

**NIHR**

**Accuracy of fundus autofluorescence imaging for the diagnosis and monitoring of retinal conditions: a systematic review**

Although already in use in clinical practice, it is unclear whether or not FAF imaging is accurate, and whether or not it is applied and interpreted consistently for the diagnosis and/or monitoring of retinal conditions. Owing to study heterogeneity, pooling of diagnostic outcomes in meta-analysis was not conducted. All included studies had high risk of bias. In most studies the patient spectrum was not reflective of those who would present in clinical practice and no studies adequately reported how FAF images were interpreted.

Health Technology Appraisal

Systematic search: Yes

April 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-31#abstract>

**Does therapeutic writing help people with long-term conditions? Systematic review, realist synthesis and economic considerations**

Overall, there is little evidence to support the therapeutic effectiveness or cost-effectiveness of unfacilitated expressive writing interventions in people with LTCs.

Health Technology Appraisal

Systematic search: Yes

April 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-27#abstract>

**Alpha-2 agonists for sedation of mechanically ventilated adults in intensive care units: a systematic review**

Evidence on the use of clonidine in ICUs is very limited. Dexmedetomidine may be effective in reducing ICU length of stay and time to extubation in critically ill ICU patients. Risk of bradycardia but not of overall mortality is higher among patients treated with dexmedetomidine.

Health Technology Appraisal

Systematic search: Yes

April 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-25#abstract>

**Clinical effectiveness and cost-effectiveness of interventions for the treatment of anogenital warts: systematic review and economic evaluation**

The results generated by the mixed-treatment comparison (MTC) are in agreement with consensus opinion that ablative techniques are clinically more effective at completely clearing AGWs after treatment. The results of the economic analysis suggest that podophyllotoxin 0.5% solution is likely to represent a cost-effective first-line treatment option. More expensive effective treatments, such as CO2 laser therapy or surgery, may represent cost-effective second-line treatment options. No treatment and podophyllin are unlikely to be considered cost-effective treatment options.

Health Technology Appraisal

Systematic search: Yes

April 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-24#abstract>

## **KINGS FUND**

Nil

## **HIS**

### **Comment on: NICE STA389 Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer**

Paclitaxel in combination with platinum or as monotherapy is recommended as an option for treating recurrent ovarian cancer. Pegylated liposomal doxorubicin hydrochloride (PLDH) as monotherapy is recommended as an option for treating recurrent ovarian cancer. PLDH in combination with platinum is recommended as an option for treating recurrent ovarian cancer. The following are not recommended for treating the first recurrence of platinum-sensitive ovarian cancer: gemcitabine in combination with carboplatin; trabectedin in combination with PLDH; and topotecan. Topotecan is not recommended for treating recurrent platinum-resistant or platinum-refractory ovarian cancer.

SMC Advice

Systematic search: No

April 2016

[http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/mta\\_resources/appraisal\\_389.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/mta_resources/appraisal_389.aspx)

### **Comment on: NICE STA388 Sacubitril/valsartan for treating symptomatic chronic heart failure with reduced ejection fraction**

Sacubitril/Valsartan (Entresto®) is accepted for use within NHS Scotland in adult patients for treatment of symptomatic chronic heart failure with reduced ejection fraction. There is a material difference between the recommendations of the NICE STA and SMC.

SMC Advice

Systematic search: No

April 2016

[http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/stas/appraisal\\_388.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_388.aspx)

### **Comment on: NICE STA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated**

Abiraterone acetate (Zytiga®) is accepted for use within NHS Scotland with prednisone or prednisolone for the treatment of metastatic castration resistant prostate cancer (mCRPC) in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated.

SMC Advice

Systematic search: No

April 2016

[http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/stas/appraisal\\_387.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_387.aspx)

## **SGHD**

Nil

## **SIGN**

### **SIGN 148: Acute coronary syndrome**

This guideline provides recommendations on the management of patients with acute coronary syndrome. It covers presentation, assessment and diagnosis, initial management, reperfusion therapy, risk stratification and non-invasive testing, invasive investigation and revascularisation, early pharmacological intervention and treatment of hypoxia and cardiogenic shock and includes a checklist of information for patients  
SIGN Guideline

Systematic search: Yes

April 2016

<http://www.sign.ac.uk/guidelines/fulltext/148/index.html>

## **HEALTH SCOTLAND**

Nil

## **NICE**

### **TA387 Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated**

Abiraterone in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone-relapsed prostate cancer in people who have no or mild symptoms after androgen deprivation therapy has failed, and before chemotherapy is indicated.

