

National Institute for Health and Care Excellence
IP964/2 Maximal cytoreductive surgery for advanced ovarian cancer

IPAC date: 12th January 2023

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 British Gynaecological Cancer society	General	<p>The BGCS welcomes this timely assessment by NICE.</p> <p>The BGCS fully endorse:</p> <ol style="list-style-type: none"> 1. The usage of ‘maximal effort cytoreduction in advanced ovarian’ cancer to describe the process of advanced surgery in ovarian cancer. We urge that this terminology replaces all other descriptions of surgery for ovarian cytoreductive surgery. 1. Recognition of the efficacy of maximal effort cytoreduction. 2. Recognition of the extent and complexity of the surgery involved in maximal effort cytoreduction. 3. To achieve the desired aim of complete cytoreduction, there may be involvement with other surgical specialities. 4. That adequate governance procedures are developed, including a data base, centre accreditation and pre-operative planning. <p>In addition to the document, the BGCS would recommend:</p> <ol style="list-style-type: none"> 1. Development of a national pre-habilitation program for patients undergoing maximal effort cytoreduction. 2. A comprehensive nationwide data set to be developed to capture patient demographics, operative 	<p>Thank you for your comment.</p> <p>After considering all the consultation responses, the committee decided to change the title to ‘maximal cytoreductive surgery for advanced ovarian cancer’.</p> <p>A committee comment has been added, stating that a national prehabilitation programme would be useful for people who are offered this procedure.</p> <p>Section 3.11 of the draft guidance currently states: ‘The committee encourages centres doing this procedure to submit data to an appropriate register.’</p>

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
			procedures, post-operative morbidity and survival following maximal effort cytoreduction in advanced ovarian cancer.	
2	Consultee 6 Target Ovarian Cancer	General	Surgery is the treatment that offers the best chance of survival for those diagnosed with ovarian cancer. Target Ovarian Cancer welcomes any guidance to ensure that women get access to the very best surgery, and it is vital that maximal effort cytoreductive surgery is available to those that would benefit from it	Thank you for your comment. Consultee agrees with main recommendation.
3	Consultee 6 Target Ovarian Cancer	General	Availability of surgeons and resources should not be a barrier to accessing surgery for those that would benefit from it	Thank you for your comment.
4	Consultee 2 Ovacome Ovarian Cancer Charity	Title	Does the title accurately describe the procedure? We have some concerns that the term 'maximal effort cytoreductive surgery' could imply to patients and their loved ones, that for any other type of surgery used for ovarian cancer, the surgeons don't apply maximal effort. This could potentially cause worry and concern and leave patients feeling like they are having an inferior procedure.	Thank you for your comment. The title has been changed to 'maximal cytoreductive surgery for advanced ovarian cancer'.
5	Consultee 3 Professional Expert	Title	yes fully	Thank you for your comment. After considering all the consultation responses, the committee decided to change the title to 'maximal cytoreductive surgery for advanced ovarian cancer'.
6	Consultee 4 Ovarian Cancer Action	Title	Yes the title now is more appropriate for the procedure by excluding the words "ultra radical".	Thank you for your comment.

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments After considering all the consultation responses, the committee decided to change the title to 'maximal cytoreductive surgery for advanced ovarian cancer'.
7	Consultee 3 Professional Expert	Lay description	very suitable description	Thank you for your comment.
8	Consultee 5 University Hospital NHS Foundation Trust	Description	<p>The procedure: Surgical complexity scoring is rather simplified i.e. combination of upper abdominal procedures + pelvic procedures and opening into chest cavity - is reasonably describe other procedures that can cause significant morbidity are multiple bowel segment resection, stoma formation (permanent or 'temporary') is not included in the criteria. Duration of the procedure - is one of the major factors for immediate post operative morbidity and this will have significant impact on long term morbidity and outcome hence it is prudent that we consider using the scoring system.</p> <p>Description of omentectomy is also pest using the term total omentectomy to be specific.</p> <p>Under the topic description: It is best to specify removal of tumor tissues from the liver diaphragmatic surface, bowel, mesenteric surface, etc.</p>	<p>Thank you for your comment.</p> <p>The initial description is intended to be a brief lay summary of the procedure.</p>
9	Consultee 2 Ovacome Ovarian Cancer Charity	1.1	<p>We are pleased to read that NICE have provisionally made a standard recommendation for maximal effort cytoreductive surgery for advanced ovarian cancer. Surgery resulting in no residual macroscopic disease is associated with better prognosis for those diagnosed with advanced ovarian cancer. Our members report</p>	<p>Thank you for your comment.</p> <p>Consultee agrees with main recommendation.</p>

