

NIHR

Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy: clinical effectiveness, systematic review, and economic model

Adult patients receiving IFX, ADA or GOL were more likely to achieve clinical response and remission than those receiving placebo. Further data are required to conclusively demonstrate the effect of interventions on hospitalisation and surgical outcomes. The economic analysis indicates that colectomy is expected to dominate medical treatments for moderate to severe UC.

Health Technology Appraisal

Systematic search: Yes

May 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-39#abstract>

Accurate diagnosis of latent tuberculosis in children, people who are immunocompromised or at risk from immunosuppression and recent arrivals from countries with a high incidence of tuberculosis: systematic review and economic evaluation

Given the current evidence, tuberculin skin tests (TST) (≥ 5 mm) negative followed by QFT-GIT for children, QFT-GIT negative followed by TST (≥ 5 mm) for the immunocompromised population and TST (≥ 5 mm) for recent arrivals were the most cost-effective strategies for diagnosing LTBI that progresses to active TB.

Health Technology Appraisal

Systematic search: Yes

May 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-38#abstract>

Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for the treatment of rheumatoid arthritis not previously treated with disease-modifying antirheumatic drugs and after the failure of conventional disease-modifying antirheumatic drugs only: systematic review and economic evaluation

Biologic disease-modifying antirheumatic drugs appear to have cost per QALY values greater than the thresholds stated by NICE for interventions to be cost-effective.

Health Technology Appraisal

Systematic search: Yes

May 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-35#abstract>

The clinical effectiveness and cost-effectiveness of abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis: a systematic review and economic evaluation

Biologic disease-modifying antirheumatic drugs are superior to placebo (with methotrexate where permitted) in children with (predominantly) polyarticular course JIA who have had an insufficient response to previous treatment.

Health Technology Appraisal

Systematic search: Yes

May 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-34#abstract>

KINGS FUND

Nil

HIS

Comment on: NICE MTA390 – Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes

Canagliflozin, dapagliflozin and empagliflozin as monotherapies are recommended as options for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if a dipeptidyl peptidase-4 (DPP-4) inhibitor would otherwise be prescribed and a sulfonylurea or pioglitazone is not appropriate.

SMC Advice

Systematic search: No

May 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/mta_resources/appraisal_390.aspx

Evidence note 61: What is the clinical effectiveness, safety and cost effectiveness of endovascular therapy using mechanical thrombectomy devices for patients with acute ischaemic stroke?

Meta-analyses of RCTs indicate that endovascular therapy with mechanical thrombectomy using stent-based devices, as an addition to standard care, results in improved rates of functional independence at 90 days for selected patients with ischaemic stroke who have confirmed large vessel occlusion. There is no statistically significant difference in all-cause mortality at 90 days.

HIS Evidence Note

Systematic search: Limited

May 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_-_evidence_notes/evidence_note_61.aspx

SGHD

Nil

SIGN

Nil

HEALTH SCOTLAND

Nil

NICE

TA391 Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel

Cabazitaxel in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone-relapsed prostate cancer in people whose disease has progressed during or after docetaxel chemotherapy, only if the person has an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, the person has had 225 mg/m² or more of docetaxel, and treatment with cabazitaxel is stopped when the disease progresses or after a maximum of 10 cycles (whichever happens first).

NICE Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/ta391>

TA390 Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes

Canagliflozin, dapagliflozin and empagliflozin as monotherapies are recommended as options for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if a dipeptidyl peptidase-4 (DPP-4) inhibitor would otherwise be prescribed and a sulfonylurea or pioglitazone is not appropriate.

NICE Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/ta390>

NG47 Haematological cancers: improving outcomes

This guideline covers integrated diagnostic reporting for diagnosing haematological cancer in adults, young people and children. It also covers staffing, facilities (levels of care) and multidisciplinary teams needed for adults and young people. It aims to improve care for people with suspected or diagnosed cancer by promoting best practice on the organisation of haematological cancer services.

