A NICE Collaboration with Cochrane

National Collaborating Centre for Cancer
Cardiff, Wales

Canolfan Genedlaethol Cydweithredu dros Ganser Caerdydd, Cymru
Issues To Be Covered

- NICE Work
- National Collaborating Centre for Cancer Work
- Using the Evidence
- Collaborating with Cochrane
What is NICE?

The National Institute for Health and Clinical Excellence (NICE)
is an independent organisation
responsible for providing national guidance on the
promotion of good health and
the prevention and treatment of ill health.
Who does the NICE work…..

- Centre for Public Health Excellence
  - public health interventions
  - public health programmes

- Centre for Health Technology Evaluation
  - technology appraisals
  - interventional procedures

- Centre for Clinical Practice
  - clinical guidelines
National Collaborating Centres

Seven collaborating centres established to coordinate the development of clinical guidelines:

- NCC for Acute Care
- NCC for Cancer
- NCC for Chronic Conditions
- NCC for Mental Health
- NCC for Nursing and Supportive Care
- NCC for Primary Care
- NCC for Women’s and Children’s Health
National Collaborating Centre for Cancer
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- Velindre NHS Trust
- Cardiff University
- Cancerbackup
- MacMillan Cancer Voices
- National Council for Hospice and Specialist Palliative Care
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Pathologists
- Royal College of Physicians
- Royal College of Radiologists (Clinical Oncology)
- Royal College of Surgeons
- University of Glamorgan
Our Job....

- To develop service guidance and clinical practice guidelines on cancer topics for publication by NICE for use in England and Wales
- Based on evidence of clinical and cost effectiveness
The NCCC People.....

- Director – Fergus Macbeth (4 sessions)
- Centre Manager – Andrew Champion
- Assistant Centre Manager - Angela Bennett
- Senior Researcher - Angela Melder
- Researchers – Nathan Bromham, Andrew Cleves, Karen Francis +1
- Project Manager/Administrator – Katrina Asquith-Coe
- Project Manager – Nansi Swain +1
- Information Specialists – Elise Collins, Sabine Berendse
- Health Economists – London School of Hygiene and Tropical Medicine
Guideline Development Groups

Chair and Lead Clinician – selected through application and consultation with NCCC Management Board

13 health professionals – nominated by stakeholders, selected by NCC-C, GDG Chair and GDG Lead Clinician

2 or 3 patient/carer representatives – nominated by stakeholders, supported by Patient and Public Involvement Programme (PPIP) at NICE

Panel of experts – for consultation on specific issues
The Work Programme

- Prostate cancer
- Early breast cancer
- Advanced breast cancer
- Metastatic spinal cord compression
Clinical guideline development process

1. **Scoping**
   - Draft scope
   - Stakeholder comments
   - Final scope

2. **Development**
   - GDG develops guideline
   - First consultation draft of guideline:
     - full guideline
     - NICE guideline
   - Stakeholder comments

3. **Validation**
   - Final guideline published:
     - full guideline
     - NICE guideline
     - quick reference guide
     - information for the public

**Publication and dissemination**
Scoping

Defines key aspects of care to be included

Formulating clinical questions

Refine the scope into specific topics and clinical questions

• Search & select relevant evidence
• Assess quality of evidence
• Summarise and grade evidence
• Present evidence to GDG

Reviewing & assessing evidence

Creating recommendations

Make recommendations

consultations

Address stakeholder comments
Evidence for Clinical Guidelines

- Based on the best research evidence available
- Cost effectiveness
- Patient experience
- Clinical experience
Best Available Evidence

- Systematic Reviews
- Meta-analyses
- Observational Studies
- Diagnostic Studies
- Qualitative Studies
Best Available Evidence

Scale of the reviewing process

- Broad scopes of guidelines
- Using existing reviews
Guideline Scopes

- Identification of patient risk factors

- Identification of the indications for a specific treatment or procedure (such as patient or tumour characteristics)

- The effectiveness of diagnostic procedures

- The effectiveness of treatments or procedures

- Overviews of patient experience

30 questions per guideline = 30 systematic reviews in 18 months!!
So what has the Cochrane Collaboration ever done for us?

It’s nice work if you can get it......
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- Identify clinical questions in guideline
- Liaise with Cochrane Review groups
- Consider existing Cochrane work
- Commission Work
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- Gains
- Trade Offs
- Lessons we have learnt
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Gains

- Provision of systematically identified, validated and peer reviewed work
- Commissioned Cochrane Reviews inform clinical recommendations for the Prostate and the Breast Cancer Guidelines
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Commissioned work…..

*Cochrane Prostatic Disease and Urological Cancers Group*

- Neo-adjuvant and adjuvant hormone therapy for early prostate cancer *(NEW REVIEW)*
- Bisphosphonates in advanced prostate cancer *(NEW REVIEW)*
- Chemotherapy for advanced prostate cancer *(NEW REVIEW)*
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Commissioned work.....

*Breast Cancer Group*

- Sequencing of chemotherapy and radiation therapy for early breast cancer *(NEW REVIEW)*

- Chemotherapy alone versus endocrine therapy alone for metastatic breast cancer *(REVIEW UPDATE)*

- LHRH agonists for adjuvant therapy in early breast cancer *(NEW REVIEW)*
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Trade Offs

Context

- Patient Groups
- Health systems
- Standard clinical practice
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Lessons we have learnt

• Establish clinical guideline questions early
  • Establish common objectives
  • Involvement of clinical experts
  • Identifying areas for development
Searching for the evidence

Chair:

Julie Glanville

Ulster