Professional organisation statement template

Thank you for agreeing to give us a statement on your organisation's view of the technology and the way it should be used in the NHS.

Healthcare professionals can provide a unique perspective on the technology within the context of current clinical practice which is not typically available from the published literature.

To help you in making your statement, we have provided a template. The questions are there as prompts to guide you. It is not essential that you answer all of them.

Please do not exceed the 8-page limit.

About you

[redacted]

Name of your organisation: Royal College of Nursing

Are you (tick all that apply):

- ✓ specialist in the treatment of people with the condition for which NICE is considering this technology?
- a specialist in the clinical evidence base that is to support the technology (e.g. involved in clinical trials for the technology)?
- an employee of a healthcare professional organisation that represents clinicians treating the condition for which NICE is considering the technology? If so, what is your position in the organisation where appropriate (e.g. policy officer, trustee, member etc.)? **Member**
- other? (please specify)

What is the expected place of the technology in current practice?

Recurrent and stage IV cancer of the cervix present a challenge because this disease is often unrelenting but relatively slow growing. In the case of uncontrolled disease in the pelvis pain is often the most significant factor. Pain from cervical cancer in the pelvis can often be very difficult to control and something these women may have to endure pain for a long period of time – even up to and beyond a year. The disease can also cause copious vaginal discharge and fistulation from the bowel and/or bladder into the vagina. It is truly a miserable condition in the advanced and recurrent setting.

The treatment of recurrent and advanced disease varies once the initial recommendations have been exhausted i.e surgery and chemo/radiation. Cancer of the cervix follow up is often provided by surgeons and giving chemotherapy in the recurrent or advanced setting is often not given enough consideration because there are no accepted guidelines. Single agent cisplatin is often given where there was an initial response to chemo/radiation and we are aware of some units using taxol and 5FU.

Of the 820 women in England that died from cervical cancer in 2007 most were under the age of 75yrs and some as young as 20-24years. It would be reasonable to expect this patient group to be able to tolerate combined chemotherapy. A significant number of women are in the childbearing and child rearing years and consideration should be given to the extra time that a child would benefit from the presence of a mother.

The chemotherapy would need to be given at specialist cancer centres under the care of a gynaecological cancer Multi-disciplinary Team (MDT); this team would be familiar with the use of topotecan if the medical oncologist is running a gynaecological cancer service.

Response to this treatment could have a significant impact on palliative care services especially for pain control or palliative surgery for vaginal fistulae. A reduction in the use of interventions in palliative care would hopefully result.

The advantages and disadvantages of the technology

There is currently very little to offer women with recurrent and advanced cervical cancer. These women will often live for some time with uncontrolled disease. Having treatment options to control the cancer and relieve symptoms is a significant improvement.

This drug is used in the gynaecological cancer setting for the treatment of ovarian cancer and is very familiar to healthcare staff.

Fitness to receive chemotherapy may be impaired when the cervical cancer affects the renal system and added interventions such as urethral stenting may be required but this would be the case with single agent cisplatin. Also even in the palliative setting, it is often appropriate to stent women with cervical cancer because of the *relatively* long life expectancy even with very advanced disease.

The quality of life aspect is quite important as these women may be unwell from any symptoms of the advanced disease and may involve input from a variety of different areas in primary and secondary care. Their care may involve support from community staff (GP/ District nurses/ community palliative care staff) as well as input from secondary care staff at the hospital (nurse specialist/ chemotherapy nurses).

Chemotherapy side effects may add to these other symptoms initially and a Multi-disciplinary Team (MDT) approach is highly important in the care of these patients.

Any additional sources of evidence

None

Implementation issues

The number of patients likely to be suitable for this treatment would be relatively low. Current specialist services for gynaecological cancer treatment should be able to manage any recommendation for use; some are already providing this treatment.