1
2 **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

3 # Guideline scope

4
5 # Familial ovarian cancer: identifying and managing risk

6 The Department of Health and Social Care in England has asked NICE to
7 develop a guideline on familial ovarian cancer.

8 The guideline will be developed using the methods and processes outlined in
9 [developing NICE guidelines: the manual](#).

10 This guideline will also be used to develop the NICE quality standard for
11 familial ovarian cancer.

12 This scope uses the term 'women' throughout, but this should be taken to
13 include those who do not identify as women but who have female pelvic
14 organs.

15 ## 1   Why the guideline is needed

16 About 340,000 to 440,000 women in the UK carry a pathogenic variant that
17 increases their risk of ovarian cancer. This includes pathogenic variants in
18 *BRCA1, BRCA2, RAD51C, RAD51D, BRIP1, PALB2, MLH1, MSH2* and
19 *MSH6* genes. It is estimated that 15% to 20% of women with high-grade
20 epithelial ovarian cancer also carry a pathogenic variant that is associated
21 with increased risk of ovarian cancer.

22 Over 50% of women with a pathogenic variant do not have any close family
23 members with cancer. Currently, only around 3% of women who carry a
24 pathogenic variant which increases the risk of ovarian cancer have been
25 identified as a result of genetic testing. This proportion will increase with
26 improved availability of genetic testing. Most women who carry a pathogenic
27 variant will not develop ovarian cancer. But, guidance is needed on how to

1 assess their risk of developing ovarian cancer, what risk-reducing

2 interventions should or should not be offered, and what support should be

3 given.

4 **Key facts and figures**

5 • Ovarian cancer is the most common cause of death from gynaecological

6 cancer. Cancer Research UK's ovarian cancer statistics show that it:

7 – is the sixth most common cancer among women

8 – accounted for around 5% of women's cancer deaths in 2018.

9 • Survival rates in England are improving, however overall survival remains

10 poor and 5-year survival rates are lower compared with most European

11 countries.

12 • The International Agency for Research on Cancer projects that the number

13 of women with ovarian cancer in the UK is going to increase by 23%

14 between 2020 and 2040 (from 6,056 to an estimated 7,454 of women).

15 **Current practice**

16 • Provision of genetic testing varies in the NHS. Not all women who have

17 relatives with ovarian cancer (with or without breast cancer) are currently

18 offered genetic testing. There is growing evidence showing the utility and

19 cost effectiveness of genetic testing.

20 • Risk-reducing salpingo-oophorectomy is currently an option for preventing

21 ovarian cancer in women who have a high risk of developing ovarian

22 cancer. However, there is variation in practice. Some women may be

23 having risk-reducing surgery when they do not need it and others who may

24 benefit from risk-reducing surgery may not be offered it. Also, use of

25 hormone-replacement therapy after risk-reducing surgery varies.

26 • Some centres use a specific surgico-pathological protocol to assess

27 histological samples removed during surgery to identify occult in situ or

28 invasive lesions. But, this is not uniformly done, so some occult in situ or

29 invasive cancers may be missed.

1 **Policy, legislation, regulation and commissioning**

2 The [chief medical officer's 2016 report](#) and the [NHS independent Cancer
3 Taskforce strategy (2015 to 2020)](#) highlight the benefits of genetic testing in
4 the NHS. The [NHS Long Term Plan](#) supports using genetic testing to provide
5 more personalised care for people with cancer. This guideline will focus on
6 identifying and managing the risk of familial ovarian cancer using genetic
7 testing and risk-reducing interventions. This could improve health outcomes
8 for several [NHS Outcomes Framework Indicators](#).

9 ## 2 Who the guideline is for

10 This guideline is for:

11 • healthcare professionals working in primary, secondary and tertiary care
12 • cancer alliances
13 • commissioners of ovarian cancer services (including clinical commissioning
14 groups and NHS England specialised commissioning)
15 • voluntary sector organisations working with women who have increased
16 risk, or a diagnosis, of familial ovarian cancer
17 • women with suspected or diagnosed familial ovarian cancer, their families
18 and carers
19 • women with ovarian cancer
20 • women at increased risk of familial ovarian cancer.

21 NICE guidelines cover health and care in England. Decisions on how they
22 apply in other UK countries are made by ministers in the [Welsh Government](#),
23 [Scottish Government](#), and [Northern Ireland Executive](#).

