

NIHR

Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people: systematic review and economic evaluation

There is little clinical or economic evidence to inform the cost-effectiveness of biological treatments in children and young people. The evidence that does exist suggests that biological treatments may not be cost-effective for the management of psoriasis in children and young people at a willingness-to-pay threshold of £30,000 per quality-adjusted life-year, unless a number of strong assumptions about health-related quality-of-life and the costs of best supportive care are combined.

Health Technology Assessment

Systematic search: Yes

November 2017

<https://www.journalslibrary.nihr.ac.uk/hta/hta21640/#/abstract>

A systematic review and economic evaluation of adalimumab and dexamethasone for treating non-infectious intermediate uveitis, posterior uveitis or panuveitis in adults

The evidence showed significant benefits of adalimumab and dexamethasone over placebo or a sham procedure. The incremental cost-effectiveness ratio (ICER) for adalimumab was estimated to be above generally accepted thresholds for cost-effectiveness. The cost-effectiveness of dexamethasone was estimated to fall below standard thresholds. However, the clinical trials did not fully reflect clinical practice and there is substantial uncertainty around the model assumptions.

Health Technology Assessment

Systematic search: Yes

November 2017

<https://www.journalslibrary.nihr.ac.uk/hta/hta21680/#/abstract>

The clinical effectiveness and cost-effectiveness of treat-to-target (TTT) strategies in rheumatoid arthritis: a systematic review and cost-effectiveness analysis

In early RA and studies of mixed early and established RA populations, evidence suggests that TTT improves remission rates. In established disease, TTT may lead to improved rates of low disease activity. It remains unclear which element(s) of TTT (the target, treatment protocols, or increased frequency of patient visits) drive these outcomes.

Health Technology Assessment

Systematic search: Yes

November 2017

<https://www.journalslibrary.nihr.ac.uk/hta/hta21710/#/abstract>

KINGS FUND

Embedding a culture of quality improvement

This report explores the factors that have helped organisations to launch a quality improvement strategy and sustain a focus on quality improvement. It draws on a roundtable event attended by senior local and national NHS leaders, semi-structured interviews with NHS leaders and senior stakeholders involved in quality improvement initiatives, and a literature review.

Kings Fund report

Systematic search: No

November 2017

<https://www.kingsfund.org.uk/publications/embedding-culture-quality-improvement>

Scottish Medicines Consortium

SMC advice: daratumumab

Daratumumab (Darzalex) is accepted for restricted use within NHS Scotland as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, whose prior therapy included a proteasome inhibitor and an immunomodulatory agent and who have demonstrated disease progression on the last therapy. Daratumumab is approved for use only as a fourth line treatment option.

SMC advice

Systematic search: No

October 2017

http://www.scottishmedicines.org/SMC_Advice/Advice/1205_17_daratumumab_Darzalex/daratumumab_Darzalex_resub

SMC advice: sofosbuvir-velpatasvir

Sofosbuvir-velpatasvir (Epclusa) is accepted for restricted use within NHS Scotland for the treatment of chronic hepatitis C virus (HCV) infection in adults. Sofosbuvir-velpatasvir is approved only for use in patients with genotype 2, 5 or 6 chronic HCV infection, or decompensated cirrhosis, irrespective of chronic HCV genotype.

SMC advice

Systematic search: No

October 2017

http://www.scottishmedicines.org/SMC_Advice/Advice/1271_17_sofosbuvir_velpatasvir_Epclusa/sofosbuvir_velpatasvir_Epclusa

SMC advice: olaratumab

Olaratumab (Lartruvo) is accepted for restricted use within NHS Scotland for the treatment of adult patients with advanced soft-tissue sarcoma. Olaratumab is approved for use in combination with doxorubicin as first-line treatment for advanced soft-tissue sarcoma not amenable to curative treatment with surgery or radiotherapy.

