

**NIHR**

**The relationship between pelvic vein incompetence (PVI) and chronic pelvic pain (CPP) in women: systematic reviews of diagnosis and treatment effectiveness**

The data supporting the diagnosis and treatment of Pelvic congestion syndrome (PCS) are limited and of variable methodological quality. There is some evidence to tentatively support a causative association, but it cannot be categorically stated that PVI is the cause of CPP in women with no other pathology, as the six most pertinent studies drew on clinically disparate populations and defined PVI inconsistently. Embolisation appears to provide symptomatic relief in the majority of women and is safe. However, the majority of included studies of embolism were relatively small case series and the only randomised controlled trial was considered at risk of potential biases.

Health Technology Appraisal

Systematic search: Yes

January 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-5#abstract>

**Clinical effectiveness and patient perspectives of different treatment strategies for tics in children and adolescents with Tourette syndrome (TS): a systematic review and qualitative analysis**

Antipsychotics, noradrenergic agents and Habit reversal training (HRT)/comprehensive behavioural intervention for tics (CBIT) are effective in reducing tics in children and young people with TS. The balance of benefits and harms favours the most commonly used medications: risperidone, clonidine and aripiprazole.

Health Technology Appraisal

Systematic search: Yes

January 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-4#abstract>

**Non-pharmacological treatments for stuttering in children and adults: a systematic review and evaluation of clinical effectiveness, and exploration of barriers to successful outcomes**

Although much of the evidence we identified was from studies at risk of bias, it is suggested that most available interventions for stuttering may be of benefit to at least some people who stutter. There is a requirement for greater clarity regarding what the core outcomes following stuttering intervention should be and also enhanced understanding of the process whereby interventions effect change.

Health Technology Appraisal

Systematic search: Yes

January 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-2#abstract>

**KINGS FUND**

Nil

## HIS

### **Comment on: NICE STA 381: Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy**

Olaparib (Lynparza) is not recommended for use within NHS Scotland as monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed BRCA-mutated (germline and/or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete response or partial response) to platinum-based chemotherapy. There is a material difference between the recommendations of the NICE STA and SMC.

SMC Advice

Systematic search: No

January 2016

[http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/stas/appraisal\\_381.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_381.aspx)

### **Comment on: NICE STA 379: Nintedanib for treating idiopathic pulmonary fibrosis**

Nintedanib (Ofev) is accepted for restricted use within NHS Scotland for the treatment of idiopathic pulmonary fibrosis (IPF) in patients with a predicted forced vital capacity (FVC) less than or equal to 80%.

SMC Advice

Systematic search: No

January 2016

[http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/stas/appraisal\\_379.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_379.aspx)

### **Comment on: NICE STA 377: Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated**

Enzalutamide (Xtandi) is not recommended for use within NHS Scotland for the treatment of adult men with metastatic castration-resistant prostate cancer (mCRPC) who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated. There is a material difference between the recommendations of the NICE STA and SMC.

SMC Advice

Systematic search: No

January 2016

[http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/stas/appraisal\\_377.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_377.aspx)

### **Comment on: NICE STA 376: Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases**

Radium-223 dichloride (Xofigo) is accepted for use within NHS Scotland for the treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases. There is a material difference between the recommendations of the NICE STA and SMC.

SMC Advice

Systematic search: No

January 2016

[http://www.healthcareimprovementscotland.org/our\\_work/technologies\\_and\\_medicines/stas/appraisal\\_376.aspx](http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_376.aspx)

## **SGHD**

Nil

## **SIGN**

Next guidelines due “Spring 2016”

## **HEALTH SCOTLAND**

Nil

## **NICE**

### **NICE TA381: Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy**

Olaparib is recommended as an option for treating adults with relapsed, platinum sensitive ovarian, fallopian tube or peritoneal cancer who have BRCA1 or BRCA2 mutations and whose disease has responded to platinum based chemotherapy only if they have had 3 or more courses of platinum based chemotherapy.