24 **Equality considerations**

25 NICE has carried out an equality impact assessment during scoping. The
26 assessment:

27 • lists equality issues identified, and how they have been addressed
28 • explains why any groups are excluded from the scope.

1   The guideline will look at inequalities relating to:

2   • accessing genetic testing, and fertility and menopause services, including

3   socioeconomic and geographical factors, and factors relating to age and

4   disabilities.

5   • accessing and providing information that could inform decisions about

6   genetic testing risk-reducing treatment. This includes people for whom

7   English is not their first language or who have other communication needs.

8   The guideline will also consider potential inequalities for trans people

9   (particularly trans men) and non-binary people in relation to accessing

10 services, including testing.

11 **3   What the guideline will cover**

12 **3.1   Who is the focus?**

13 **Groups that will be covered**

14 Women who:

15 • have ovarian cancer (with or without breast cancer)

16 • carry a pathogenic variant that increases the risk of ovarian cancer,

17   including in genes such as *BRCA1, BRCA2, RAD51C, RAD51D, BRIP1,*

18   *PALB2, MLH1, MSH2* and *MSH6*

19 • have a relative who carries a pathogenic variant that increases the risk of

20   ovarian cancer, including in genes such as *BRCA1, BRCA2, RAD51C,*

21   *RAD51D, BRIP1, PALB2, MLH1, MSH2* and *MSH6*

22 • have a family history of ovarian cancer (with or without a family history of

23   breast cancer)

24 • have a family history or a diagnosis of a syndrome associated with an

25   increased risk of ovarian cancer, such as Lynch syndrome

26 • come from populations with an increased prevalence of pathogenic variants

27   associated with ovarian cancer.

3.2 Settings

Settings that will be covered

All settings where NHS commissioned care is provided.

3.3 Activities, services or aspects of care

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

1. Individual and family support
2. Configuration of ovarian cancer risk assessment and management services
3. Risk prediction or assessment methods for familial ovarian cancer
4. Risk thresholds for genetic testing
5. Genetic testing for familial ovarian cancer
6. Familial ovarian cancer surveillance
7. Primary preventive medicines
8. Risk-reducing surgery

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Areas that will not be covered

1. Recognition and initial management of ovarian cancer

Related NICE guidance

Published

- [Suspected cancer: recognition and referral](#) (2015, updated 2021) NICE guideline NG12

- [Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer](#) (2021) NICE technology appraisal guidance TA693
- [Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy](#) (2021) NICE technology appraisal guidance TA673
- [Entrectinib for treating NTRK fusion-positive solid tumours](#) (2020) NICE technology appraisal guidance TA644
- [Larotrectinib for treating NTRK fusion-positive solid tumours](#) (2020) NICE technology appraisal guidance TA630
- [Colorectal cancer](#) (2020) NICE guideline NG151
- [Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer](#) (2020) NICE technology appraisal guidance TA620
- [Testing strategies for Lynch syndrome in people with endometrial cancer](#) (2020) NICE diagnostics guidance DG42
- [Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer](#) (last updated 2019) NICE guideline CG164
- [Menopause: diagnosis and management](#) (2015, updated 2019) NICE guideline NG23
- [Early and locally advanced breast cancer: diagnosis and management](#) (2018) NICE guideline NG101
- [Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer](#) (2018) NICE technology appraisal guidance TA528
- [Pancreatic cancer in adults: diagnosis and management](#) (2018) NICE guideline NG85
- [Tests in secondary care to identify people at high risk of ovarian cancer](#) (2017) NICE diagnostic guidance DG31
- [Molecular testing strategies for Lynch syndrome in people with colorectal cancer](#) (2017) NICE diagnostics guidance DG27

1 • [Ovarian cancer: recognition and initial management](#) (2011) NICE guideline

2 CG122

3 • [Metastatic malignant disease of unknown primary origin in adults: diagnosis](#)

4 [and management](#) (2010) NICE guideline CG104

5 • [Guidance on the use of paclitaxel in the treatment of ovarian cancer](#) (2003,

6 updated 2005) NICE technology appraisal guidance TA55

7 • [Improving supportive and palliative care for adults with cancer](#) (2004) NICE

8 cancer service guideline CSG4

9 **In development**

10 • [Niraparib for maintenance treatment of relapsed, platinum-sensitive](#)