SMC advice

Systematic search: No

November 2017

http://www.scottishmedicines.org/SMC_Advice/Advice/1273_17_olaratumab_Lartruvo/olaratumab_Lartruvo

SMC advice: pegvisomant

Pegvisomant (Somavert) is accepted for use within NHS Scotland for the treatment of adult patients with acromegaly who have had an inadequate response to surgery and /

or radiation therapy and in whom an appropriate medical treatment with somatostatin analogues did not normalise IGF-1 concentrations or was not tolerated.

SMC advice

Systematic search: No

November 2017

http://www.scottishmedicines.org/SMC_Advice/Advice/Pegvisomant_Somavert_174_for_the_treatment_of_patients_with_acromegaly/pegvisomant_Somavert_Resubmission

SMC advice: mercaptamine

Mercaptamine (Procysbi) is not recommended for use within NHS Scotland for the treatment of proven nephropathic cystinosis.

SMC advice

Systematic search: No

November 2017

http://www.scottishmedicines.org/SMC_Advice/Advice/1272_17_mercaptamine_Procysbi/mercaptamine_Procysbi

SGHD

COPD Best Practice Guide

This best practice guideline and series of case studies bring a strong focus to streamlining COPD management, using the Six Essential Actions of Unscheduled Care. This is not a clinical guideline; instead it provides healthcare professionals and patients alike the opportunity to see how this condition could be best managed from the unscheduled care perspective so that individuals living with COPD enjoy structured and better care that is safe, effective and person-centred at every point of the patient journey.

Scottish Government Guide

Systematic search: No

November 2017

<http://www.gov.scot/Publications/2017/11/5651>

SIGN

SIGN 154 Management of diabetes

This guideline provides recommendations for best practice in the management of diabetes. It provides recommendations on optimal targets for glucose control for the prevention of microvascular and macrovascular complications in people with type 2 diabetes, and the risks and benefits of the principal therapeutic classes of glucose-lowering agents and insulins currently available for people with type 2 diabetes who require measures beyond diet and exercise to achieve glucose targets.

SIGN Guideline

Systematic search: Yes

November 2017

<http://www.sign.ac.uk/sign-116-and-154-diabetes.html>

HEALTH SCOTLAND

Mental health inequality briefing

This briefing outlines mental health inequalities as an (often neglected) component of health inequalities, and the social and health inequalities experienced by people with mental health problems.

Health Scotland briefing

Systematic search: No

November 2017

<http://www.healthscotland.scot/publications/mental-health>

NICE

CG71 Familial hypercholesterolaemia: identification and management

This guideline covers identifying and managing familial hypercholesterolaemia (FH), a specific type of high cholesterol that runs in the family, in children, young people and adults. It aims to help identify people at increased risk of coronary heart disease as a result of having FH.

NICE Guidance

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/cg71>

CG185 Bipolar disorder: assessment and management

This guideline covers recognising, assessing and treating bipolar disorder in children, young people and adults. The recommendations apply to bipolar I, bipolar II, mixed affective and rapid cycling disorders. It aims to improve access to treatment and quality of life in people with bipolar disorder.

NICE Guidance

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/cg185>

DG31 Tests in secondary care to identify people at high risk of ovarian cancer

There is currently not enough evidence to recommend the routine adoption of the IOTA ADNEX model, Overa (MIA2G), RMI I (at thresholds other than 200 or 250), ROMA or IOTA Simple Rules in secondary care in the NHS to help decide whether to refer people with suspected ovarian cancer to a specialist multidisciplinary team.

NICE Diagnostic Guidance

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/dg31>

ES16 Antimicrobial prescribing: Ceftazidime/avibactam

This evidence summary outlines the best available evidence for a new intravenous antimicrobial, ceftazidime/avibactam (Zavicefta). It is indicated for treating complicated intra-abdominal infections, complicated urinary tract infections (including pyelonephritis), hospital-acquired pneumonia (including

ventilator-associated), and aerobic gram-negative infections in adults with limited treatment options.

