

National MDT 19th September 2024 NICE Familial OC

Survey results

Dr Helen Hanson

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Thank you to

Birmingham	North East Thames
Nottingham	Wales
Oxford	Edinburgh
Sheffield	Leicester
RMH	Leeds
Exeter/Peninsula	Glasgow
Cambridge	Aberdeen
Bristol	GSTT
?	Manchester

18

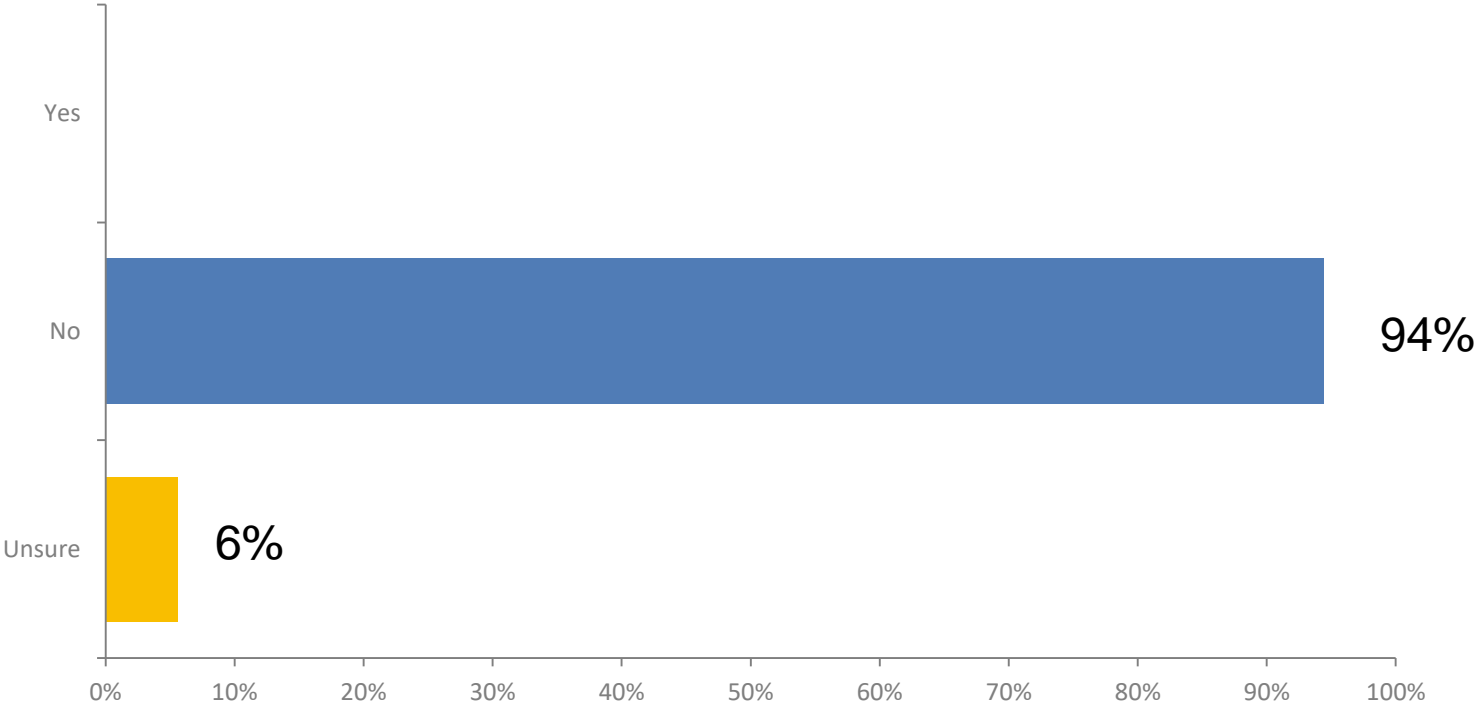
Total Responses

Date Created: Monday, August 19, 2024

Complete Responses: 18

Q2: Are you currently able to implement the NICE Familial Ovarian Cancer recommendations (NG241) in full ?

