

NIHR

The effectiveness and cost-effectiveness of erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating cancer treatment-induced anaemia: a systematic review and economic model

ESAs could be cost-effective when used closer to licence, but there is considerable uncertainty, mainly because of unknown impacts on overall survival. There is questionable generalisability given that the included trials were published > 20 years ago and there have been many changes to chemotherapy as well as to the quality of supportive treatment. Trial quality was moderate or poor and there was considerable unexplained heterogeneity for a number of outcomes, particularly survival, and evidence of publication bias.

Health Technology Appraisal

Systematic search: Yes

February 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-13#abstract>

Prediction of risk of recurrence of venous thromboembolism following treatment for a first unprovoked venous thromboembolism: systematic review, prognostic model and clinical decision rule, and economic evaluation

The post D-dimer model performed strongly and could be useful to predict individuals' risk of recurrence at any time up to 2–3 years, thereby aiding patient counselling and treatment decisions. A decision rule using this model may be cost-effective for informing clinical judgement and patient opinion in treatment decisions.

Health Technology Appraisal

Systematic search: Yes

February 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-12#abstract>

Tumour necrosis factor- inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis: a systematic review and economic evaluation

In both ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-AxSpA) populations, anti-TNFs are clinically effective, although more so in AS than in nr-AxSpA. Anti-TNFs may be an effective use of NHS resources depending on which assumptions are considered appropriate.

Health Technology Appraisal

Systematic search: Yes

February 2016

<http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-9#abstract>

KINGS FUND

Nil

HIS

Comment on: 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 the disease is severe (DAS28 score > 5.1) and it has not responded to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs). There is a material difference between the recommendations of NICE and SMC.

SMC Advice

Systematic search: No

February 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/mta_resources/appraisal_375.aspx

Comment on: NICE TA383 TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (including a review of TA143 and TA233)

Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab are recommended as options for treating severe active ankylosing spondylitis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs. Adalimumab, certolizumab pegol and etanercept are recommended as options for treating severe non-radiographic axial spondyloarthritis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs. There is a material difference in the recommendations of NICE and SMC.

SMC Advice

Systematic search: No

February 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/mta_resources/appraisal_383.aspx

Comment on: NICE TA385 Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia (review of NICE technology appraisal guidance 132)

Ezetimibe is recommended for restricted use within NHS Scotland. Ezetimibe may be considered in combination with a statin for patients who have failed to reach target cholesterol levels despite treatment with titrated/optimised statins alone. It may also be considered as monotherapy where statins are inappropriate or poorly tolerated.

SMC Advice

Systematic search: No

February 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/stas/appraisal_385.aspx

Evidence note 58: What are the effectiveness, safety and cost-effectiveness of the MitraClip transcatheter mitral valve repair system in patients with moderate to

severe or severe mitral regurgitation who are at high surgical risk or are non-surgical candidates?

It is not possible, on current evidence, to make direct comparison between the outcomes of medical therapies and MitraClip implantation in this patient group. A systematic review of non-comparative prospective observational studies suggests that MitraClip is a feasible and safe option to improve symptoms of mitral regurgitation (MR) in patients with moderate to severe or severe MR who are considered to be at high surgical risk.

See also Advice Statement 001/16

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_advice_statements/advice_statement_001-16.aspx

HIS Evidence Note

Systematic search: Limited

February 2016

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_-_evidence_notes/evidence_note_58.aspx

SGHD

Nil

SIGN

Nil

HEALTH SCOTLAND

Nil

NICE

NG43 Transition from children's to adults' services for young people using health or social care services

This guideline covers the period before, during and after a young person moves from children's to adults' services. It aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng43>

NG42 Motor neurone disease: assessment and management

This guideline covers assessing and managing motor neurone disease (MND). It aims to improve care from the time of diagnosis, and covers information and support, organisation of care, managing symptoms and preparing for end of life care.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng42>

NG41 Spinal injury: assessment and initial management

This guideline covers the assessment and early management of spinal column and spinal cord injury in pre-hospital settings (including ambulance services), emergency departments and major trauma centres. It covers traumatic injuries to the spine but does not cover spinal injury caused by a disease. It aims to reduce death and disability by improving the quality of emergency and urgent care.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng41>

NG40 Major trauma: service delivery

This guideline covers the organisation and provision of major trauma services in pre-hospital and hospital settings, including ambulance services, emergency departments, major trauma centres and trauma units. It aims to reduce deaths and disabilities in people with serious injuries by providing a systematic approach to the delivery of major trauma care. It does not cover services for people with burns.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng40>