NICE Technology Assessment

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ta381>

### **NICE TA380: Panobinostat for treating multiple myeloma after at least 2 previous treatments**

Panobinostat in combination with bortezomib and dexamethasone is recommended as an option for treating multiple myeloma, that is, for adult patients with relapsed and/or refractory multiple myeloma who have received at least 2 prior regimens including bortezomib and an immunomodulatory agent.

NICE Technology Assessment

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ta380>

### **NICE TA379: Nintedanib for treating idiopathic pulmonary fibrosis**

Nintedanib is recommended as an option for treating idiopathic pulmonary fibrosis, only if the person has a forced vital capacity (FVC) between 50% and 80% of

predicted and treatment is stopped if disease progresses (a confirmed decline in percent predicted FVC of 10% or more) in any 12-month period.

NICE Technology Assessment

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ta379>

**NICE TA378: Ramucirumab for treating advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy**

Ramucirumab alone or with paclitaxel is not recommended for advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy.

NICE Technology Assessment

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ta378>

**NICE TA377: Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated**

Enzalutamide 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 Technology Assessment

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ta377>

**NICE TA376: Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases**

Radium-223 dichloride is recommended as an option for treating adults with hormone-relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases, only if they have had treatment with docetaxel.

NICE Technology Assessment

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ta376>

**NICE TA375: Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed**

Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept, all in combination with methotrexate, are recommended as options for treating rheumatoid arthritis, only if disease is severe, that is, a disease activity score (DAS28) greater than 5.1 and disease has not responded to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs)

NICE Technology Assessment

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ta375>

### **NG33: Tuberculosis**

This guideline covers preventing, identifying and managing latent and active tuberculosis (TB) in children, young people and adults. It aims to improve ways of finding people who have TB in the community and recommends that everyone under 65 with latent TB should be treated. It describes how TB services should be organised, including the role of the TB control board.

NICE Guidance

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ng33>

### **NG19: Diabetic foot problems: prevention and management**

This guideline covers preventing and managing foot problems in children, young people and adults with diabetes. The guideline aims to reduce variation in practice. The guideline includes recommendations on care within 24 hours, care across all care settings, referral for diabetic foot problems, and investigating and managing diabetic foot ulcer, diabetic foot infection and Charcot arthropathy.

NICE Guidance

Systematic search: Yes

January 2016

<http://www.nice.org.uk/guidance/ng19>

## **NHS EVIDENCE: PUBLIC HEALTH EVIDENCE AWARENESS BULLETIN**

### **Parent-only interventions for childhood overweight or obesity in children aged 5 to 11 years**

This systematic review looks at the efficacy of diet, physical activity and behavioural interventions delivered to parents only for the treatment of overweight and obesity in children aged 5 to 11 years.

[Cochrane Database of Systematic Reviews](#)

### **Easier said than done: why we struggle with healthy behaviours and what to do about it**

This report sets out some of the reasons why people might find it hard to live in a healthy way, exercising, eating well, getting adequate sleep, and checking for early warning symptoms. It also looks to the field of behavioural science for strategies that people can use to overcome those hurdles and to initiate lifestyle changes.

[Royal Society for the encouragement of Arts, Manufactures and Commerce](#)

### **Implementation conditions for diet and physical activity interventions and policies: an umbrella review**

This review examines the evidence-based conditions that are important for successful implementation of interventions and policies that promote healthy diet, physical activity, and a reduction in sedentary behaviors.

<http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2585-5>

[BMC Public Health 2015 15:1250](#)

**EPPI Centre**

Nil

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

### **Contrast-Induced Nephropathy: Comparative Effects of Different Contrast Media**

We found low strength of evidence (SOE) to support no differences in Contrast-Induced Nephropathy (CIN) risk between low-osmolar contrast media (LOCM), and moderate SOE that iso-osmolar contrast media (IOCM) had a slightly lower risk of CIN than LOCM, but the lower risk was not clinically important and had only borderline statistical significance. No relationship was found between comparative CIN risk and route of administration. For clinicians, these findings suggest that the choice between IOCM and LOCMs will not have an important effect on the risk of CIN.