Answered: 18 Skipped: 0



Q2: Themes from comments

Testing criteria

- Criteria are not currently supported by National Genetic Test Directory

Inequity

- Inconsistent with eligibility criteria for other cancers

Resources

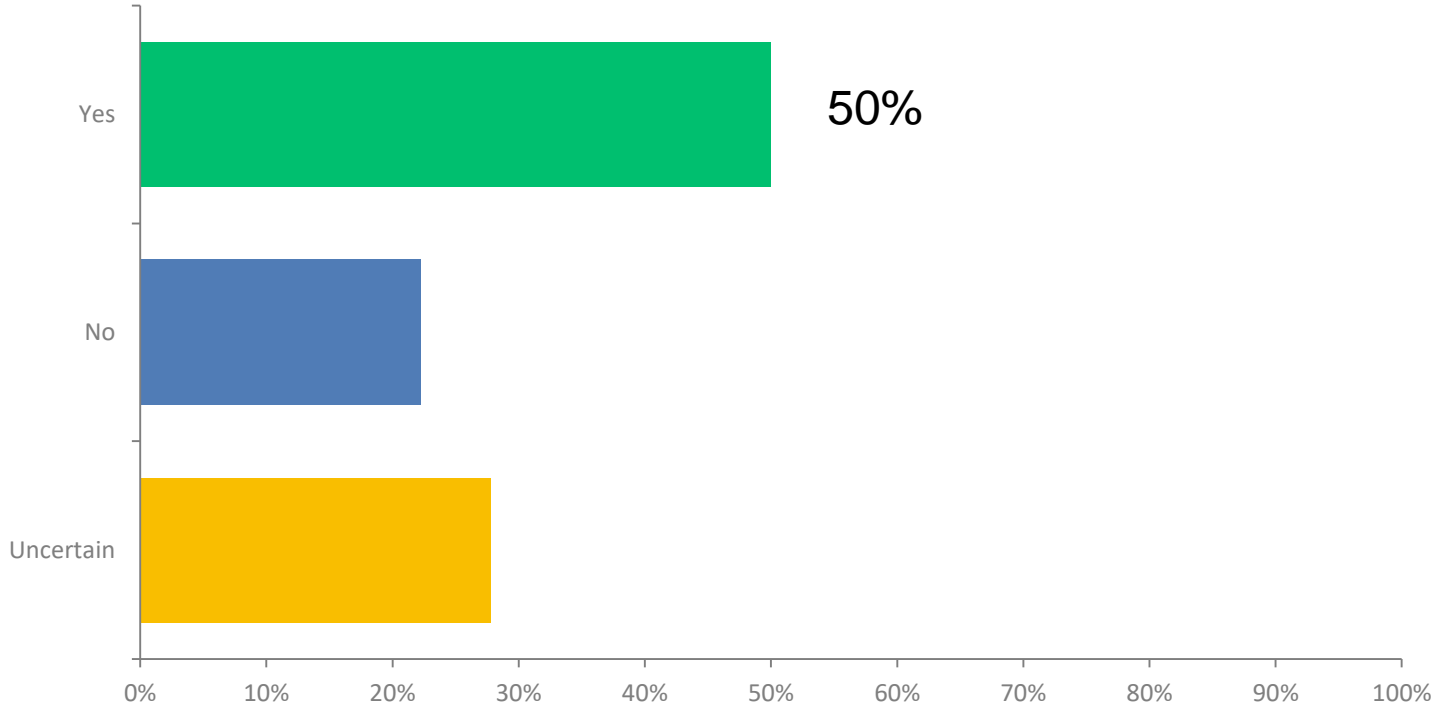
- Insufficient **lab** staff to cope with potential increase in tests
- Insufficient **genetics** staff to manage increased referrals for assessment
- Long waiting lists and insufficient staffing in **Gynaecology** to manage increased referrals for BSO

Infrastructure

- No existing infrastructure or resource for Gynae MDT

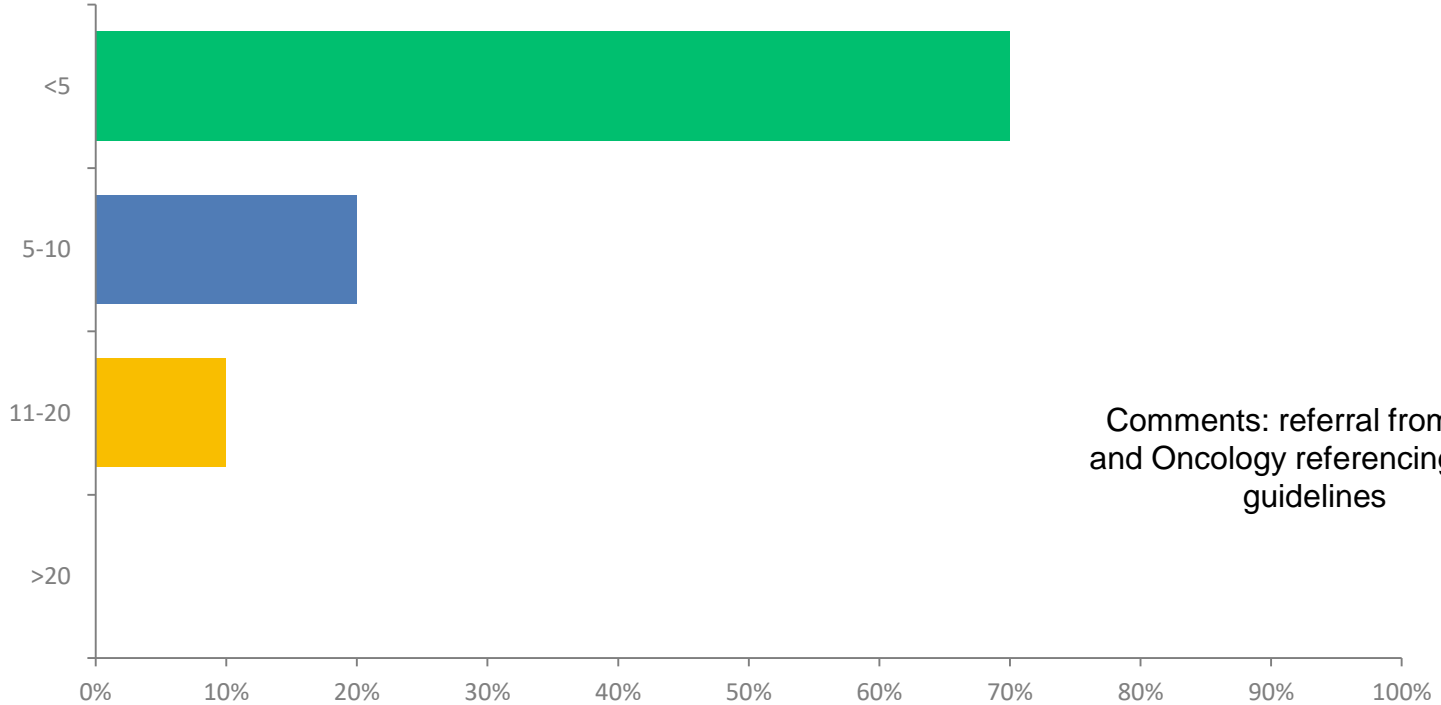
Q3: Since NICE Familial OC guidelines (NG241) were published, have you seen an increase in the number of referrals for women with a family history of OC?