NG39 Major trauma: assessment and initial management

This guideline covers the rapid identification and early management of major trauma in pre-hospital and hospital settings, including ambulance services, emergency departments, major trauma centres and trauma units. It aims to reduce deaths and disabilities in people with serious injuries by improving the quality of their immediate care. It does not cover care for people with burns.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng39>

NG38 Fractures (non-complex): assessment and management

This guideline covers assessing and managing non-complex fractures that can be treated in the emergency department or orthopaedic clinic. It aims to improve practice so that people with fractures receive the care that they need without unnecessary tests and treatments.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng38>

NG37 Fractures (complex): assessment and management

This guideline covers assessing and managing pelvic fractures, open fractures and severe ankle fractures (known as pilon fractures and intra-articular distal tibia fractures) in pre-hospital settings (including ambulance services), emergency departments and major trauma centres. It aims to reduce deaths and long-term health problems by improving the quality of emergency and urgent care.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng37>

NG36 Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over

This guideline covers assessing and managing cancers of the upper aerodigestive tract in young people and adults. It aims to reduce variation in practice and improve survival.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng36>

NG35 Myeloma: diagnosis and management

This guideline covers the diagnosing and managing of myeloma (including smouldering myeloma and primary plasma cell leukaemia) in people aged 16 and over. It aims to improve care for people with myeloma by promoting the most effective tests and treatments for myeloma and its complications.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng35>

NG34 Sunlight exposure: risks and benefits

This guideline covers how to communicate the risks and benefits of natural sunlight exposure (specifically, the ultraviolet rays UVA and UVB) to help people understand why they may need to modify their behaviour to reduce their risk of skin cancer and vitamin D deficiency.

NICE Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ng34>

TA385 Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia

Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults in whom initial statin therapy is contraindicated or who cannot tolerate statin therapy, as defined. Ezetimibe, co-administered with initial statin therapy, is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults who have started statin therapy when serum total or low-density lipoprotein (LDL) cholesterol concentration is not appropriately

controlled and a change from initial statin therapy to an alternative statin is being considered.

NICE Technology Assessment

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ta385>

TA384 Nivolumab for treating advanced (unresectable or metastatic) melanoma

Nivolumab as monotherapy is recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults.

NICE Technology Assessment

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ta384>

TA383 TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis

Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab are recommended as options for treating severe active ankylosing spondylitis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs. Adalimumab, certolizumab pegol and etanercept are recommended as options for treating severe non-radiographic axial spondyloarthritis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs.

NICE Technology Assessment

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/ta383>

DG22 Therapeutic monitoring of TNF-alpha inhibitors in Crohn's disease (LISA-TRACKER ELISA kits, IDKmonitor ELISA kits, and Promonitor ELISA kits)

The LISA-TRACKER, IDKmonitor and Promonitor enzyme-linked immunosorbent assay (ELISA) kits show promise for therapeutic monitoring of tumour necrosis factor (TNF)-alpha inhibitors in people with Crohn's disease but there is insufficient evidence to recommend their routine adoption across the NHS.

NICE Diagnostic Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/dg22>

DG21 Integrated sensor-augmented pump therapy systems for managing blood glucose levels in type 1 diabetes (the MiniMed Paradigm Veo system and the Vibe and G4 PLATINUM CGM system)

The MiniMed Paradigm Veo system is recommended as an option for managing blood glucose levels in people with type 1 diabetes only if they have episodes of disabling hypoglycaemia despite optimal management with continuous subcutaneous insulin infusion.

NICE Diagnostic Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/dg21>

DG20 Tests for rapidly identifying bloodstream bacteria and fungi (LightCycler SeptiFast Test MGRADE, SepsiTst and IRIDICA BAC BSI assay)

There is currently insufficient evidence to recommend the routine adoption in the NHS of the LightCycler SeptiFast Test MGRADE, SepsiTst and IRIDICA BAC BSI assay for rapidly identifying bloodstream bacteria and fungi.

NICE Diagnostic Guidance

Systematic search: Yes

February 2016

<http://www.nice.org.uk/guidance/dg20>

NHS EVIDENCE: PUBLIC HEALTH EVIDENCE AWARENESS BULLETIN

Report of the Commission on Ending Childhood Obesity

This report sets out recommendations to tackle obesity in children and young people around the world. The recommendations are presented under the following areas: promote intake of healthy foods; promote physical activity; preconception and pregnancy care; early childhood diet and physical activity; health, nutrition and physical activity for school-age children; and weight management.

