



Surveillance report (exceptional review) 2017 – Ovarian cancer: recognition and initial management (2011) NICE guideline CG122

Surveillance report

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Surveillance decision

We will not update the guideline on [ovarian cancer](#) at this time.

Reason for the decision

Assessing the evidence

The purpose of this exceptional review was to examine any impact on the ovarian cancer guideline following the recent review of diagnosis in secondary care by the NICE diagnostics guidance on [tests in secondary care to identify people at high risk of ovarian cancer](#). No additional evidence published since the [last surveillance review of the ovarian cancer guideline](#) in March 2016 was considered by the exceptional review.

Last full surveillance review (March 2016)

The 2016 surveillance review identified 3 areas for update:

- Establishing the diagnosis in secondary care:
 - 1) For women with suspected ovarian cancer, what serum tumour marker tests should be routinely carried out to aid in diagnosis?
- Detection in primary care:
 - 2) For women with suspected ovarian cancer, what are the most effective first tests in primary care?
 - 3) What are the risk factors for ovarian cancer that should be identified in primary care?

Update area 1: diagnostic tests in secondary care

This area has now been examined by NICE diagnostics guidance on [tests in secondary care to identify people at high risk of ovarian cancer](#). It found that there is currently not enough evidence to recommend the routine adoption of the following tools in secondary care: IOTA ADNEX model, Overa (MIA2G), RMI 1 (at thresholds other than 200 or 250), ROMA or IOTA Simple Rules. It additionally recommends that there is no substantial

change in accuracy if the threshold of RMI 1 for referral to a specialist multidisciplinary team is lowered to 200 from the currently recommended threshold of 250 in the NICE guideline on [ovarian cancer](#) (NICE guideline CG122). No impact on the ovarian cancer guideline is anticipated.

Update area 2: diagnostic tests in primary care

The review question 'For women with suspected ovarian cancer, what are the most effective first tests in primary care?' was due to be updated only if the recommendations from the NICE diagnostics guidance on [tests in secondary care](#) had implications for primary care.

However, the diagnostics guidance concluded that no new tests warranted routine adoption, nor did the threshold of RMI 1 of 250 currently recommended by the ovarian cancer guideline need to change. Therefore, an update of primary care diagnosis within the ovarian cancer guideline is not needed.

Update area 3: identifying risk factors for ovarian cancer in primary care

The proposal to update the review question 'What are the risk factors for ovarian cancer that should be identified in primary care?' was based on comments from 1 stakeholder during the consultation on the [2016 surveillance decision](#). The comments concerned questioning patients about family history of breast and ovarian cancer. No evidence was identified by surveillance on this issue. This area was not therefore a high priority for update and was included in the 2016 surveillance decision because other areas were also proposed for update. It has now been decided that an update of the ovarian cancer guideline is not currently needed, therefore this area will be considered again at the next surveillance review.

Views of topic experts

Topic experts from the 2016 surveillance review were asked whether they agreed with the decision not to update the ovarian cancer guideline, and to consider risk factors in primary care again at the next surveillance review. Five experts (2 oncologists, a gynaecologist, a radiologist and a GP) replied that they agreed with the decision.

Other clinical areas

This exceptional surveillance review considered only the areas proposed for update in the [last surveillance review in March 2016](#).

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts, we decided that no update is necessary for this guideline.

See [how we made the decision](#) for further information.

How we made the decision

We reconsidered the previous surveillance decision for NICE's guideline on ovarian cancer following the development of the related NICE diagnostics guidance on [tests in secondary care to identify people at high risk of ovarian cancer](#).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Previous surveillance update decisions for the guideline are on our website.

Evidence

No additional evidence published since the [last surveillance review in March 2016](#) was considered.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Views of stakeholders

Stakeholders are consulted only if we decide not to update the guideline following checks at 4 and 8 years after publication. Because this was an exceptional surveillance review, and the decision was not to update, we did not consult on the decision.

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The NICE project team would like to thank the topic experts who participated in the surveillance process.

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