NICE Evidence Summary

Systematic search: Yes

November 2017

<https://www.nice.org.uk/advice/es16>

NG37 Fractures (complex): assessment and management

This guideline covers assessing and managing pelvic fractures, open fractures and severe ankle 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

November 2017

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

NG81 Glaucoma: diagnosis and management

This guideline covers diagnosing and managing glaucoma in people aged 18 and over. It includes recommendations on testing and referral (case-finding) for chronic open angle glaucoma and ocular hypertension, and on effective diagnosis, treatment and reassessment to stop these conditions progressing.

NICE Guidance

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ng81>

TA483 Nivolumab for previously treated squamous non-small-cell lung cancer

Nivolumab is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic squamous non-small-cell lung cancer in adults after chemotherapy, only if nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease progression,

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta483>

TA484 Nivolumab for previously treated non-squamous non-small-cell lung cancer

Nivolumab is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic non-squamous non-small-cell lung cancer in adults after chemotherapy, only if the tumours are PD-L1 positive and nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease progression

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta484>

TA485 Sarilumab for moderate to severe rheumatoid arthritis

Sarilumab, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease is severe (a disease activity score of more than 5.1), and has responded inadequately to intensive therapy with DMARDs, at least 1 biological DMARD, and who cannot have rituximab. Sarilumab can be used as monotherapy for people whose disease is severe and who cannot take methotrexate because it is contraindicated or because of intolerance.

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta485>

TA486 Aflibercept for treating choroidal neovascularisation

Aflibercept is recommended as an option for treating visual impairment due to myopic choroidal neovascularisation in adults.

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta486>

TA487 Venetoclax for treating chronic lymphocytic leukaemia

Venetoclax is recommended for use within the Cancer Drugs Fund as an option for treating chronic lymphocytic leukaemia, that is, in adults with a 17p deletion or TP53 mutation and when a B-cell receptor pathway inhibitor is unsuitable, or whose disease has progressed after a B-cell receptor pathway inhibitor. Venetoclax is recommended for use in adults without a 17p deletion or TP53 mutation, and whose disease has progressed after both chemo-immunotherapy and a B-cell receptor pathway inhibitor

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta487>

TA488 Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours

Regorafenib is recommended as an option for treating unresectable or metastatic gastrointestinal stromal tumours in adults whose disease has progressed on, or who are intolerant to, prior treatment with imatinib and sunitinib, only if their Eastern Cooperative Oncology Group (ECOG) performance status is 0 to 1.

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta488>

TA489 Vismodegib for treating basal cell carcinoma

Vismodegib is not recommended for treating symptomatic metastatic basal cell carcinoma, or locally advanced basal cell carcinoma that is inappropriate for surgery or radiotherapy, in adults.

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta489>

TA490 Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy

Nivolumab is recommended for use within the Cancer Drugs Fund as an option for treating squamous cell carcinoma of the head and neck in adults whose disease has progressed on platinum-based chemotherapy only if the disease has progressed within 6 months of having chemotherapy, and nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease progression

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta490>

TA491 Ibrutinib for treating Waldenstrom's macroglobulinaemia

Ibrutinib is recommended for use in the Cancer Drugs Fund as an option for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 prior therapy.

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta491>

NG80 Asthma: diagnosis, monitoring and chronic asthma management

This guideline covers diagnosing, monitoring and managing asthma in adults, young people and children. It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma attacks. It does not cover managing severe asthma or acute asthma attacks.

NICE Guidance

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ng80>

TA417 Nivolumab for previously treated advanced renal cell carcinoma

Nivolumab is recommended as an option for previously treated advanced renal cell carcinoma in adults.

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta417>

TA458 Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane

Trastuzumab emtansine is recommended as an option for treating human epidermal growth factor receptor 2 (HER2)-positive, unresectable, locally advanced or metastatic breast cancer in adults who previously received trastuzumab and a taxane, separately or in combination. Patients should have either received prior therapy for locally advanced or metastatic disease or developed disease recurrence during or within 6 months of completing adjuvant therapy.