[World Health Organization](#)

Growing old together: sharing new ways to support older people

This report looks at how service provision can be improved in local health systems and how this innovation can be shared. The report details eight key principles to help focus service redesign to ensure that older people's needs and wishes are met.

[NHS Confederation](#)

Faith at end of life: public health approach resource for professionals

This resource aims to help people working in a community setting maintain a holistic and person-centred approach to people who are dying, caring or bereaved. It provides information to ensure that commissioning and delivery of services and practice takes account of spiritual needs of the 6 largest faith groups in England.

[Public Health England](#)

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)

Home-Based Primary Care Interventions

Current research evidence is generally positive, providing moderate-strength evidence that HBPC reduces use of inpatient care and providing low-strength evidence about its impact on use of other health services, costs, and patient and caregiver experience.

AHRQ Research Synthesis

Systematic Search: Yes

February 2016

<https://www.effectivehealthcare.ahrq.gov/ehc/products/590/2183/home-based-care-report-160216.pdf>

Management of Renal Masses and Localized Renal Cancer

A limited set of studies exists regarding the diagnosis of renal cell carcinoma in the target population (renal mass suspicious for stage I or II renal cell carcinoma). Current composite models do not reliably predict malignancy; however, tumor size and male sex are most highly associated with malignancy. Renal mass sampling is a safe and sensitive procedure, but has a high non-diagnostic rate. The evidence is biased by the failure of non-malignant biopsies to proceed to intervention. Core biopsy appears to offer improved diagnostic abilities over fine needle aspiration.

AHRQ Research Synthesis

Systematic Search: Yes

February 2016

<https://www.effectivehealthcare.ahrq.gov/ehc/products/601/2186/renal-cancer-executive-160224.pdf>

Diagnosis of Gout

The findings of this review provide some evidence to support the further development and validation of clinical diagnostic algorithms based on a combination of clinical signs and symptoms for the diagnosis of gout in the primary care setting. The review further supports the use of imaging modalities (ultrasound and DECT) in cases in which a definitive diagnosis cannot be made from signs and symptoms alone.

AHRQ Research Synthesis

Systematic Search: Yes

February 2016

<https://www.effectivehealthcare.ahrq.gov/ehc/products/564/2189/gout-diagnosis-executive-160224.pdf>

Non-invasive Treatments for Low Back Pain

A number of pharmacological and non-pharmacological non-invasive treatments for low back pain are associated with small to moderate, primarily short-term, effects on pain versus placebo, sham, wait list, or no treatment. Effects on function are generally smaller than effects on pain.

<https://www.effectivehealthcare.ahrq.gov/ehc/products/553/2192/Back-pain-treatment-executive-160226.pdf>

Health Foundation

At the heart of health: Realising the value of people and communities.

This review strengthens the case for people taking an active role in their health and care. We are identifying evidence-based approaches that engage people and communities, and developing tools to support implementation across the NHS and local communities. It provides an overview of the existing evidence base with a particular focus on the potential benefits of adopting person- and community-centred approaches.

Health Foundation/Nest review

Systematic Search: Yes

February 2016

<http://www.health.org.uk/publication/heart-health-realising-value-people-and-communities>

Canadian Agency for Drugs and Technologies in Health (CADTH)

Antibiotic Prophylaxis in Patients with Orthopedic Implants Undergoing Dental Procedures: A Review of Clinical Effectiveness, Safety, and Guidelines

The results of this and the previous CADTH review have found the evidence for antibiotic prophylaxis during dental procedures for patients with orthopedic prostheses to be limited. The identified guideline recommends against the routine use of prophylactic antibiotics during dental procedures for patients with orthopedic prostheses.

CADTH Rapid Response Report

Systematic search: Limited

February 2016

<https://www.cadth.ca/antibiotic-prophylaxis-patients-orthopedic-implants-undergoing-dental-procedures-review-clinical-0>

Neuromuscular Monitoring for Patients Receiving Continuous Paralytic or Neuromuscular Blocking Agents: A Review of the Clinical Effectiveness and Guidelines

The value of the train of four (TOF) monitoring of patients in ICU receiving neuromuscular blocking agents (NMBAs) remains unclear. One systematic review, which included three trials comparing TOF monitoring with clinical assessment, reported conflicting results, with benefit being demonstrated with TOF monitoring in one trial and no benefit in two trials. Use of TOF monitoring resulted in lower dose of NMBA being used and a faster recovery of neuromuscular function in one trial but not in two trials.

