

Fact sheet 13

Choosing treatment – the role of the National Institute for Health and Clinical Excellence (NICE)

We, Ovacome, are a support network for people affected by ovarian cancer in the UK. We provide information and support, raise awareness and put you in touch with others who are suffering from ovarian cancer.

What is NICE?

The National Institute for Health and Clinical Excellence (NICE) is a part of the NHS that produces information on how medicines should be used and when they should be used. It was set up to make sure you receive consistently high-quality treatment, wherever you live.

NICE work in England and Wales. In Scotland, the Scottish Intercollegiate Guidelines Network produces information. Northern Ireland does not have a similar organisation.

Treating ovarian cancer

Cancer is a disease that appears when cells continue to divide uncontrollably, and cause a group of cells to form in one part of the body. This is what causes the lump that is the tumour (cancer).

Treatments for ovarian cancer are surgery to remove the tumour and chemotherapy to kill the cells that are dividing unnaturally.

Chemotherapy has been used to treat ovarian cancer for many years. Until recently,

platinum-based drugs – cisplatin and carboplatin – have been the drugs most widely used. Tumours usually respond to this treatment, but often eventually come back.

NICE recommends having the chemotherapy drug paclitaxel (taxol) with one of these platinum-based drugs (cisplatin or carboplatin), or one of these platinum-based drugs alone, for first-line (first course) chemotherapy.

You should discuss your treatment with your oncologist (doctor specialising in treating cancer) after talking about the possible risks and benefits of the two treatments. You should discuss how effective the treatment is, side effects, the stage your cancer is at, surgery and your general wellbeing.

What if my cancer comes back?

It is possible that your cancer will respond to the same chemotherapy more than once. Two things help doctors decide whether you are likely to respond to second and further courses of chemotherapy. These are

- the length of time it takes for the cancer to come back; and
- the extent of the relapse (that is, the number of places in the body where it has come back).

NICE recommends that if the first response to chemotherapy was reasonably long lasting, (you have been free from cancer for six months or more after finishing first-line treatment), your oncologist should think about giving you more courses of the same chemotherapy. However, other chemotherapy options are available.

Since NICE produced this information, two large trials have found that using paclitaxel (taxol) with platinum-based chemotherapy (cisplatin or carboplatin) when ovarian cancer has come back increases your chances of surviving for another two years by 7%.

What if my original chemotherapy no longer works?

Your original chemotherapy may not have worked very well or it may have worked for a time but then became less effective.

NICE recommends that if the chemotherapy used originally did not include paclitaxel, you and your oncologist should consider it this time. NICE have assessed the chemotherapy drugs topotecan and liposomal doxorubicin (caelyx) and you should be able to have these, if appropriate.

If you would like more information or you would like to discuss anything to do with ovarian cancer, phone our support line on 0845 371 0554, Monday to Friday from 9am to 4pm. Or, you can visit our website at www.ovacome.org.uk.

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