11 [ovarian, fallopian tube and peritoneal cancer (CDF review TA528)](#) NICE

12 technology appraisal guidance. Publication expected December 2021

13 • [Olaparib for maintenance treatment of recurrent, platinum-sensitive](#)

14 [ovarian, fallopian tube and peritoneal cancer that has responded to](#)

15 [platinum-based chemotherapy (CDF review of TA620)](#) NICE technology

16 appraisal guidance. Publication date to be confirmed

17 **NICE guidance about the experience of people using NHS services**

18 NICE has produced the following guidance on the experience of people using

19 the NHS. This guideline will not include additional recommendations on these

20 topics unless there are specific issues related to familial ovarian cancer:

21 • [Medicines optimisation](#) (2015) NICE guideline NG5

22 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

23 • [Medicines adherence](#) (2009) NICE guideline CG76

24 ## 3.4   Economic aspects

25 We will take economic aspects into account when making recommendations.

26 We will develop an economic plan that states for each review question (or key

27 area in the scope) whether economic considerations are relevant, and if so

28 whether this is an area that should be prioritised for economic modelling and

29 analysis. We will review the economic evidence and carry out economic

1 analyses, using an NHS and personal social services perspective, as

2 appropriate.

3.5 Key issues and draft questions

4 While writing this scope, we have identified the following key issues and draft

5 questions related to them:

6 1 Individual and family support

7 1.1 What information and support is needed by women with familial

8 ovarian cancer or who are at increased risk of ovarian cancer (with

9 or without breast cancer), and their families and carers?

10 1.2 Which interventions are effective for supporting women at

11 increased risk of ovarian cancer to make decisions about

12 management options?

13 2 Configuration of ovarian cancer risk assessment and management

14 services

15 2.1 What is the most effective configuration of services for referral,

16 risk assessment and risk management for women at increased risk

17 of ovarian cancer (including fertility, menopause and psychological

18 support services)?

19 3 Risk prediction or assessment methods for familial ovarian cancer

20 3.1 What are the optimal methods of assessing the probability of

21 having a pathogenic variant associated with familial ovarian

22 cancer?

23 3.2 What are the optimal methods of assessing the absolute risk of

24 ovarian cancer in women at increased risk of ovarian cancer?

25 4 Risk thresholds for genetic testing

26 4.1 At what carrier probability should a person with a family history

27 of ovarian cancer (with or without breast cancer) be offered genetic

28 testing?

1   4.2 At what carrier probability should a person with a family history

2   of Lynch syndrome be offered genetic testing?

3   4.3 Which populations with a high prevalence of pathogenic

4   variants would meet the risk threshold for genetic testing?

5   4.4 At what carrier probability should women with ovarian cancer

6   (with or without breast cancer) be offered genetic testing?

7   5   Genetic testing for familial ovarian cancer

8   5.1 Which genes should be included in a gene panel when testing

9   for pathogenic variants that increase the risk of familial ovarian

10   cancer?

11   6   Familial ovarian cancer surveillance

12   6.1 What are the benefits and risks of surveillance for women at

13   increased risk of familial ovarian cancer?

14   6.2 How effective are different methods of surveillance for women

15   at increased risk of familial ovarian cancer?

16   7   Primary preventive medicines

17   7.1 How effective are preventive medicines for reducing the

18   incidence of ovarian cancer for women at increased risk of familial

19   ovarian cancer?

20   8   Risk-reducing surgery

21   8.1 How effective is risk-reducing surgery for women at increased

22   risk of familial ovarian cancer (also considering risk threshold, age

23   and extent of surgery)?

24   8.2 What surgico-pathologic protocol should be followed for risk-

25   reducing surgery for women at increased risk of familial ovarian

26   cancer?

8.3 What are the benefits and risks of hormone replacement therapy after risk-reducing surgery for women at increased risk of familial ovarian cancer?

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- disease-related morbidity
- disease-specific survival
- fertility
- health-related quality of life
- ovarian cancer
- overall survival
- prognostic accuracy
- psychological wellbeing
- resource use
- symptoms related to the menopause
- test accuracy
- treatment-related morbidity.

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

NICE quality standards that will use this guideline as an evidence source when they are being developed

- Familial ovarian cancer. NICE quality standard. Publication date to be confirmed

4.2 NICE Pathways

NICE Pathways bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in a new NICE Pathway on familial ovarian cancer.

5 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 22 November to 20 December 2021.

The guideline is expected to be published in March 2024.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.