NICE Guidance

Systematic search: Yes

April 2016

<https://www.nice.org.uk/guidance/ta387>

### **TA388 Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction**

Sacubitril valsartan is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people with New York Heart Association (NYHA) class II to IV symptoms and with a left ventricular ejection fraction of 35% or less and who are already taking a stable dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor-blockers (ARBs).

NICE Guidance

Systematic search: Yes

April 2016

<https://www.nice.org.uk/guidance/ta388>

**TA389 Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer**

Paclitaxel in combination with platinum or as monotherapy is recommended as an option for treating recurrent ovarian cancer. Pegylated liposomal doxorubicin hydrochloride (PLDH) as monotherapy is recommended as an option for treating recurrent ovarian cancer. PLDH in combination with platinum is recommended as an option for treating recurrent ovarian cancer. The following are not recommended for treating the first recurrence of platinum-sensitive ovarian cancer: gemcitabine in combination with carboplatin; trabectedin in combination with PLDH; and topotecan. Topotecan is not recommended for treating recurrent platinum-resistant or platinum-refractory ovarian cancer.

NICE Guidance

Systematic search: Yes

April 2016

<https://www.nice.org.uk/guidance/ta389>

**NG45 Routine preoperative tests for elective surgery**

This guideline covers routine preoperative tests for people aged over 16 who are having elective surgery. It aims to reduce unnecessary testing by advising which tests to offer people before minor, intermediate and major or complex surgery, taking into account specific comorbidities (cardiovascular, renal and respiratory conditions and diabetes and obesity). It does not cover pregnant women or people having cardiothoracic procedures or neurosurgery.

NICE Guidance

Systematic search: Yes

April 2016

<https://www.nice.org.uk/guidance/ng45>

**CG90 Depression in adults: recognition and management**

This guideline covers identifying and managing depression in adults aged 18 years and older, in primary and secondary care. It aims to improve care for people with depression by promoting improved recognition and treatment. In April 2016, recommendation 1.10.5.1 was deleted and replaced with a link to the NICE interventional procedure guidance on repetitive transcranial magnetic stimulation for depression.

NICE Guidance

Systematic search: Yes

April 2016

<https://www.nice.org.uk/guidance/cg90>

**EPPI Centre**

Nil

## **AHRQ (Agency for Healthcare Research and Quality - USA)**

### **Imaging for the Pretreatment Staging of Small Cell Lung Cancer**

Comparative evidence on the pretreatment staging of SCLC is sparse. We found some low-strength evidence suggesting that FDG PET/CT is more sensitive than CT and bone scintigraphy for assessing osseous metastases, and that standard staging plus FDG PET/CT is more sensitive than standard staging alone at detecting any distant metastases.

AHRQ Research Synthesis

Systematic Search: Yes

April 2016

<https://www.effectivehealthcare.ahrq.gov/ehc/products/595/2210/lung-cancer-staging-executive-160414.pdf>

### **Diabetes Medications for Adults with Type 2 Diabetes: An Update**

The evidence supports metformin as a first line therapy, given its beneficial effects on HbA1c, weight, cardiovascular mortality (vs. sulfonylureas), and relative safety profile. The comparative long-term benefits and harms of other diabetes medications remain unclear. In this report, we provide comprehensive information comparing the benefits and common and serious harms of diabetes medications.

AHRQ Research Synthesis

Systematic Search: Yes

April 2016

<https://www.effectivehealthcare.ahrq.gov/ehc/products/607/2207/diabetes-update-2016-executive.pdf>

## **Health Foundation**

Nil

## **Canadian Agency for Drugs and Technologies in Health (CADTH)**

### **Surgical Interventions for Trigeminal Neuralgia: A Review of Clinical and Cost-Effectiveness**

In general, surgical interventions that were compared in each study had comparable clinical effectiveness to relieve symptoms of trigeminal neuralgia. Both radiofrequency rhizotomy (RFR) and partial sensory rhizotomy (PSR) were found to be more cost-effective than microvascular decompression (MVD) and stereotactic radiosurgery (SRS).

CADTH Rapid Response Report

Systematic search: Limited

April 2016

<https://www.cadth.ca/surgical-interventions-trigeminal-neuralgia-review-clinical-and-cost-effectiveness>

### **Pre-Operative Carbohydrate Loading or Hydration: A Review of Clinical and Cost-Effectiveness, and Guidelines**

Overall, the majority of evidence indicated no benefit of treatment, with a minority of evidence suggesting modest benefits for length of stay, post-operative insulin resistance, return to gastrointestinal function, and patient wellbeing. Despite inconsistent evidence of patient benefits, the risk for post-operative complications, including aspiration, is not increased with the use of these interventions.

