

National Institute for Health and Care Excellence

Ovarian cancer (update) QS

Consultation on draft quality standard – deadline for comments 5pm on 18/09/2024

Please email your completed form to: QualityStandards@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

Use the form to comment on the content of the quality standard (i.e. the statements and other sections e.g. rationale, measures etc.), as well as answer the following questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Can data for the proposed quality measures be collected locally? Please include in your answer any data sources that can be used or reasons why data cannot be collected.
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Please provide your comments on the equality and health inequalities assessment (EHIA) and the equality and diversity considerations section for each quality statement. Please confirm any issues that have been missed and how they can be addressed by health care services and practitioners.
5. For draft quality statement 3 (panel germline genetic testing): Please state whether data can be collected to support monitoring take-up of panel germline testing by ethnicity.
6. For draft quality statement 4 (tumour testing (stage 3, 4)): Please state whether data can be collected to support monitoring take-up of tumour testing by ethnicity.
7. For draft quality statement 5 (treatment of high-risk stage 1, stage 2 to 4 (inclusive) ovarian cancer): Please state whether data can be collected to support monitoring the measures by age and comorbidity.

8. What are the challenges to implementing the NICE guidance underpinning this quality standard? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives).

Organisation details

Organisation name (if you are responding as an individual rather than a registered stakeholder please leave blank)	Royal College of General Practitioners
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of person completing form	Michael Mulholland/ Adrian Hayter/ Anika Mandla
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	No

Comments on the draft quality standard

Comment number	Statement or question number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
<i>Example 1</i>	<i>Statement 1</i>	<i>This statement may be hard to measure because...</i>
1	Question 1	The draft quality standard covers several key areas for quality improvement in ovarian cancer management:

		<ul style="list-style-type: none"> • It is important to consider ovarian cancer and relevant investigations with every presentation of abdominal symptoms in women and also consider the needs of people with learning disability and neurodiversity who are: <ol style="list-style-type: none"> 1) Often omitted in discussions on equality and diversity, 2) Have difficulties with communication especially about health needs 3) Affected by manifestations of ill health which are dependent on the intrinsic abilities and characteristics of each person 4) Adversely affected by social policy including the use of virtual consultations and IT. • Risk-Reducing Surgery: The focus on discussions about risk-reducing surgery for adults with a lifetime risk of 5% or more aligns with improving preventive care. • Genetic Testing: Emphasis on panel germline testing for adults newly diagnosed with high-grade epithelial ovarian cancer and tumour testing for stage 3 or 4 cancers is vital for identifying genetic risks and tailoring treatment. • Combined Treatment Approach: The recommendation for both surgery and chemotherapy for high-risk stage 1 or stages 2-4 ovarian cancers supports evidence-based practice. <p>These areas reflect significant aspects of care that can improve outcomes, particularly by focusing on early detection, tailored treatment approaches, and risk management.</p>
2	Question 2	<p>Yes, data for the proposed quality measures can likely be collected locally:</p> <ul style="list-style-type: none"> • Data Sources: Data can be collected from patient records, clinical genetics records, and multidisciplinary team meeting records for documenting discussions about risk-reducing surgery and genetic testing (panel germline and tumour testing). • Data for Treatment Monitoring: Local hospital and oncology department records can track the use of surgery and chemotherapy, while cancer registries may provide additional data points on incidence and outcomes
3	Question 3	<p>The quality statements seem achievable, but there are specific resource requirements:</p> <ul style="list-style-type: none"> • Training Needs: Healthcare professionals may need additional training in shared decision-making and genetic risk communication.

		<ul style="list-style-type: none"> • Increased Testing Capacity: Implementing panel germline and tumour testing may require investment in laboratory capabilities and genetic counselling resources. • Multidisciplinary Coordination: Local services need effective multidisciplinary teams and referral pathways <p>Potential Cost Savings:</p> <ul style="list-style-type: none"> • Preventive Measures: Investment in genetic testing and risk-reducing surgeries could lead to early interventions that prevent costly treatments for advanced-stage cancer. • Efficient Resource Utilisation: Standardising care pathways could reduce the variability in treatment outcomes and potentially reduce costs associated with prolonged or inappropriate treatments
4	Question 4	<p>The EHIA seems comprehensive but there are areas for improvement:</p> <ul style="list-style-type: none"> - Race and Ethnicity: Although the draft mentions variations in genetic testing uptake by ethnicity, it could benefit from more explicit strategies to address these disparities, such as targeted outreach and education programs. - Socioeconomic Status: The document recognizes disparities in outcomes by socioeconomic status but lacks specific strategies to address these, such as improving access in deprived areas or reducing costs for patients. - Age Disparities: It is acknowledged that older patients are less likely to receive certain treatments. The guidance should include more proactive recommendations to reduce these inequalities
5	Question 5	Yes, data can be collected to monitor the uptake of panel germline testing by ethnicity. Local services could use hospital records, genetic testing services, and cancer registries to collect this data.
6	Question 6	Yes, similar to statement 3, local data sources such as hospital records, oncology services, and pathology departments could be used to monitor the uptake of tumour testing by ethnicity. The data could be complemented by national cancer audit databases
7	Question 7	Yes, data on treatment measures by age and comorbidity can be collected from patient medical records, hospital databases, and cancer registries. This data would require local healthcare providers to document age, comorbid conditions, and treatment details systematically

8	Question 8	<ul style="list-style-type: none"> - Resource Limitations: Local services may face challenges such as limited access to genetic counselling and testing, lack of trained personnel, or insufficient laboratory capacity for tumour testing. - Data Collection and Standardisation: Consistently capturing and reporting data across different localities may be challenging, particularly for smaller or less-resourced services. - Healthcare Inequalities: Ensuring equitable access across different patient groups, including those from ethnic minorities or lower socioeconomic backgrounds, is a challenge. Strategies like targeted outreach, community engagement, and financial support could help mitigate these issues

Insert more rows as needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

Please return to QualityStandards@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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 comments we received, and are not endorsed by NICE, its officers or advisory Committees.