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta458>

TA462 Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma

Nivolumab is recommended as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults after autologous stem cell transplant and treatment with brentuximab vedotin.

NICE Technology Appraisal

Systematic search: Yes

November 2017

<https://www.nice.org.uk/guidance/ta462>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)

Noninvasive, Nonpharmacological Treatment for Chronic Pain: A Systematic Review

A number of nonpharmacological interventions can provide beneficial effects on function and/or pain that are durable 1 month to 1 year after the completion of therapy. Exercise, multidisciplinary rehabilitation, acupuncture, and mind-body and mindfulness practices may slightly to moderately improve function and pain across multiple chronic pain conditions. Our findings provide some support for clinical strategies that focus on use of nonpharmacological therapies as preferred interventions for chronic pain.

AHRQ Research Synthesis

Systematic search: Yes

November 2017

<https://effectivehealthcare.ahrq.gov/topics/nonpharma-treatment-pain/draft-report>

Management of Suspected Opioid Overdose with Naloxone by Emergency Medical Services Personnel

Low-strength evidence suggested that higher concentration IN naloxone (2 mg/1 mL) is similar in efficacy to IM naloxone (2 mg). Uncontrolled studies suggest that nontransport of patients following successful naloxone reversal of overdose is associated with a low rate of serious harms, but patients were probably at low risk for such events, and no study evaluated risk of transport versus nontransport.

AHRQ Research Synthesis

Systematic search: Yes

November 2017

<https://effectivehealthcare.ahrq.gov/topics/emt-naloxon/systematic-review>

Psychological and Pharmacological Treatments for Adults With PTSD: A Systematic Review Update

Several psychological treatments were associated with the reduction of PTSD symptoms when compared with inactive comparators; there was strong or moderate evidence for the use of CBT-exposure and CBT-mixed treatments, cognitive processing therapy (CPT), cognitive therapy (CT), eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy (NET). Several pharmacological treatments reduced PTSD symptoms; moderate evidence supports the efficacy of fluoxetine, paroxetine, and venlafaxine, with paroxetine probably most effective.

AHRQ Research Synthesis

Systematic search: Yes

November 2017

<https://effectivehealthcare.ahrq.gov/topics/ptsd-adult-treatment-update/draft-report>

Diagnostic Accuracy of Screening and Treatment of Post-Acute Coronary Syndrome Depression: A Systematic Review

Among several depression screening tools, the Beck Depression Inventory is the most studied. Existing tools miss less than 3 percent of patients with depression, but only 50 percent of patients who screen positive actually have clinically confirmed depression. Enhanced care interventions and a strategy using CBT plus second-generation antidepressants for patients with severe depression or partial response to CBT improved depressive outcomes more than usual care. The effects of depression interventions on cardiovascular outcomes are uncertain.

AHRQ Research Synthesis

Systematic search: Yes

November 2017

<https://effectivehealthcare.ahrq.gov/topics/acs-depression/research-review-final>

Health Foundation

Some assembly required: implementing new models of care

The Health Foundation has captured some of the experiences of those working on the vanguard sites of the new care models programme in England. Drawing on the experiences of those leading the vanguard sites of the new care models programme, this report sets out 10 lessons for those seeking to systematically make improvements across local health and care services for those patients who are in most need of joined up care. It emphasises the value of local co-creation and testing of new care models, and offers useful learning for those seeking to drive the development of new models of care within sustainability and transformation partnerships and accountable care systems.

Health Foundation report

Systematic search: No

November 2017

<http://www.health.org.uk/publication/some-assembly-required>

Canadian Agency for Drugs and Technologies in Health (CADTH)

Acetylsalicylic Acid versus Low-Molecular-Weight Heparin for Venous Thromboembolism Prophylaxis: Comparative Clinical Effectiveness and Guidelines

Inconsistent evidence (possibly related to differences in study design, patient characteristics, or treatment regimens) suggested that ASA had similar clinical effectiveness and safety compared to LMWH or FXaIs. One guideline recommended the use of any one of the following prophylactic treatments for patients undergoing total hip or knee replacement surgery: LMWH, FXaIs (fondaparinux, apixaban, dabigatran, or rivaroxaban), low-dose unfractionated heparin, adjusted-dose vitamin K antagonist, aspirin, or an intermittent pneumatic compression device.