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
			positive views of surgical treatment, including ultra-radical procedures, and are keen to have this option available. Ovacome	
10	Consultee 3 Professional Expert	1	excellent in all points	Thank you for your comment. Consultee agrees with main recommendation.
11	Consultee 4 Ovarian Cancer Action	1	<p>Very positive feedback on the draft recommendations. We believe they are an important step forward but do not go far enough to ensure:</p> <ol style="list-style-type: none"> 1. All appropriate patients are considered around the country and eradicate the current postcode lottery 2. That patients do receive the highest quality of surgery through creating a smaller number of truly excellent accredited specialised units <p>We believe the above is of the highest importance to improving ovarian cancer survival rates in the UK - where we are currently among the lowest in high income countries.</p> <p>Ovarian Cancer is one of the worst cancers in the UK for regional variation in outcomes - we believe the above is significantly important to eradicating this postcode lottery.</p>	<p>Thank you for your comment.</p> <p>Consultee agrees with main recommendation. The details of regional service provision (and variations by area) are outside of the remit of IPAC which makes recommendations on the safety and efficacy of the procedure but not on service configuration.</p> <p>Section 1.3 of the guidance currently states: 'The procedure should be done by a team of surgeons with appropriate expertise. The procedure should only be done in accredited specialised units.'</p>
12	Consultee 4 Ovarian Cancer Action	1.2	Every patient with advanced ovarian cancer must be considered by for this procedure by their MDT. The Ovarian Cancer Audit Feasibility Pilot reports have shown significant variation in approaches to treatment around the country, which had lead to a significant variation in survival rates across the Cancer Alliances. If a Centre is not considering all advanced oc patients for this procedure serious questions must be asked about why, and whether that should be a place where	<p>Thank you for your comment.</p> <p>Section 1.2 of the guidance currently states: 'Patient selection should be done by a specialist gynaecological cancer multidisciplinary team, which may</p>

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
			<p>women with advanced ovarian cancer continue to be treated.</p> <p>A Pilot is currently being undertaken in NHS Grampian in Aberdeen to form a new regional MDT with Edinburgh to discuss management of advanced ovarian cancer patients and discuss consideration for surgery. This pilot is being run as a result of the Aberdeen unit identifying the % of their patients receiving surgery was significantly lower than other Centres, understanding there is a problem and seeking to find a solution that is in the best interest of its patients. This is a brave approach which will ultimately improve outcomes for patients diagnosed in the Scottish Highlands. A similar approach can be considered in England in areas which have low rates of surgery.</p> <p>If Centres are not able to undertake the procedure themselves, this should not affect patient selection- there should be appropriate links established to refer the patient to a specialist accredited centre (see comment on 1.3). This has been described as a hub and spoke model.</p> <p>In summary - maximal effort cytoreductive surgery is so important for any chance of surviving this awful disease for women diagnosed with advanced stage cancer. We cannot allow a system to continue where those who are lucky enough to live near a Centre that is able to perform the procedure have a much better chance of survival than those who are diagnosed in areas where this surgery is not common practice. Every patient must be considered for selection, and referred to more specialised Centres if necessary.</p>	<p>include surgeons from other specialities.'</p> <p>Section 1.3 of the guidance currently states: 'The procedure should be done by a team of surgeons with appropriate expertise. The procedure should only be done in accredited specialised units.'</p>