AHRQ Research Synthesis

Systematic Search: Yes

December 2015

<http://www.effectivehealthcare.ahrq.gov/ehc/products/530/2166/nephropathy-contrast-induced-comparison-executive-150107.pdf>

### **Diagnosis and Management of Infantile Hemangioma**

Corticosteroids demonstrate some effectiveness at reducing IH size/volume, but may be associated with significant side effects. Propranolol is effective at reducing the size of IH, with high strength of evidence for effects on reducing lesion size, and compared with placebo, observation, and other treatment methods including steroids in most, but not all, studies. Evidence pointed to substantial side effects for corticosteroids; harms were also noted with beta-blockers, but overall, these were well tolerated in the short term. Laser studies generally found PDL more effective than other types of laser, but effects remain unclear as studies are heterogeneous.

AHRQ Research Synthesis

Systematic Search: Yes

December 2015

<http://www.effectivehealthcare.ahrq.gov/ehc/products/593/2169/infantile-hemangioma-executive-160115.pdf>

### **Improving Antibiotic Prescribing for Uncomplicated Acute Respiratory Tract Infections**

The best evidence supports the use of specific education interventions for patients/parents and clinicians, procalcitonin testing in adults, and electronic decision support to reduce overall antibiotic prescribing (and in some cases, improve appropriate prescribing) without causing adverse consequences, although the reduction in prescribing varied widely. Additionally, public parent education campaigns had low-strength evidence of reducing overall prescribing, not increasing diagnosis of complications, and decreasing subsequent visits. Other interventions had evidence of improved prescribing, but evidence on adverse consequences was lacking, insufficient, or mixed.

AHRQ Research Synthesis

Systematic Search: Yes

December 2015

<http://www.effectivehealthcare.ahrq.gov/ehc/products/561/2173/antibiotics-respiratory-infection-executive-160128.pdf>

### **Diagnosis of Celiac Disease**

New evidence on accuracy of tests used to diagnose CD supports the excellent sensitivity of IgA tTG tests and excellent specificity of both IgA tTG and IgA EmA tests reported in prior systematic reviews. High strength of evidence of accuracy, particularly in children, was found for deamidated gliadin peptide tests.

AHRQ Research Synthesis

Systematic Search: Yes

December 2015

<http://www.effectivehealthcare.ahrq.gov/ehc/products/574/2176/celiac-disease-executive-160129.pdf>

### **Health Foundation**

Nil

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

#### **Telehealth for Patients with Cardiovascular Disease: A Review of the Clinical Effectiveness, Cost-effectiveness and Guidelines**

Telemonitoring of blood pressure costs more than usual care, but it may represent a useful tool for hypertension control by improving blood pressure and increasing the chances for patients to achieve blood pressure normalization. There was no evidence available on the cost-effectiveness of telemonitoring in patients with CAD requiring cardiac rehabilitation, but telehealth interventions do not have inferior outcomes compared to center-based supervised programs, and telephone support may reduce hospitalizations and reduce risk factors for heart disease. For patients with heart diseases requiring implantable cardiac devices, the costs of telemonitoring were lower than conventional hospital monitoring. Pacemaker telemonitoring led to earlier cardiovascular event detection, with a reduction in hospital visits and hospitalizations.

CADTH Rapid Response Report

Systematic search: Limited

January 2016

<https://www.cadth.ca/telehealth-patients-cardiovascular-disease-review-clinical-effectiveness-cost-effectiveness-and-0>

#### **Daptomycin for Methicillin-Resistant and Methicillin-Sensitive Staphylococcus Aureus Infection: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines**

There was no significant difference in clinical outcomes between daptomycin, linezolid and vancomycin for the treatment bacteremia, skin and soft tissue infections (SSTI), and complicated skin and skin structure infections (cSSSI) caused by Staphylococcus aureus including MRSA. There was no significant difference between daptomycin, linezolid and vancomycin with regards to infection related length of stay (IRLOS) in hospital, total length of stay, medical resource utilization, and clinical

response measures such as cure, improvement, no improvement, or failure. Overall, the efficacy of daptomycin for the treatment of bacteremia or other infections caused by MRSA was comparable to other MRSA-active, and MSSA-active antibiotics.