NICE Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/ng47>

DG24 ImmunoCAP ISAC 112 and Microtest for multiplex allergen testing

There is currently insufficient evidence to recommend the routine adoption of multiplex allergen testing, ImmunoCAP ISAC 112 or Microtest, to help diagnose allergy and predict the risk of an allergic reaction in people with allergy that is difficult to diagnose, when used with standard clinical assessment.

NICE Diagnostic Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/dg24>

DG23 PIGF-based testing to help diagnose suspected pre-eclampsia

The Triage placental growth factor (PIGF) test and the Elecsys immunoassay sFlt-1/PIGF ratio, used with standard clinical assessment and subsequent clinical follow-up, are recommended to help rule-out pre-eclampsia in women presenting with suspected pre-eclampsia between 20 weeks and 34 weeks plus 6 days of gestation.

When pre-eclampsia is not ruled-out using a PIGF-based test result, the result should not be used to diagnose (rule-in) pre-eclampsia.

NICE Diagnostic Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/dg23>

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

May 2016

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

CG155 Psychosis and schizophrenia in children and young people: recognition and management

This guideline covers recognising and managing psychosis and schizophrenia in children and young people. It aims to improve early recognition of psychosis and schizophrenia so that children and young people can be offered the treatment and care they need to live with the condition.

NICE Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/cg155>

CG152 Crohn's disease: management

This guideline covers the management of Crohn's disease in children, young people and adults. It aims to reduce people's symptoms and maintain or improve their quality of life.

NICE Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/cg152>

TA217 Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease

The three acetylcholinesterase (AChE) inhibitors donepezil, galantamine and rivastigmine are recommended as options for managing mild to moderate Alzheimer's

disease under all of the conditions specified in the guidance. Memantine is recommended as an option for managing Alzheimer's disease for people with moderate Alzheimer's disease who are intolerant of or have a contraindication to AChE inhibitors, or people with severe Alzheimer's disease.

NICE Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/ta217>

CG98 Jaundice in newborn babies under 28 days

This guideline covers diagnosing and treating jaundice, which is caused by increased levels of bilirubin in the blood, in newborn babies (neonates). It aims to help detect or prevent very high levels of bilirubin, which can be harmful if not treated.

NICE Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/cg98>

CG42 Dementia: supporting people with dementia and their carers in health and social care

This guideline covers preventing, diagnosing, assessing and managing dementia in health and social care, and includes recommendations on Alzheimer's disease. It aims to improve care for people with dementia by promoting accurate diagnosis and the most effective interventions, and improving the organisation of service

NICE Guidance

Systematic search: Yes

May 2016

<https://www.nice.org.uk/guidance/cg42>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)

Newer Medications for Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia: A Review

Several drugs newly used for LUTS attributed to BPH, alone or in combination with older alpha blockers (AB), showed evidence of efficacy in short-term studies; however, comparative effectiveness for silodosin, fesoterodine/AB combination, and tadalafil showed that outcomes were similar to older AB monotherapy and adverse effects were often higher with the newly used drugs or combination therapies.

Evidence on long-term efficacy and adverse effects was insufficient

AHRQ Research Synthesis

Systematic Search: Yes

May 2016

<https://www.effectivehealthcare.ahrq.gov/ehc/products/605/2235/prostatic-hyperplasia-medications-report-160524.pdf>

Health Foundation

Nil

Canadian Agency for Drugs and Technologies in Health (CADTH)

Sublingual and Injectable Customized Allergy Immunotherapy: Clinical and Cost-Effectiveness and Guidelines

Overall, the majority of evidence (of low to moderate quality) favoured Subcutaneous (or injectable) immunotherapy (SCIT) over sublingual immunotherapy (SLIT) in reducing asthma or rhinitis symptoms or medication use.