CADTH Rapid Response Report

Systematic search: Limited

November 2017

<https://www.cadth.ca/acetylsalicylic-acid-versus-low-molecular-weight-heparin-venous-thromboembolism-prophylaxis-0>

Point-Of-Care D-Dimer Testing: A Review of Diagnostic Accuracy, Clinical Utility, and Safety

In adult patients presenting from the community with symptoms of pulmonary embolism and a low pre-test probability based on the Wells score, a negative point of care D-dimer test demonstrated good diagnostic accuracy with high sensitivity and negative predictive value for pulmonary embolism compared to standard care. In elderly patients presenting from the community or a nursing home, the sensitivity and negative predictive value were slightly lower.

CADTH Rapid Response Report

Systematic search: Limited

November 2017

<https://www.cadth.ca/point-care-d-dimer-testing-review-diagnostic-accuracy-clinical-utility-and-safety-0>

Neurofeedback and Biofeedback for Mood and Anxiety Disorders: A Review of Clinical Effectiveness and Guidelines

There is limited evidence that neurofeedback or biofeedback treatment improved symptoms in patients with post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), or major depressive disorder, when compared with no treatment but not when compared with various mindfulness related treatment modalities.

CADTH Rapid Response Report

Systematic search: Limited

November 2017

<https://www.cadth.ca/neurofeedback-and-biofeedback-mood-and-anxiety-disorders-review-clinical-effectiveness-and-0>

Inpatient and Outpatient Treatment Programs for Substance Use Disorder: A Review of Clinical Effectiveness and Guidelines

Limited evidence showed effectiveness of both inpatient and outpatient programs, depending in the outcomes measured. Better detoxification completion and abstinence rates were apparent in outpatient care, but inpatients consumed less alcohol than outpatients in the year after entering treatment, and were more likely to complete treatment than outpatients. The initial benefits in alcohol abstinence of inpatient care decreased over time.

CADTH Rapid Response Report
Systematic search: Limited
November 2017

<https://www.cadth.ca/inpatient-and-outpatient-treatment-programs-substance-use-disorder-review-clinical-effectiveness-0>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Mindfulness-based stress reduction (MBSR) for improving health, quality of life and social functioning in adults

There is moderate evidence that MBSR has a modest effect on mental health across a number of outcome measures, for a range of target groups and in a variety of settings, compared to waiting list or treatment as usual. The effect on somatic health is smaller, but still statistically significant. MBSR also seems to improve measures of quality of life and social function when compared to inactive control groups. For all comparisons, the effects were maintained at follow-up and correlated to effects on mindfulness.

Campbell systematic review

Systematic search: Yes

November 2017

<https://www.campbellcollaboration.org/library/mindfulness-stress-reduction-for-adults.html>

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due December 2017

Atezolizumab for untreated metastatic urothelial cancer where cisplatin is unsuitable

Single Technology Appraisal

Tivozanib for treating renal cell carcinoma

Single Technology Appraisal

Lenvatinib with everolimus for previously treated advanced renal cell carcinoma

Single Technology Appraisal

Emergency and acute medical care in over 16s: service delivery and organisation
Clinical Guideline

Multiple sclerosis - cladribine
Single Technology Appraisal

Heavy menstrual bleeding
Clinical Guideline

Cabozantinib and vandetanib for treating unresectable locally advanced or metastatic medullary thyroid cancer
Single Technology Appraisal

Neuroendocrine tumours (metastatic, unresectable, progressive) - 177 Lu-dotatate
Multiple Technology Appraisal

Breast cancer (hormone-receptor positive, HER2-negative) - palbociclib
Single Technology Appraisal

Ribociclib for breast cancer
Single Technology Appraisal