CADTH Rapid Response Report

Systematic search: Limited

January 2016

<https://www.cadth.ca/daptomycin-methicillin-resistant-and-methicillin-sensitive-staphylococcus-aureus-infection-review>

### **Gabapentin for HIV-associated Neuropathic Pain: A Review of the Clinical Effectiveness**

There is limited evidence for the use of gabapentin for the treatment of HIV-associated neuropathy. One RCT and one non-randomized study suggested that gabapentin may improve pain and related sleep disturbances caused by HIV-associated sensory neuropathy; however, due to the limitations of the evidence, the effectiveness of gabapentin for patients with HIV-associated neuropathy is inconclusive

CADTH Rapid Response Report

Systematic search: Limited

January 2016

<https://www.cadth.ca/gabapentin-hiv-associated-neuropathic-pain-review-clinical-effectiveness-0>

### **Efinaconazole for Fungal Nail Infections: A Review of the Clinical Effectiveness, Cost-effectiveness, and Guidelines**

Compared to vehicle alone, efinaconazole resulted in greater complete cure or mycological cure rates in adults with mild to moderate onychomycosis. A network meta-analysis showed that for treatment of onychomycosis, oral antifungal agents ranked higher than topical antifungal agents with respect to mycological cure; and among the topical antifungal agents, efinaconazole ranked the highest. A Canadian guideline recommended an oral antifungal agent (terbinafine) for severe disease, oral terbinafine or topical antifungal agent (efinaconazole) for moderate disease and efinaconazole for mild disease.

CADTH Rapid Response Report

Systematic search: Limited

January 2016

<https://www.cadth.ca/efinaconazole-fungal-nail-infections-review-clinical-effectiveness-cost-effectiveness-and-guidelines>

### **Rapid and Ultra-Rapid Detoxification in Adults with Opioid Addiction: A Review of Clinical- and Cost-Effectiveness, Safety, and Guidelines**

There is some evidence suggesting earlier peaking of, and lower scores for, withdrawal symptoms and higher rates of the commencement and continuation of maintenance treatment in patients receiving UROD, compared to patients in control groups (e.g., conventional withdrawal treatment). However, no significant differences were identified between UROD and control groups in the commencement or duration of withdrawal treatment. Mixed results were identified between UROD and control groups in the completion of withdrawal treatment and the incidence of adverse events, depending on what pharmacologic agents were used. One guideline recommended against the use of UROD, due to high risk for adverse events.



CADTH Rapid Response Report  
Systematic search: Limited  
January 2016

<https://www.cadth.ca/rapid-and-ultra-rapid-detoxification-adults-opioid-addiction-review-clinical-and-cost-0>

### **Daptomycin for Vancomycin-Resistant Enterococcal Infection: A Review of the Clinical Effectiveness, Cost-Effectiveness and Guidelines**

Evidence is inconsistent regarding the comparative effectiveness and safety of daptomycin in patients with VRE infection. In particular, some studies suggest that daptomycin is similar to linezolid or -lactams, while others favour one therapy over another. However, several important limitations exist among these studies, which threaten the validity of the evidence and limit its utility for decision-making.

CADTH Rapid Response Report  
Systematic search: Limited  
January 2016

<https://www.cadth.ca/daptomycin-vancomycin-resistant-enterococcal-infection-review-clinical-effectiveness-cost>

### **Treatment of Older Adults with Insomnia, Agitation, or Delirium with Benzodiazepines: Clinical Effectiveness and Guidelines**

In older adults, low dose doxepin (up to 6 mg daily) appears to be more effective than placebo for the short-term treatment of insomnia. The short-term incidence of adverse effects with doxepin and placebo appears to be similar; however no conclusions can be drawn due to limitations in the evidence available. No studies or evidence-based guidelines were identified on the use of benzodiazepines or other sedative hypnotics in older adults.