CADTH Rapid Response Report

Systematic search: Limited

May 2016

<https://www.cadth.ca/sublingual-and-injectable-customized-allergy-immunotherapy-clinical-and-cost-effectiveness-and-0>

Posaconazole for the Treatment or Prophylaxis of Aspergillosis or Candidiasis: A Review of Clinical Effectiveness and Guidelines

The evidence was favourable to the use of posaconazole for the treatment or prophylaxis of aspergillosis or candidiasis.

CADTH Rapid Response Report

Systematic search: Limited

May 2016

<https://www.cadth.ca/posaconazole-treatment-or-prophylaxis-aspergillosis-or-candidiasis-review-clinical-effectiveness-and>

Sugammadex for the Reversal of Neuromuscular Blockade in Adult Patients: A Review of Clinical Effectiveness and Cost-Effectiveness

Sugammadex is associated with a quicker recovery from rocuronium or vecuronium-induced muscle relaxation, results in a shorter time to extubation, and is associated with a reduced likelihood of residual postoperative paralysis in comparison with neostigmine or spontaneous recovery.

CADTH Rapid Response Report

Systematic search: Limited

May 2016

<https://www.cadth.ca/sugammadex-reversal-neuromuscular-blockade-adult-patients-review-clinical-effectiveness-and-cost>

Aripiprazole for Patients with Bipolar Disorder: A Review of the Clinical Effectiveness, Cost-effectiveness and Guidelines

In both the acute and stabilization phases, the efficacy of aripiprazole was generally superior to placebo, and similar to traditional drugs in adult or pediatric populations with bipolar disorder. Aripiprazole as monotherapy or as an adjunct was recommended as first line therapy for pharmacological treatment of acute mania, or as maintenance therapy for recent manic or mixed episodes (mania and depression), but not recommended for acute bipolar depression.

CADTH Rapid Response Report
Systematic search: Limited
May 2016

<https://www.cadth.ca/aripiprazole-patients-bipolar-disorder-review-clinical-effectiveness-cost-effectiveness-and-0>

Proton Beam Therapy versus Photon Radiotherapy for Adult and Pediatric Oncology Patients: A Review of the Clinical and Cost-Effectiveness

There was limited comparative evidence, with insufficient evidence available for many indications, comparators, and outcomes. Overall, current comparative evidence does not suggest that PBT is superior to photon therapy from a clinical or cost perspective for the majority of indications. There are concerns regarding the quantity, quality and generalizability of the available evidence.

CADTH Rapid Response Report
Systematic search: Limited
May 2016

<https://www.cadth.ca/proton-beam-therapy-versus-photon-radiotherapy-adult-and-pediatric-oncology-patients-review-clinical>

Acoustic Radiation Force Impulse Imaging (ARFI) for Diagnosis and Monitoring of Liver Fibrosis in Patients with Hepatitis B: A Review of Diagnostic Accuracy, Clinical Effectiveness, Cost-Effectiveness, and Guidelines

There were mixed results on the use of ARFI to evaluate liver fibrosis in patients with hepatitis B. ARFI was dominated by less costly and more effective options among hepatitis B e antigen-positive patients (high levels of the virus and greater infectiousness); however, ARFI was extendedly dominated in hepatitis B e antigen-negative patients (low to zero level of the virus and less infectious).

CADTH Rapid Response Report
Systematic search: Limited
May 2016

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

Newborn Eye Prophylaxis: A Review of Clinical Effectiveness and Guidelines

low quality evidence suggested that there is no advantage to using erythromycin over other prophylactic agents for the prevention of gonococcal Ophthalmia neonatorum (ON), though erythromycin may be more effective than silver nitrate for the prevention of chlamydial ON. Guidelines varied on recommendations for routine prophylaxis in newborns, and on routine screening of pregnant women for gonorrhea and chlamydia.