CADTH Rapid Response Report

Systematic search: Limited

April 2016

<https://www.cadth.ca/pre-operative-carbohydrate-loading-or-hydration-review-clinical-and-cost-effectiveness-and>

### **Interventions for Atypical Facial Pain: A Review of Clinical Effectiveness and Guidelines**

The evidence on surgical procedures for atypical facial pain reported generally poor outcomes related to pain relief and complications or adverse events. Limited evidence on non-surgical interventions (drug and non-drug) was reported; non-surgical approaches were found to attenuate pain symptoms in some patients, but not all patients responded well to these treatment modalities. One evidence-based guideline was identified that recommends first-line treatment with pharmacologic agents for the management of atypical facial pain, followed by minimally-invasive surgical intervention for patients who are uncontrolled on drug therapy

CADTH Rapid Response Report

Systematic search: Limited

April 2016

<https://www.cadth.ca/interventions-atypical-facial-pain-review-clinical-effectiveness-and-guidelines-0>

### **Chlorhexidine Gluconate Wipes for Infection Prevention in Acute and Critical Care: A Review of Clinical Effectiveness and Cost-Effectiveness**

Conflicting evidence on the clinical effectiveness of chlorhexidine gluconate (CHG) wipes for infection prevention in critical care settings was identified. In systematic reviews of mostly non-randomized trials, the use of 2% CHG-impregnated washcloths appeared to be associated with a reduction in health care-associated infections and bacterial transmission, while two randomized controlled trials suggested that CHG wipes do not provide an advantage over alternative bathing methods with respect to infection prevention.

CADTH Rapid Response Report

Systematic search: Limited

April 2016

<https://www.cadth.ca/chlorhexidine-gluconate-wipes-infection-prevention-acute-and-critical-care-review-clinical>

### **Vitamin D Supplementation for the Prevention of Falls and Fractures in Residents in Long-Term Care Facilities: A Review of the Clinical Effectiveness, Cost-Effectiveness, or Guidelines**

Current evidence does not support vitamin D supplementation in elderly residents living in long-term care facilities. The American Geriatric Society Consensus Statement did not recommend vitamin D supplementation alone for the prevention of falls and fractures in elderly patients residing in long-term care facilities. The

Scientific Advisory Council of Osteoporosis Canada recommended daily supplements of vitamin D for residents identified as being at high risk of fracture

CADTH Rapid Response Report

Systematic search: Limited

April 2016

<https://www.cadth.ca/vitamin-d-supplementation-prevention-falls-and-fractures-residents-long-term-care-facilities-0>

### **Boston Keratoprosthesis for the Treatment of Corneal Blindness: Clinical Effectiveness and Cost-Effectiveness**

The evidence suggests that Boston keratoprosthesis (KPro) implantation has favourable visual acuity and graft retention, and lower complication rates. There was significant improvement in vision-related quality of life. In patients with advanced ocular surface conditions, (KPro) implantation, despite offering the potential for an efficient rehabilitation tool, can lead to postoperative infections that may compromise device retention and reduce visual outcomes.

CADTH Rapid Response Report

Systematic search: Limited

April 2016

<https://www.cadth.ca/boston-keratoprosthesis-treatment-corneal-blindness-clinical-effectiveness-and-cost-effectiveness-0>

### **Acoustic Radiation Force Impulse Imaging for Diagnosis and Monitoring of Liver Fibrosis in Patients with Hepatitis C: A Review of Diagnostic Accuracy, Clinical Effectiveness, Cost-Effectiveness, and Guidelines**

The evidence suggests acoustic radiation force impulse imaging (ARFI) is a comparable method to liver biopsy to evaluate liver fibrosis and cirrhosis in patients with hepatitis C.

CADTH Rapid Response Report

Systematic search: Limited

April 2016

<https://www.cadth.ca/acoustic-radiation-force-impulse-imaging-diagnosis-and-monitoring-liver-fibrosis-patients-0>

### **Health Information & Quality Authority (Ireland)**

Nil

### **Campbell Collaboration**

Nil

### **NICE FORWARD PLANNING – Publications due May 2016**

#### **Neonatal jaundice treatment**

Clinical Guideline

**PlGF based testing to help diagnose suspected pre-eclampsia**  
Diagnostic Technology

**ImmunoCAP ISAC and Microtest for multiplex allergen testing**  
Diagnostic Technology

**Diabetes (type 2) - canagliflozin, dapagliflozin and empagliflozin (monotherapy)**  
Multiple Technology Appraisal

**Prostate cancer (hormone relapsed, metastatic) - cabazitaxel (after docetaxel)  
(review TA255)**  
Single Technology Appraisal

**Crohn's disease**  
Clinical Guideline

**Haematological cancers - improving outcomes**  
Clinical Guideline

**Psychosis and schizophrenia in children and young people**  
Clinical Guideline