Answered: 18 Skipped: 0



Q4: Please estimate the increase in referrals per week related to NG241

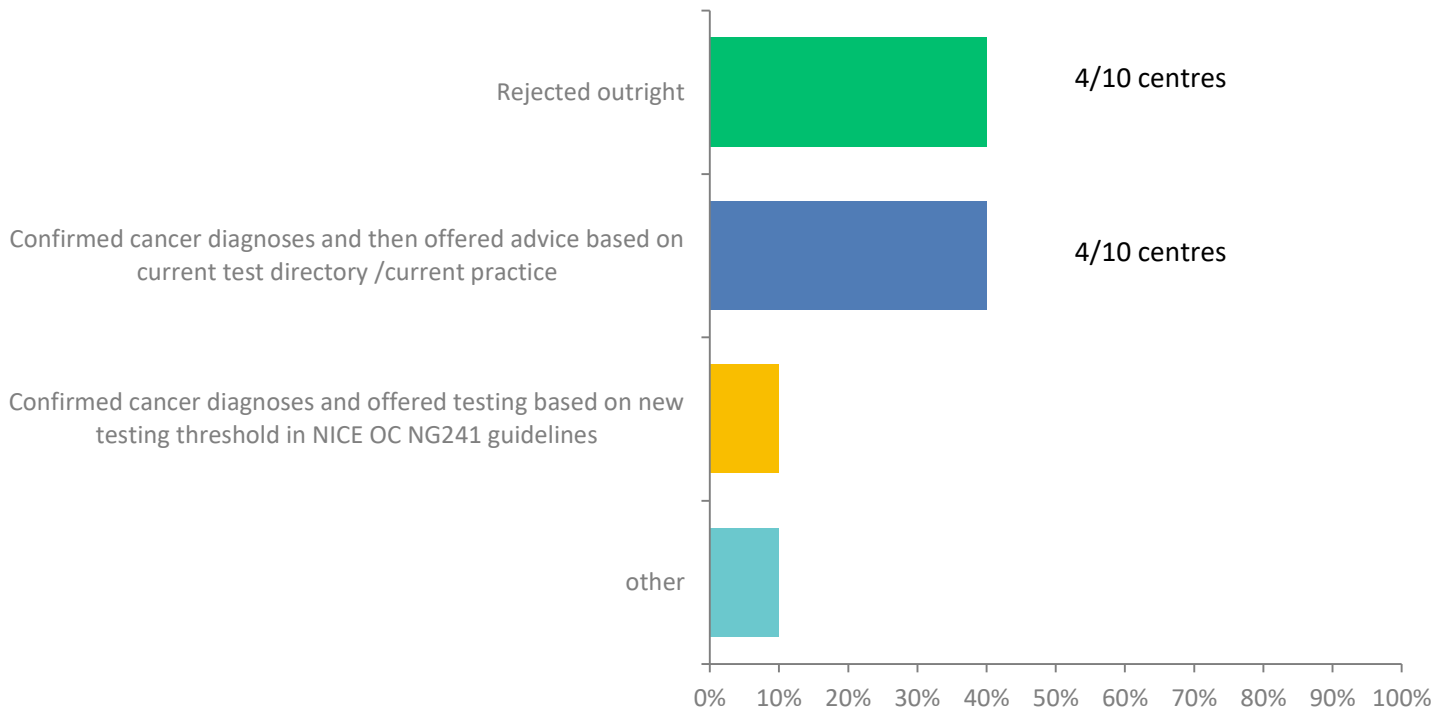
Answered: 10 Skipped: 8



Comments: referral from GPs and Oncology referencing NICE guidelines

Q5: How have you managed these referrals?

