NIHR

A systematic review of the clinical effectiveness and cost-effectiveness of pharmacological and psychological interventions for the management of obsessive-compulsive disorder in children/adolescents and adults

In adults, psychological interventions, clomipramine, SSRIs or combinations of these are all effective, whereas in children and adolescents, psychological interventions, either as monotherapy or combined with specific SSRIs, were more likely to be effective.

Health Technology Appraisal Systematic search: Yes June 2016

http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-43#abstract

Neuraminidase inhibitors for influenza: a systematic review and meta-analysis of regulatory and mortality data

Oseltamivir and zanamivir cause small reductions in the time to first alleviation of influenza symptoms in adults. The use of oseltamivir increases the risk of nausea, vomiting, psychiatric events in adults and vomiting in children. Oseltamivir has no protective effect on mortality among patients with 2009A/H1N1 influenza. Prophylaxis with either NI may reduce symptomatic influenza in individuals and in households. The balance between benefits and harms should be considered when making decisions about use of NIs for either prophylaxis or treatment of influenza. Health Technology Appraisal

Systematic search: Yes

June 2016

http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-42#abstract

KINGS FUND

Nil

HIS

Comment on: NICE STA392: Adalimumab for treating moderate to severe hidradenitis suppurativa

Adalimumab (Humira®) is accepted for use within NHS Scotland for the treatment of active moderate to severe hidradenitis suppurativa (HS) (acne inversa) in adult patients with an inadequate response to conventional systemic HS therapy.

SMC Advice

Systematic search: No

June 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_392.aspx

Comment on: NICE STA394: Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia

Evolocumab (Repatha®) is not recommended for use within NHS Scotland for adults with primary hypercholesterolaemia (heterozygous familial hypercholesterolaemia and non-familial) or mixed dyslipidaemia, as an adjunct to diet.

SMC Advice

Systematic search: No

June 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicin es/stas/appraisal 394.aspx

Comment on: NICE STA395: Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer

Ceritinib (Zykadia®) is accepted for use within NHS Scotland for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) previously treated with crizotinib.

SMC Advice

Systematic search: No

June 2016

http://www.healthcareimprovementscotland.org/our work/technologies and medicin es/stas/appraisal_395.aspx

Comment on: NICE STA397: Belimumab for treating active autoantibodypositive systemic lupus erythematosus

Belimumab (Benlysta®) is not recommended for use within NHS Scotland as an addon therapy in adult patients with active, autoantibody-positive systemic lupus erythematosus (SLE) with a high degree of disease activity (e.g. positive anti-dsDNA and low complement) despite standard therapy.

SMC Advice

Systematic search: No			
June 2016			
http://www.healthcareimprovementscotland.org/our_	work/technologies_	and_med	<u>dici</u>
es/stas/appraisal_397.aspx			
SGHD			
Nil			
SIGN			
Nil			
HEALTH SCOTLAND			
HEALTH SCOTLAND			

Nil

NICE

TA392 Adalimumab for treating moderate to severe hidradenitis suppurativa

Adalimumab is recommended as an option for treating active moderate to severe hidradenitis suppurativa in adults whose disease has not responded to conventional systemic therapy.

NICE Guidance

Systematic search: Yes

June 2016

https://www.nice.org.uk/guidance/ta392

TA393 Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia

Alirocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia only if low-density lipoprotein concentrations are persistently above the thresholds specified in the guidance despite maximal tolerated lipid-lowering therapy.

NICE Guidance

Systematic search: Yes

June 2016

https://www.nice.org.uk/guidance/ta393

TA394 Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia

Evolocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia, only if the dosage is 140 mg every 2 weeks and low-density lipoprotein concentrations are persistently above the thresholds specified in the guidance despite maximal tolerated lipid-lowering therapy.

NICE Guidance

Systematic search: Yes

June 2016

https://www.nice.org.uk/guidance/ta394

TA395 Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer

Ceritinib is recommended as an option for treating advanced anaplastic lymphoma kinase positive non-small-cell lung cancer in adults who have previously had crizotinib.

NICE Guidance

Systematic search: Yes

June 2016

https://www.nice.org.uk/guidance/ta395

TA396 Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma

Trametinib in combination with dabrafenib is recommended as an option for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation.

