

Guidance on the use of paclitaxel in the treatment of ovarian cancer

This document replaces the previous guidance on the use of paclitaxel in the treatment of ovarian cancer (Guidance on the use of Taxanes for Ovarian Cancer: National Institute for Clinical Excellence Technology Appraisal Guidance No 3. London: NICE, www.nice.org.uk, May 2000).

1. Guidance

- 1.1 It is recommended that paclitaxel in combination with a platinum-based compound or platinum-based therapy alone (cisplatin or carboplatin) are offered as alternatives for first-line chemotherapy (usually following surgery) in the treatment of ovarian cancer.
- 1.2 The choice of treatment for first-line chemotherapy for ovarian cancer should be made after discussion between the responsible clinician and the patient about the risks and benefits of the options available. In choosing between treatment with a platinum-based compound alone or paclitaxel in combination with a platinum-based compound, this discussion should cover the side-effect profiles of the alternative therapies, the stage of the woman's disease, the extent of surgical treatment of the tumour, and disease-related performance status.
- ~~1.3 When relapse occurs after an initial (or subsequent) course of first line chemotherapy, additional courses of treatment with the chosen chemotherapy regimen (re-challenge therapy) should be considered if the initial (or previous) response has been adequate in extent and duration. Once the tumour fails to respond adequately to the chosen first line regimen, different treatment options should be considered as part of second line therapy (see 1.4).~~
- ~~1.4 Paclitaxel is not recommended as second line (or subsequent) therapy in women with ovarian cancer who have received the drug as part of their first line treatment. For women who have not received paclitaxel as part of first line treatment, it should be considered as one option alongside other drugs licensed for second line treatment of ovarian cancer.~~
- ~~1.5 Only oncologists specialising in ovarian cancer should supervise the provision of chemotherapy in ovarian cancer.~~

This guidance has been partially updated by 'Paclitaxel, pegylated liposomal doxorubicin hydrochloride and topotecan for second-line or subsequent treatment of advanced ovarian cancer (review)' (NICE technology appraisal guidance 91 [TA91]). Recommendations 1.3, 1.4 and 1.5 have been replaced. See TA91 (www.nice.org.uk/guidance/TA91) for details of the new recommendations and evidence considered.

This section (Section 1) constitutes the Institute's guidance on the use of paclitaxel in the treatment of ovarian cancer. The remainder of the document is structured in the following way:

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The full document and a Summary of Evidence are available from our website at www.nice.org.uk or by telephoning 0870 1555 455 and quoting the reference number N0185.