 20 Gy radiation therapy is unlikely to produce relapse rates more than 3% higher than standard 30 Gy therapy. <i>Guideline recommends 30Gy specifically in presence of risk factors for pelvic nodal disease.</i></li> </ul>
New areas that could be added to the guideline	<ul style="list-style-type: none"> <li>▪ none</li> </ul>
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> <li>▪ none</li> </ul>
<b>Results of consultation</b>	
Contributions from:	<ul style="list-style-type: none"> <li>▪ Consultant surgeon</li> <li>▪ Consultant radiation oncologist</li> <li>▪ Consultant clinical oncologist</li> <li>▪ Consultant medical oncologist</li> <li>▪ General practitioner</li> <li>▪ Urologist</li> </ul>
1(a)	Is there still a requirement for an evidence-based guideline on this topic?
	Yes – 5 Probably -1
1(b)	If no, should the guideline be withdrawn?
2(a)	Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>
	<ul style="list-style-type: none"> <li>▪ May require minor amendment to include something about sexual function after treatment and consideration of dose reduction.</li> <li>▪ Yes, there is enough new evidence for a review of this guideline</li> <li>▪ May require minor amendment to include something about sexual function after treatment and consideration</li> </ul>

of dose reduction

- Stage 1 Seminoma management should be revised in light of above + new carboplatin data
- Yes – treatment of stage 1 seminoma – carboplatin is treatment
- I'm not sure if there is evidence relating to review of sexual function after treatment. The XRT dose is not my area.

2(b) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?

Yes -2

Not entirely – detailed review of all evidence required.

Not with treatment in stage 1 seminoma

Unclear

3 Please list any additions to the remit of the guideline that you think would be beneficial

None

See 2a

Review of executives research and treatment targets and related evidence base.

4 Please tick your preferred option for reviewing this guideline

a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time

b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed

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c. the entire guideline should be reviewed