Answered: 10 Skipped: 8



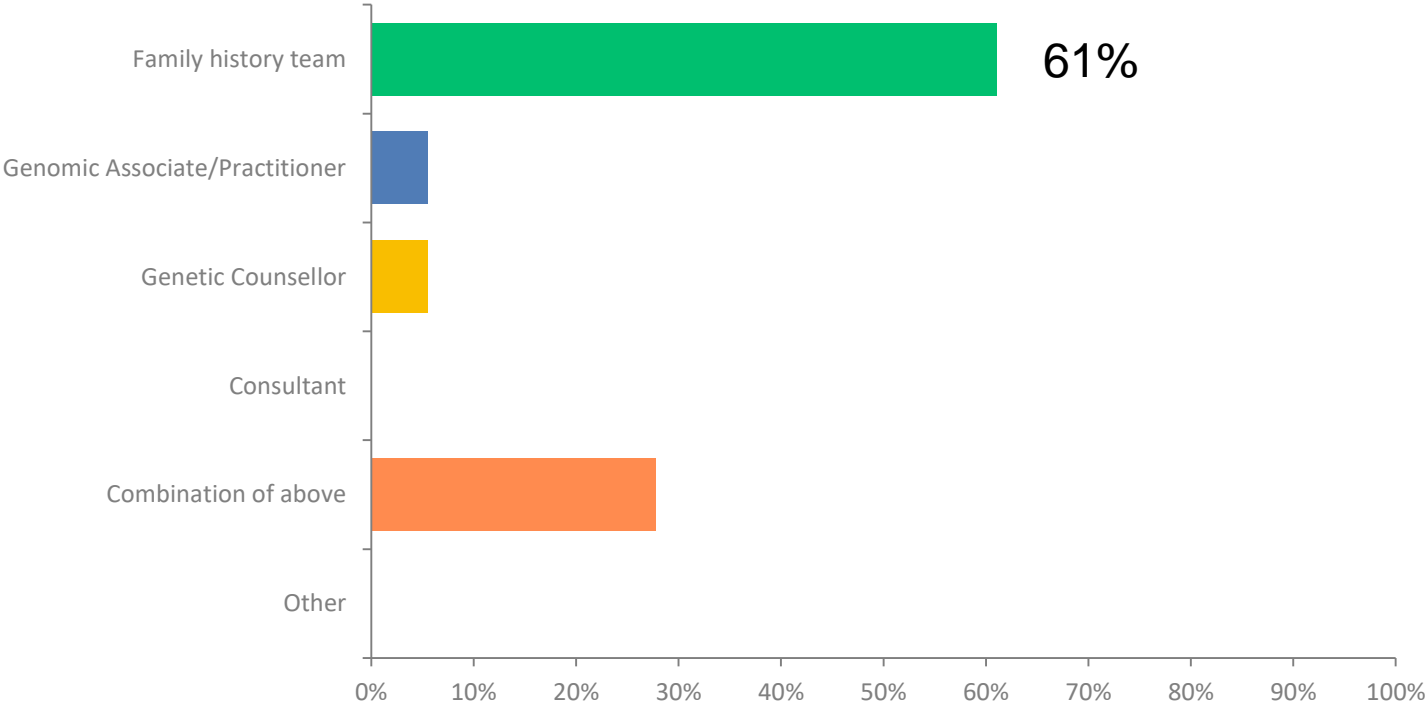
Q5: How have you managed these referrals?

Answered: 10 Skipped: 8

- Redirected back to GP and suggested GP review when local referral protocol is updated and/or national test directory criteria are updated
- Redirected back to GP, but maintaining a list of patients
- Redirected back to GP , but if seems likely will meet NG241 criteria suggest re-referred in 12 months
- Reject with standard letter - advised that NG241 has been published but not yet implemented

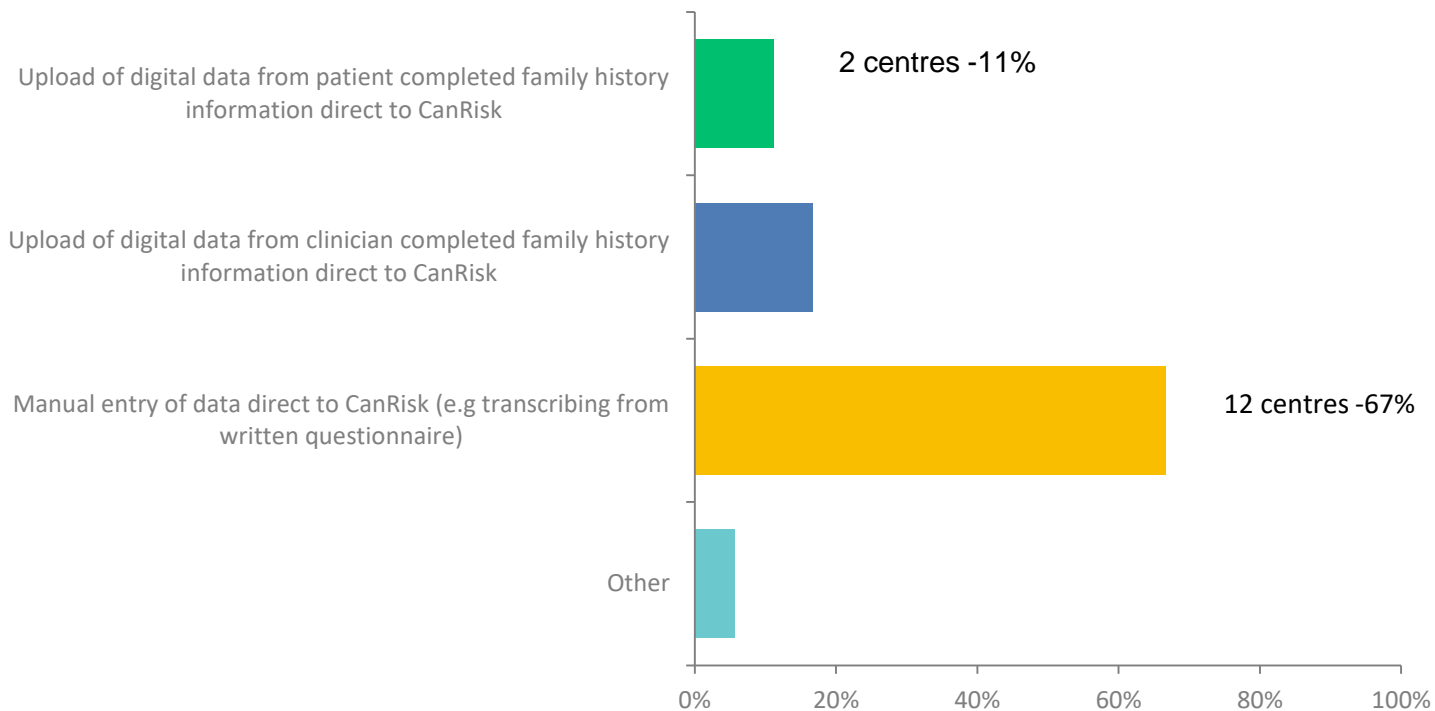
Q6: Who currently undertakes the majority of cancer confirmations in your centre?