NICE Guidance

Systematic search: Yes

June 2016

https://www.nice.org.uk/guidance/ta396

TA397 Belimumab for treating active autoantibody-positive systemic lupus erythematosus

Belimumab is recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in adults only if there is evidence for serological disease activity, a SELENA-SLEDAI score of greater than or equal to 10 despite standard treatment, and treatment with belimumab is continued beyond 24 weeks only if the SELENA-SLEDAI score has improved by 4 points or more. NICE Guidance

Systematic search: Yes

Systematic search: 1

June 2016

https://www.nice.org.uk/guidance/ta397

MTG29 GreenLight XPS for treating benign prostatic hyperplasia

The case for adopting GreenLight XPS for treating benign prostatic hyperplasia is supported in non-high-risk patients. GreenLight XPS is at least as effective in these patients as transurethral resection of the prostate (TURP), but can more often be done as a day-case procedure, following appropriate service redesign. There is currently insufficient high-quality, comparative evidence to support the routine adoption of GreenLight XPS in high-risk patients.

NICE Medical Technology Guidance

Systematic search: Yes

June 2016

https://www.nice.org.uk/guidance/mtg29

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)

Nil

Health Foundation

Nil

Canadian Agency for Drugs and Technologies in Health (CADTH)

Self-Collected versus Clinician Collected Samples for Sexually Transmitted Infection Testing in Women: A Review of Comparative Clinical Effectiveness Cost-Effectiveness, and Guidelines

Self-collected samples were commonly associated with high sensitivity and high specificity in comparison with samples collected by clinicians. Study findings also revealed that there was good agreement between the two sampling methods. A home-

based self-sampling strategy may be cost-effective in comparison with standard clinic STI testing and collection of specimens by clinicians.

CADTH Rapid Response Report

Systematic search: Limited

June 2016

 $\underline{https://www.cadth.ca/self-collected-versus-clinician-collected-samples-sexually-transmitted-infection-testing-women-0}$

1000 mg versus 650 mg Acetaminophen for Pain or Fever: A Review of the Clinical Efficacy

Acetaminophen 1000 mg single dose led to a higher percentage of people with at least 50% of pain relief over six hours, and a larger decrease in pain intensity, as compared to acetaminophen 650 mg in various acute post-operative pain conditions, though the evidence was mixed. The risk of adverse events was similar between the two doses, and there were no serious adverse events reported with either dose.

CADTH Rapid Response Report

Systematic search: Limited

June 2016

 $\underline{https://www.cadth.ca/1000mg\text{-}versus\text{-}650\text{-}mg\text{-}acetaminophen\text{-}pain\text{-}or\text{-}fever\text{-}review-}}\\ clinical\text{-}effica\underline{cy}$

Frenectomy for the Correction of Ankyloglossia: A Review of Clinical Effectiveness and Guidelines

Overall, there is evidence that frenectomy is a safe procedure with demonstration of benefit for short-term breastfeeding effectiveness as perceived by the mother. There is less robust evidence regarding objective and long-term measurements of breastfeeding effectiveness, reduction of maternal breast and nipple pain and feeding problems, increased continuation and duration of breastfeeding, and proper growth.

CADTH Rapid Response Report

Systematic search: Limited

June 2016

https://www.cadth.ca/frenectomy-correction-ankyloglossia-review-clinical-effectiveness-and-guidelines-0

McGill	University	v Health (Centre ((Canada)
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Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Nil

NICE FORWARD PLANNING – Publications due July 2016

Liver disease (non-alcoholic fatty [NAFLD])

Clinical Guideline

Assessment and Management of Cirrhosis

Clinical Guideline

Leukaemia (acute myeloid, over 30% blasts) – azacitidine

Single Technology Appraisal

Idiopathic pulmonary fibrosis – pirfenidone

Single Technology Appraisal

Asthma (eosinophilic, severe) – mepolizumab

Single Technology Appraisal

Melanoma (metastatic) - talimogene laherparepvec

Single Technology Appraisal

Non-Hodgkin's lymphoma

Clinical Guideline

Oral health for adults in care homes

Public health guidance

Cystic fibrosis (F508del mutation) - lumacaftor (with ivacaftor)

Single Technology Appraisal

Sepsis

Clinical Guideline