CADTH Rapid Response Report

Systematic search: Limited

February 2016

<https://www.cadth.ca/neuromuscular-monitoring-patients-receiving-continuous-paralytic-or-neuromuscular-blocking-agents>

Irreversible Electroporation for Tumors of the Pancreas or Liver: Review of Clinical and Cost-Effectiveness

Irreversible electroporation appears to be feasible and safe for patients with tumors of the pancreas or liver. The percutaneous approach seems to result in fewer adverse events. IRE may be effective in increasing overall and progression free survival in patients with unresectable tumors of the pancreas or liver, however, the conclusions are based on studies without a control group.

CADTH Rapid Response Report

Systematic search: Limited

February 2016

<https://www.cadth.ca/irreversible-electroporation-tumors-pancreas-or-liver-review-clinical-and-cost-effectiveness-0>

First Initiative Peritoneal Dialysis versus Hemodialysis for the Treatment of Renal Failure: A Review of Clinical Effectiveness and Guidelines

There was evidence that the overall survival outcomes associated with PD as initial dialysis modality was, at least, comparable to outcomes associated with HD as initial dialysis modality, with a trend suggesting higher survival rates among patients initiated on PD. Furthermore, there was evidence suggesting that younger patients (< 65 years) may benefit more from PD compared with older patients (> 65 years old). Patients for whom PD was the initial dialysis modality were not associated with impaired prognosis compared with those who had HD as initial dialysis modality. However, patients for whom PD was the initial dialysis modality were more likely to switch modality or to receive kidney transplantations.

CADTH Rapid Response Report

Systematic search: Limited

February 2016

<https://www.cadth.ca/first-initiative-peritoneal-dialysis-versus-hemodialysis-treatment-renal-failure-review-clinical-0>

Metal versus Acrylic Partial Removable Dentures for Patients with Periodontal Disease: A Review of the Clinical Effectiveness and Guidelines

One study on the effectiveness of metal partial dentures was included. The study results suggested that removable partial dentures anchored with double crowns did not differ in terms of teeth loss when compared with fixed partial dentures or removable partial dentures anchored with clips.

CADTH Rapid Response Report

Systematic search: Limited

February 2016

<https://www.cadth.ca/metal-versus-acrylic-partial-removable-dentures-patients-periodontal-disease-review-clinical-0>

Pre-Endoscopic Intravenous Proton Pump Inhibitors for Emergency Department Patients with Upper Gastrointestinal Bleeds: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines

One observational study on patients with upper gastrointestinal bleeding who received either proton pump inhibitor infusion or saline infusion before endoscopy showed that overall there were no statistically significant differences between the two modalities with respect to endoscopic signs of bleeding, recurrent bleeding, emergency surgery, or mortality. Recommendations regarding the use of proton pump inhibitors before endoscopy in patients with upper gastrointestinal bleeding were inconsistent.

CADTH Rapid Response Report

Systematic search: Limited

February 2016

<https://www.cadth.ca/pre-endoscopic-intravenous-proton-pump-inhibitors-emergency-department-patients-upper-0>

Omega-3 Fatty Acids for Proteinuria due to Nephrotic Syndrome: A Review of Clinical Effectiveness and Cost-Effectiveness

There is insufficient evidence to suggest a benefit of omega-3 treatment for the reduction of proteinuria in patients with immunoglobulin A nephropathy or idiopathic steroid-resistant nephrotic syndrome. There is some limited low quality evidence to

suggest potential improvements in surrogate kidney function outcomes, but not relevant clinical endpoints, and no evidence of potential harm.

CADTH Rapid Response Report

Systematic search: Limited

February 2016

<https://www.cadth.ca/omega-3-fatty-acids-proteinuria-due-nephrotic-syndrome-review-clinical-effectiveness-and-cost>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Nil

NICE FORWARD PLANNING – Publications due March 2016

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

Single Technology Appraisal

Community engagement (update)

Public health guidance

Workplace health - older employees

Public health guidance

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

Medical Technology

Antimicrobial stewardship - changing risk-related behaviours in the general population

Public health guidance