Answered: 18 Skipped: 0



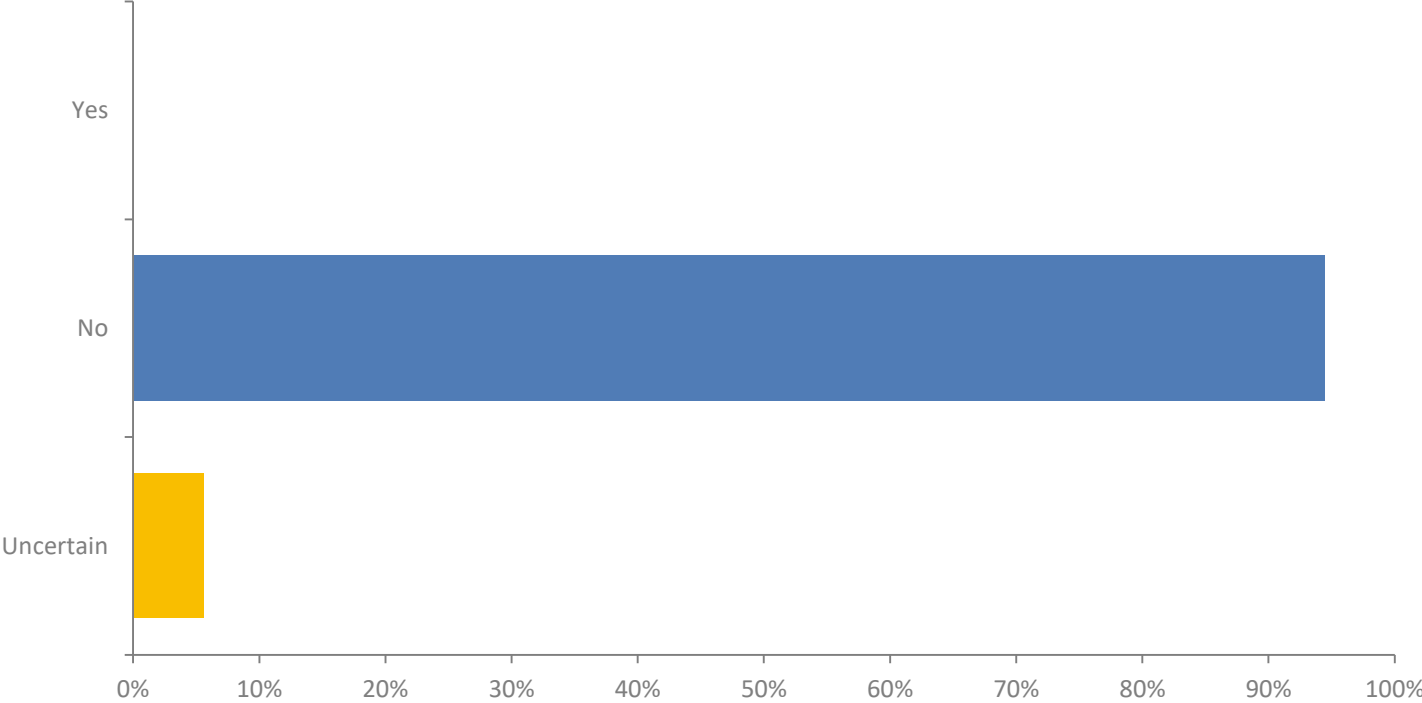
Q7: How do you currently enter information to CanRisk to calculate the likelihood of detecting a pathogenic variant in a BC/OC gene ?

Answered: 18 Skipped: 0



Q8: The NICE Familial OC NG241 guideline considerably lowers the thresholds for genetic testing in unaffected individuals with a family history of OC. Do you think this guidance should be implemented in clinical practice without also reviewing the current recommendations for testing in women with a personal history of breast cancer ?

Answered: 18 Skipped: 0



Q8: The NICE Familial OC NG241 guideline considerably lowers the thresholds for genetic testing in unaffected individuals with a family history of OC. Do you think this guidance should be implemented in clinical practice without also reviewing the current recommendations for testing in women with a personal history of breast cancer ?