CADTH Rapid Response Report  
Systematic search: Limited  
January 2016

<https://www.cadth.ca/treatment-older-adults-insomnia-agitation-or-delirium-benzodiazepines-clinical-effectiveness-and-0>

### **Oral Iron for Anemia: A Review of the Clinical Effectiveness, Cost-effectiveness and Guidelines**

Among chronic kidney disease (CKD) patients with iron deficiency anemia (IDA), oral heme iron polypeptide (HIP) was comparably effective compared with intravenous (IV) iron preparations or oral ferrous sulfate to improve hemoglobin levels and transferrin saturation. However, both IV iron and oral ferrous sulfate improved serum ferritin levels to a significantly higher level than HIP in CKD patients with IDA. Oral ferrous sulfate is similarly effective to either oral iron polymaltose complex (IPC) or iron-zinc combination preparations to improve hemoglobin levels in children with IDA aged between 6 months and 15 years. Oral ferrous sulfate has comparable efficacy as oral IPC for the treatment of IDA during pregnancy.

CADTH Rapid Response Report  
Systematic search: Limited  
January 2016

<https://www.cadth.ca/oral-iron-anemia-review-clinical-effectiveness-cost-effectiveness-and-guidelines-0>

**Trained Health Coaches for Chronic Disease Prevention or Management: A Review of Clinical and Cost-Effectiveness and Guidelines**

Despite a considerable amount of relevant literature, heterogeneity between the identified studies meant that no firm conclusions could be made regarding the effectiveness of health coaching. A health coaching intervention for patients following myocardial infarction was not determined to be cost-effective when compared with usual care in one economic analysis.

CADTH Rapid Response Report

Systematic search: Limited

January 2016

<https://www.cadth.ca/trained-health-coaches-chronic-disease-prevention-or-management-review-clinical-and-cost-0>

**McGill University Health Centre (Canada)**

Nil

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

Nil

**Campbell Collaboration**

Nil

**NICE FORWARD PLANNING – Publications due February 2016**

**Kidney transplantation (children, adolescents) - immunosuppressive regimens (review of TA99)**

Multiple Technology Appraisal

**Crohn's disease - Tests for therapeutic monitoring of TNF inhibitors (LISA-TRACKER ELISA kits, TNFa-Blocker ELISA kits, and Promonitor ELISA kits)**

Diagnostic Technology

**Sunlight exposure - risks and benefits**

Public health guidance

**Arthritis (juvenile idiopathic) - abatacept, adalimumab, etanercept and tocilizumab (inc review TA35)**

Multiple Technology Appraisal

**Attention deficit hyperactivity disorder (standing committee B update)**

Clinical Guideline

**Complex fractures**

Clinical Guideline

**Hypercholesterolaemia - ezetimibe (review TA132)**

Multiple Technology Appraisal

**Kidney transplantation (adults) - immunosuppressive therapy (Review of TA 85)**

Multiple Technology Appraisal

**Lymphoma (mantle cell, untreated) - bortezomib**

Single Technology Appraisal

**Major trauma services**

Clinical Guideline

**Myelofibrosis (splenomegaly, symptoms) - ruxolitinib (review TA289)**

Single Technology Appraisal

**Myeloma**

Clinical Guideline

**Spectra Optia Apheresis System for automated red blood cell exchange in patients with sickle cell disease**

Medical Technology Appraisal

**Spinal injury assessment**

Clinical Guideline

**Transition from children's to adults' services**

Social Care

**Upper aerodigestive tract cancer**

Clinical Guideline

**Tests for rapidly identifying bloodstream bacteria and fungi (LightCycler SeptiFast Test MGRADE, SepsiTtest and IRIDICA BAC BSI assay)**

Diagnostic Technology