



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION SUMMARY**

Title of guideline	SIGN 75: Epithelial ovarian cancer
Date of publication	October 2003
SIGN summary of the scoping search	<p>HTAs and Systematic reviews:</p> <p>Cancer surveillance based on imaging techniques in carriers of BRCA1/2 gene mutations: a systematic review. British Journal of Radiology 2008; 81(963): 172-9 Bermejo-Perez M J, Marquez-Calderon S, Llanos-Mendez</p> <p>Predictive Genetic Testing for Breast and Ovarian Cancers: A Systematic Review of Clinical Evidence. CADTH Technology Report, Issue 66, March 2006 McGahan L, Kakuma R, Ho C, Bassett K, Noorani HZ, Joyce J, Allanson J, and Taylor S, CADTH, Canada</p> <p>The outcomes of ovarian cancer treatment are better when provided by gynaecologic oncologists and in specialized hospitals: a systematic review Vernooij F, Heintz P, Witteveen E, van der Graaf Y.. Gynecologic Oncology 2007; 105: 801-12</p> <p>Interval debulking surgery for advanced epithelial ovarian cancer.Tangjitgamol Siriwan, Manusirivithaya Sumonmal, Laopaiboon Malinee, Lumbiganon Pisake. Cochrane Database of Systematic Reviews: Reviews 2009 Issue 2</p> <p>Winter-Roach Brett A, Kitchener Henry C, Dickinson Heather O. Adjuvant (post-surgery) chemotherapy for early stage epithelial ovarian cancer. Cochrane Database of Systematic Reviews: Reviews 2009 Issue 1</p> <p>Morrison J, Swanton A, Collins S, Kehoe S. Chemotherapy versus surgery for initial treatment in advanced ovarian epithelial cancer (Cochrane Review). <i>Cochrane Database of Systematic Reviews 2007, Issue 4.</i></p> <p>Hess L M, et al. A meta-analysis of the efficacy of intraperitoneal cisplatin for the front-line treatment of ovarian cancer. Int J Gynecol Cancer 2007; 17(3): 561-70</p> <p>Intraperitoneal chemotherapy for patients with advanced ovarian cancer: a review of the evidence and standards for the delivery of care Fung-Kee-Fung M, Provencher D, Rosen B, Hoskins P, Rambout L, Oliver T, Gotlieb W, Covens A . Gynecologic Oncology 2007; 105(3):747-756</p> <p>Ovarian cancer (advanced) - paclitaxel, pegylated liposomal doxorubicin hydrochloride and topotecan (review). (Technology appraisal 91). Nice; 2005.</p>
Main conclusions from new evidence	<ul style="list-style-type: none"> ▪ A lack of data means that no conclusions could be drawn on the performance of ovarian cancer surveillance in women who carried BRCA1/2 mutations.

	<ul style="list-style-type: none"> ▪ The outcome of ovarian cancer was better when treatment was provided in specialised settings (gynaecologic oncologists or in specialised hospitals) than that provided in non-specialised settings. ▪ No conclusive evidence was found to determine whether interval debulking surgery (IDS) between cycles of chemotherapy would improve or decrease the survival rates of women with advanced ovarian cancer, compared with conventional treatment of primary surgery followed by adjuvant chemotherapy. ▪ Adjuvant platinum based chemotherapy is effective in prolonging the survival of the majority of patients who are assessed as having early stage epithelial ovarian cancer. Optimal surgical staging identifies patients who have either little or nothing to gain from adjuvant chemotherapy. Taken together with the lack of a survival advantage seen in patients with "low-risk" cancers in the ICON1 trial, it appears safe to withhold adjuvant chemotherapy from optimally staged patients with well differentiated tumours. ▪ Evidence suggests an improvement in survival if some chemotherapy is administered via the intraperitoneal route. There is an increase in adverse effects principally relating to the presence of a peritoneal catheter. ▪ There is strong evidence to support the use of IP cisplatin therapy as first-line treatment for optimal stage III ovarian cancer, as it is associated with significantly higher rates of survival, but with an increase in short-term toxicity. ▪ Paclitaxel in combination with a platinum-based compound (carboplatin or cisplatin) is recommended as an option for the second-line (or subsequent) treatment of women with platinum-sensitive or partially platinum-sensitive advanced ovarian cancer, except in women who are allergic to platinum-based compounds. ▪ Single-agent paclitaxel is recommended as an option for the second-line (or subsequent) treatment of women with platinum-refractory or platinum-resistant advanced ovarian cancer, and for women who are allergic to platinum-based compounds. ▪ PLDH is recommended as an option for the second-line (or subsequent) treatment of women with partially platinum-sensitive, platinum-resistant or platinum-refractory advanced ovarian cancer, and for women who are allergic to platinum-based compounds. ▪ Topotecan is recommended as an option for second-line (or subsequent) treatment only for those women with platinum-refractory or platinum-resistant advanced ovarian cancer, or those who are allergic to platinum-based compounds, for whom PLDH and single-agent paclitaxel are considered inappropriate. 	
New areas that could be added to the guideline	<ul style="list-style-type: none"> ▪ Hospital settings (non-specialised vs specialised) ▪ The use of cisplatin-based intraperitoneal chemotherapy (currently a good practice point) 	
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> ▪ Interval debulking surgery is recommended if performance status allows, where there is evidence of response to chemotherapy as determined by CA125 and imaging. (C) ▪ Carboplatin can be offered to all early stage 	Section: 4.5 5.3

	<p>epithelial ovarian cancer patients.(B)</p> <ul style="list-style-type: none"> ▪ Chemotherapy for recurrent ovarian cancer should be regarded as palliative in intent and should be reserved for symptomatic recurrence of disease.(A) <p>Symptomatic platinum-sensitive cancer recurrence can be treated with further platinum and paclitaxel. (A)</p>	5.6.1
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Please answer the following questions as fully as possible:

Specialty:	Oncology (1), Pharmacy (1), Genetics (1)	
1(a) Is there still a requirement for an evidence-based guideline on this topic?		
	Yes	
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? Please give details.		
	<p>Section 2.2: Update to include new evidence on screening in women with known or suspected familial predisposition to the disease.</p> <p>Section 4.3: Revise adjuvant chemotherapy section.</p> <p>Section 4.5: Revise section on interval debulking surgery.</p> <p>Section 5.6.1: Update to include new evidence on weekly treatments.</p>	
2(b) If no, is there a need to scope for new evidence on a yearly basis?		
2(c) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?		
	<p>The evidence for i.p. chemotherapy is somewhat controversial; the Armstrong trial uses a high dose of cisplatin which is hardly ever used. Intraperitoneal chemotherapy could still be considered experimental. (Armstrong D, Blunden B, Wenel L et al. Phase III randomized trial of intravenous paclitaxel, intraperitoneal cisplatin, and intraperitoneal paclitaxel in stage III ovarian cancer: a Gynecologic Oncology Group study. N Engl J Med 2006, 354, 34-43.)</p>	
2(d) If yes, please suggest clinical questions that could be addressed in the revision?		
3(a) Please list any additions to the remit of the guideline that you think would be beneficial		
	<p>An important potential advance in chemotherapy is the use of weekly paclitaxel.</p> <p>Clear review of treatments in relapse would be useful.</p>	
3(b) Please list any sections of the guideline that are no longer required		
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 elements of the guideline should be reviewed	✓

5 SIGN COUNCIL			Date: 11/11/2011
Revalidate	Refresh	Revise	Remove
	✓		