Answered: 18 Skipped: 0

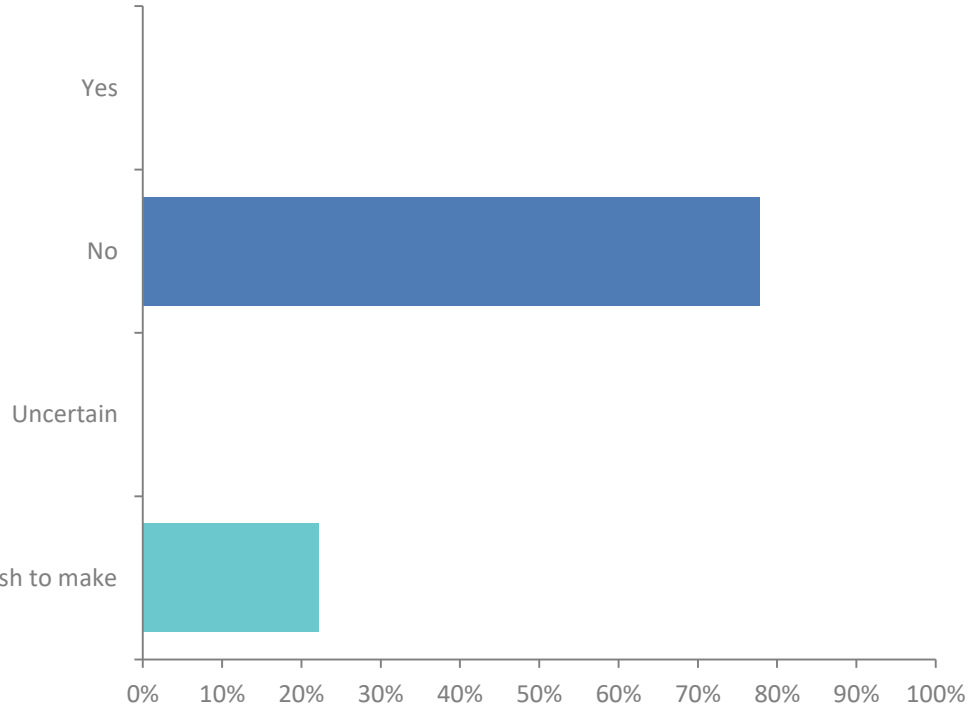
- If NG241 implemented there will be significant inequity in testing, particularly for women with breast cancer
- R208 testing thresholds should also be reviewed for women with breast cancer
- Testing could be undertaken in mainstream –but testing all women with breast cancer does not seem currently possible

Q9: The NICE Familial OC NG241 guideline considerably lowers the thresholds for genetic testing in unaffected individuals with a family history of OC. Do you think this guidance should be implemented in clinical practice without also reviewing the current recommendations for testing in unaffected women with a family history of breast cancer ?

Answered: 18 Skipped: 0

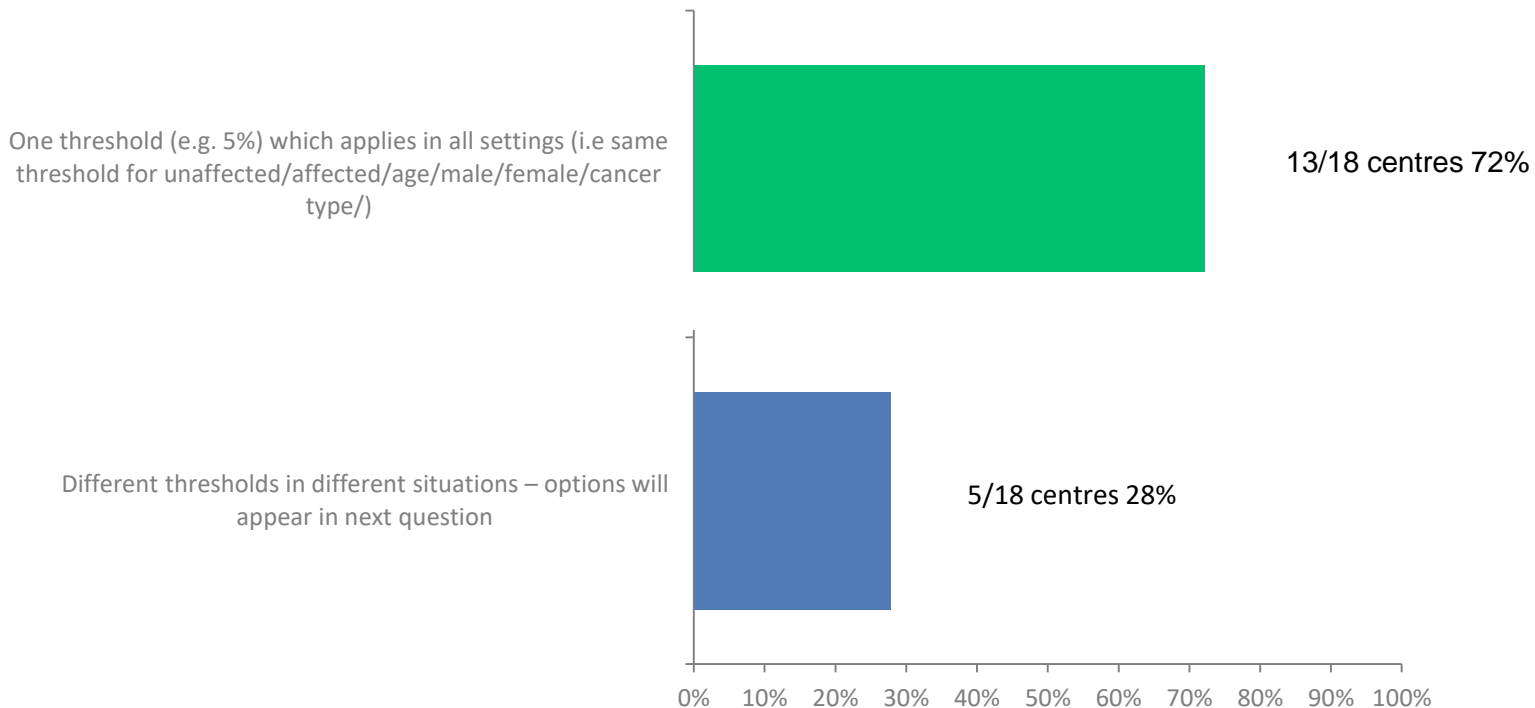
Comments: concern that if guideline was make equitable, increase in referrals for women with FH of breast cancer would “sink” genetics