CADTH Rapid Response Report
Systematic search: Limited
May 2016

<https://www.cadth.ca/newborn-eye-prophylaxis-review-clinical-effectiveness-and-guidelines>

McGill University Health Centre (Canada)

Radiofrequency ablation for the treatment of Barrett's esophagus with high-grade and low-grade dysplasia: An update

The current evidence reinforces the previous TAU recommendation that RFA be used and funded at the MUHC for the treatment of Barrett's esophagus with high grade dysplasia. The TAU does not recommend the routine use of RFA for the treatment of low grade dysplasia given the lack of consistent evidence at this time for progression rates of LGD to cancer, and the reversible nature of LGD.

Technology Assessment Unit Report

Systematic search: Limited

May 2016

http://www.mcgill.ca/tau/files/tau/muhc_tau_2016_79_barrett_esophagus_na_0.pdf

A Mini-Health Technology Assessment of Linear and Radial Endobronchial Ultrasound (EBUS) and Electromagnetic Navigation Bronchoscopy (ENB) in the Diagnosis and Staging of Lung Cancer in Adults

There is sufficient evidence supporting the use of linear EBUS as a first-line approach for lung cancer staging. For investigation of peripheral nodules suspected of lung cancer, radial EBUS should be available for use at the clinician's discretion. There is very limited evidence supporting the usage of ENB together with R-EBUS. Therefore, this technology should be judiciously used only when the yield of radial EBUS is felt to be lower than usual and Transthoracic Needle Aspiration (TTNA) is best avoided.

Technology Assessment Unit Report

Systematic search: Limited

May 2016

http://www.mcgill.ca/tau/files/tau/muhc_tau_2016_74_ebus_enb.pdf

Cardiac Resynchronization Therapy in Heart Failure

We found that there is sufficient evidence to support use of CRT for patients in sinus rhythm with systolic heart failure with severely prolonged QRS interval (>150 msec); left bundle branch block (LBBB) morphology, and left ventricular ejection fraction (LVEF) <30%. Patients with severe symptoms experienced significant clinical improvement from the addition of CRT-Pacemaker implants to optimal pharmacologic therapy (OPT) alone. Among mildly symptomatic patients, CRT-Defibrillator implants significantly reduced mortality compared to the implantable cardioverter defibrillator (ICD) alone.

Technology Assessment Unit Report

Systematic search: Yes

May 2016

http://www.mcgill.ca/tau/files/tau/muhc_tau_2016_77_biv_heart_failure.pdf

Use of Biventricular Pacing in Atrioventricular Heart Block

BVP as an initial mode of pacing in AV block patients with normal LVEF does not offer any clinical advantage over RVP and is therefore not recommended. In AV block patients with low LVEF or with characteristics known to be associated with BVP efficacy such as wide QRS duration or LBBB, BVP may improve some heart failure parameters though the clinical significance of this remains unclear.

Technology Assessment Unit Report

Systematic search: Yes

May 2016

http://www.mcgill.ca/tau/files/tau/muhc_tau_2016_78_biv_heart_block.pdf

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Nil

NICE FORWARD PLANNING – Publications due June 2016

Hypercholesterolaemia (primary), dyslipidaemia (mixed) – evolocumab
Single Technology Appraisal

Hypercholesterolaemia (primary) and dyslipidaemia (mixed) – alirocumab
Single Technology Appraisal

GreenLight XPS Photoselective Vaporisation of the Prostate (PVP) in benign prostatic hyperplasia
Medical Technology

Assessment and Management of Cirrhosis
Clinical Guideline

Liver disease (non-alcoholic fatty [NAFLD])
Clinical Guideline

Systemic lupus erythematosus (autoantibody-positive) – belimumab
Single Technology Appraisal

Hidradenitis suppurativa (moderate, severe) – adalimumab
Single Technology Appraisal

Leukaemia (chronic lymphocytic) – ibrutinib
Single Technology Appraisal

Lung cancer (non-small-cell, anaplastic lymphoma kinase positive, previously treated) – ceritinib
Single Technology Appraisal