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
13	Consultee 6 Target Ovarian Cancer	1.2	Informed patient consent must also play a role in patient selection	Thank you for your comment. Informed patient consent should be part of standard arrangements.
14	Consultee 4 Ovarian Cancer Action	1.3	We believe there should be consideration of formal accreditation for Centres undertaking this procedure which sets out minimum requirements across a number of Quality Performance Metrics (best practice QPIs already published by European Society of Gynae Oncology and not yet published but work completed by BGCS). This will ensure patients are receiving high quality surgery that will give them the best chance of survival - minimising the postcode lottery currently existing for patients. This may mean there are fewer surgical centres around the country, but it will result in higher standards (and overall survival rates) and less variation. Regional variation of outcomes in ovarian cancer is a major issue (largely attributed to access to surgery) which must be addressed.	Thank you for your comment. The formal accreditation of centres is not within the remit of IPAC. The committee discussed this comment but made no change to the draft guidance because they considered this to be a matter for specialist societies.
15	Consultee 4 Ovarian Cancer Action	1.3	There is consensus on what requirements should be met in an accredited specialised unit. At the moment the only accreditation which comes close to best practice is an European Society of Gynae Oncologists accreditation which is optional and has no weight. We believe NICE should set out a British accreditation of which can be used formally.	Thank you for your comment. The formal accreditation of centres is not within the remit of IPAC. The committee discussed this comment but made no change to the draft guidance because they considered this to be a matter for specialist societies.
16	Consultee 3 Professional Expert	2	We should correct: The FIGO stage does not take fully into account the tumor load and disease extent in the advanced cases.	Thank you for your comment. Section 2.2 has been changed as suggested.

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
17	Consultee 3 Professional Expert	2.1	correct	Thank you for your comment.
18	Consultee 3 Professional Expert	2.1	correct	Thank you for your comment.
19	Consultee 3 Professional Expert	2.2	We should correct: The FIGO stage does not take fully into account the tumor load and disease extent in the advanced cases.	Thank you for your comment. Section 2.2 has been changed as suggested.
20	Consultee 3 Professional Expert	2.3	correct	Thank you for your comment.
21	Consultee 3 Professional Expert	2.3	correct	Thank you for your comment.
22	Consultee 3 Professional Expert	2.3	correct	Thank you for your comment.
23	Consultee 3 Professional Expert	2.4	correct	Thank you for your comment.
24	Consultee 3 Professional Expert	2.5	compared to surgery that leaves residual disease (instead of standard surgery)	Thank you for your comment. Section 2.5 currently states: 'The aim of maximal effort cytoreductive surgery for advanced ovarian cancer is to remove all identifiable disease, to improve survival compared with standard surgery. It is a development and extension of surgery for ovarian cancer.'

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
				The first sentence has been changed to: 'The aim of maximal effort cytoreductive surgery for advanced ovarian cancer is to safely remove all identifiable disease, to improve survival, compared to surgery that leaves residual disease'.
25	Consultee 3 Professional Expert	2.6	correct	Thank you for your comment.
26	Consultee 3 Professional Expert	3.5	correct	Thank you for your comment.
27	Consultee 3 Professional Expert	3.6	30 day mortality in trained teams is as low as 0-3%, so acceptable high. Also complication rates have been shown to be reduced when the operation is being performed within expert teams.	Thank you for your comment.
28	Consultee 3 Professional Expert	3.7	correct	Thank you for your comment.
29	Consultee 6 Target Ovarian Cancer	3.7	Patients also need to be fully informed about the risks and benefits of any surgery - this must include accessible information	Thank you for your comment. As part of informed patient consent, patients should be fully informed about the risks and benefits of the procedure. Section 3.7 currently states: 'There needs to be detailed preoperative assessment of the person's fitness to have maximal effort cytoreductive surgery and postoperative

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
				arrangements should include the availability of intensive care.'
30	Consultee 3 Professional Expert	3.8	correct	Thank you for your comment.
31	Consultee 3 Professional Expert	3.9	correct	Thank you for your comment.
32	Consultee 3 Professional Expert	3.10	correct	Thank you for your comment.
33	Consultee 3 Professional Expert	3.11	correct	Thank you for your comment.
34	Consultee 3 Professional Expert	3.12	thank you	Thank you for your comment.

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."