Please highlight any key comments you wish to make



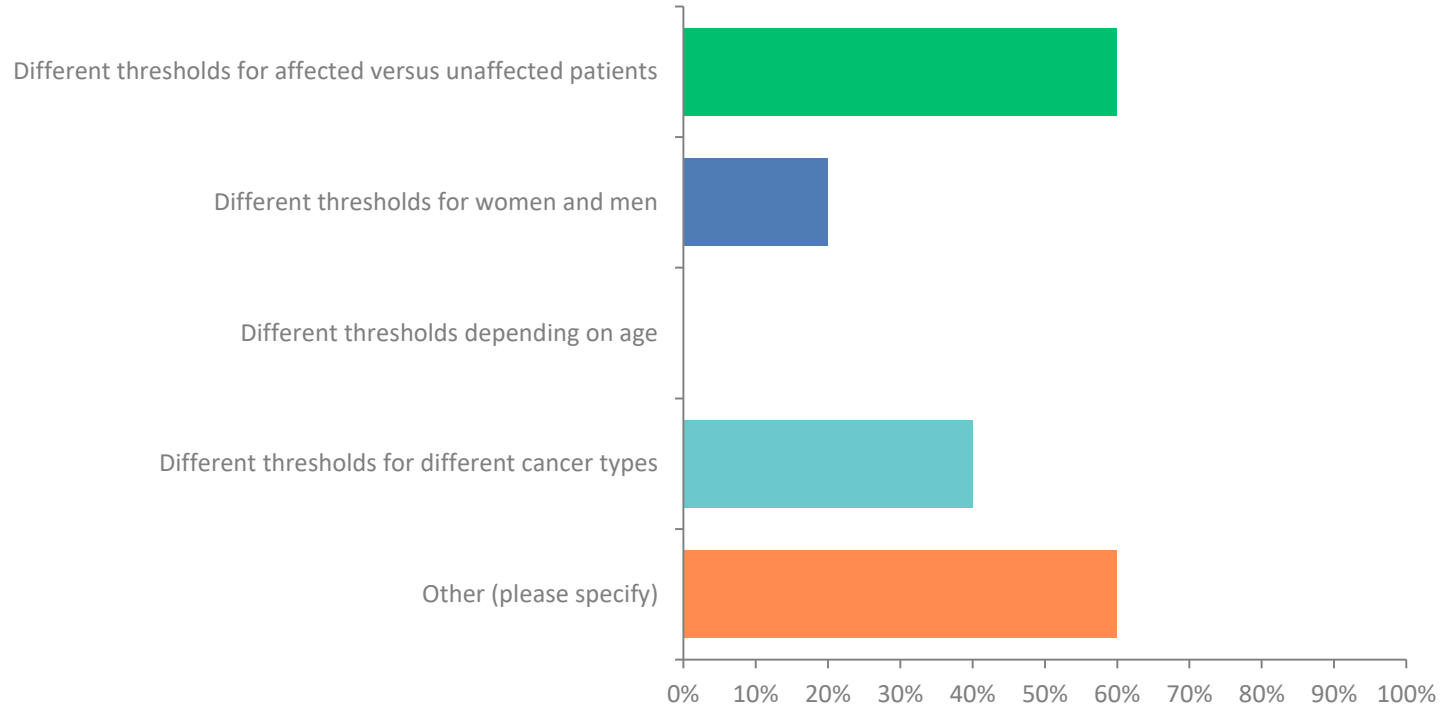
Q10: If we can update the National Test Directory, which of the following would you consider preferable in clinical practice for assessing genetic test eligibility

Answered: 18 Skipped: 0



Q11: Which of the following options would you prefer to assess genetic test eligibility if one threshold was not applied in all settings (pick all that apply)

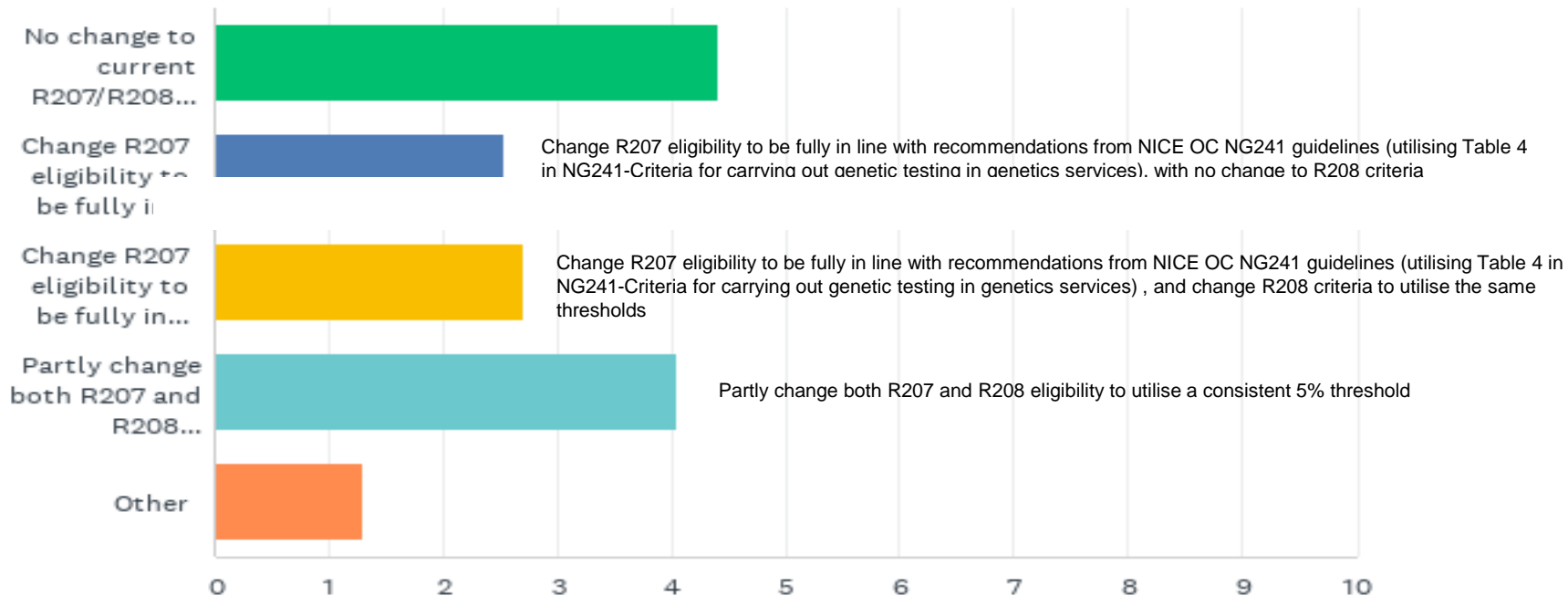
Answered: 5 Skipped: 13



Practical and simple guidance *versus* health economic analyses

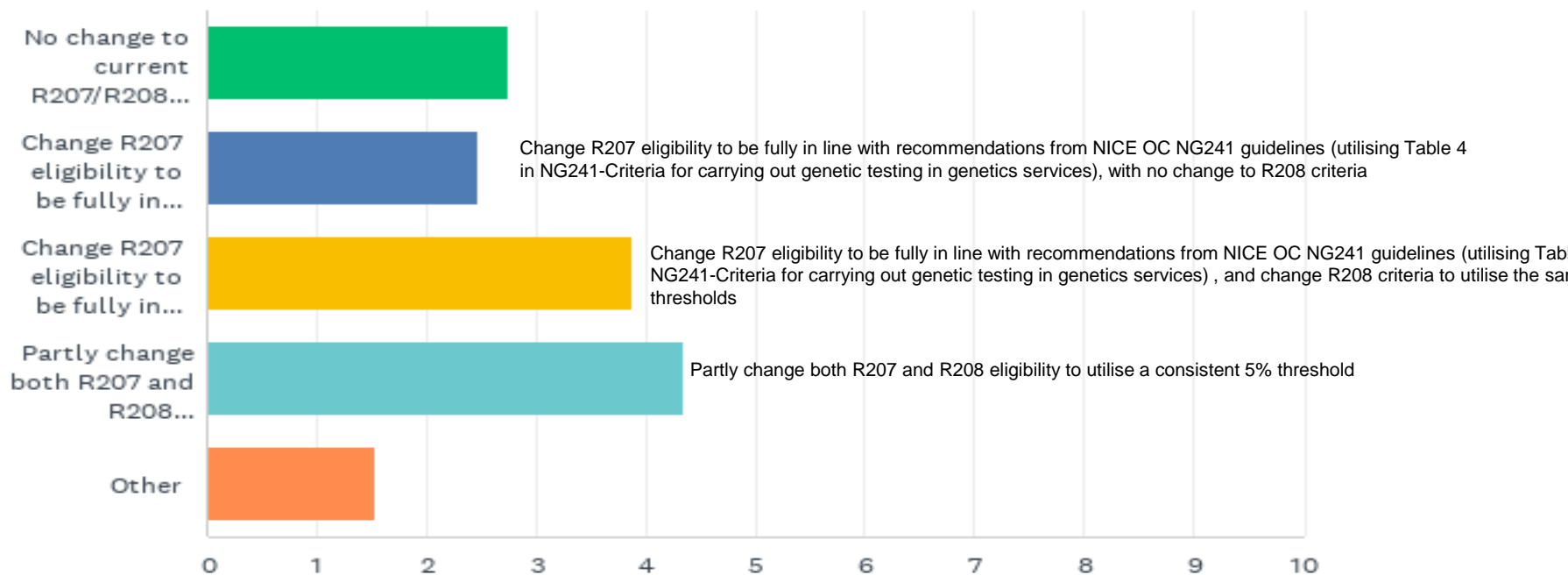
Q12: UKCGG have been asked to consider different options by the test directory for genetic testing of BC/OC genes going forward. Please rank these options in order of clinical preference **if no additional resource was made available to your clinical and laboratory services (weighted score)**

Answered: 17 Skipped: 1



Q13: UKCGG have been asked to consider different options by the test directory for genetic testing of BC/OC genes going forward. Please rank these options in order of clinical preference **if adequate resources were made available to support clinical and laboratory staffing and pathways (weighted score)**

Answered: 17 Skipped: 1



Final comments

- We should be focussing our efforts on more testing in cancer patients
- Impossible to implement without additional clinical and laboratory resource
- Basing eligibility criteria on complex calculations makes the overall pathway complex and expensive
- Difficult to support as will create inequity -need to be consistent across the test directory –can not implement for one cancer type only

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The Next Meeting

Thursday 21st November 2024

Theme

Constitutional Mismatch Repair Deficiency
(CMMRD)

Please email cases to: richard.martin11@nhs.net