

NIHR

Axitinib, cabozantinib, everolimus, nivolumab, sunitinib and best supportive care in previously treated renal cell carcinoma: a systematic review and economic evaluation

The evidence suggests that cabozantinib is likely to be the most effective for progression-free survival and overall survival, closely followed by nivolumab. All treatments appear to delay disease progression and prolong survival compared with best supportive care, although the results are heterogeneous. The economic analysis shows that at list price everolimus could be recommended as the other drugs are much more expensive with insufficient incremental benefit.

Health Technology Assessment

Systematic search: Yes

February 2018

<https://www.journalslibrary.nihr.ac.uk/hta/hta22060/#/abstract>

KINGS FUND

Nil

Scottish Medicines Consortium

SMC advice: cladribine (Mavenclad)

cladribine (Mavenclad) is accepted for restricted use within NHS Scotland for the treatment of adult patients with highly active relapsing multiple sclerosis (MS).

cladribine (Mavenclad) is restricted to patients with rapidly evolving severe relapsing-remitting MS and at least one T1 gadolinium-enhancing lesion, or with sub-optimal therapy relapsing-remitting MS and at least one T1 gadolinium-enhancing lesion or nine T2 lesions.

SMC advice

Systematic search: No

February 2018

http://www.scottishmedicines.org/SMC_Advice/Advice/1300_18_cladribine_Mavenclad/cladribine_Mavenclad

SMC advice: 5-aminolaevulinic acid (Ameluz)

5 aminolaevulinic acid (as hydrochloride) (Ameluz) is accepted for use within NHS Scotland for the treatment of superficial and / or nodular basal cell carcinoma (BCC) unsuitable for surgical treatment due to possible treatment-related morbidity and / or poor cosmetic outcome in adults.

SMC advice

Systematic search: No

February 2018

http://www.scottishmedicines.org/SMC_Advice/Advice/1260_17_aminolaevulinic_acid_Ameluz/5_aminolaevulinic_acid_Ameluz_Resubmission

SMC advice: tofacitinib (Xeljanz)

tofacitinib citrate (Xeljanz) is accepted for restricted use within NHS Scotland, in combination with methotrexate, for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more DMARDs. Tofacitinib can be given as monotherapy in case of intolerance to methotrexate or when treatment with methotrexate is inappropriate.

SMC advice

Systematic search: No

February 2018

http://www.scottishmedicines.org/SMC_Advice/Advice/1298_18_tofacitinib_Xeljanz/tofacitinib_Xeljanz

SMC advice: levonorgestrel (Kyleena)

levonorgestrel (Kyleena) is accepted for use within NHS Scotland, as a long-lasting contraception for up to 5 years.

SMC advice

Systematic search: No

February 2018

http://www.scottishmedicines.org/SMC_Advice/Advice/1299_18_levonorgestrel_Kyleena/levonorgestrel_Kyleena

pembrolizumab (Keytruda) UC

pembrolizumab (Keytruda) is accepted for restricted use within NHS Scotland as monotherapy for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy. Treatment with pembrolizumab is subject to a two-year clinical stopping rule.

SMC advice

Systematic search: No

February 2018

http://www.scottishmedicines.org/SMC_Advice/Advice/1291_18_pembrolizumab_Keytruda_UC/pembrolizumab_Keytruda_UC

SGHD

Nil

SIGN**SIGN 155: Pharmacological management of migraine**

This guideline provides recommendations on the pharmacological management of adults with acute migraine, and prophylaxis for patients with episodic or chronic migraine or medication overuse headache.

SIGN guideline

Systematic search: Yes

February 2018

<http://www.sign.ac.uk/sign-155-migraine.html>

HEALTH SCOTLAND

Employee voice and mental wellbeing: A rapid evidence review

This report looks at how collective formal employee voice mechanisms can affect mental wellbeing and common mental health problems.

Health Scotland Report

Systematic search: No

February 2018

<http://www.healthscotland.scot/publications/employee-voice-and-mental-wellbeing-a-rapid-evidence-review>

NICE

CG147 Peripheral arterial disease: diagnosis and management

This guideline covers diagnosing and managing peripheral arterial disease (PAD) in people aged 18 and over. Rapid changes in diagnostic methods, endovascular treatments and vascular services associated with new specialties in surgery and interventional radiology have resulted in considerable uncertainty and variation in practice, which this guideline aims to resolve.

NICE Guidance

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/cg147>

NG85 Pancreatic cancer in adults: diagnosis and management

This guideline covers diagnosing and managing pancreatic cancer in adults aged 18 and over. It aims to improve care by ensuring quicker and more accurate diagnosis, and by specifying the most effective treatments for people depending on how advanced their cancer is.

NICE Guidance

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ng85>

NG86 People's experience in adult social care services: improving the experience of care and support for people using adult social care services

This guideline covers the care and support of adults receiving social care in their own homes, residential care and community settings. It aims to help people understand what care they can expect and to improve their experience by supporting them to make decisions about their care.

NICE Guidance

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ng86>

TA160 Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women

This guidance relates only to treatments for the primary prevention of fragility fractures in postmenopausal women who have osteoporosis. Osteoporosis is defined

by a T-score of -2.5 standard deviations (SD) or below on dual-energy X-ray absorptiometry (DXA) scanning. However, the diagnosis may be assumed in women aged 75 years or older if the responsible clinician considers a DXA scan to be clinically inappropriate or unfeasible.

NICE Technology Appraisal

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ta160>

TA161 Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women

This guidance relates only to treatments for the secondary prevention of fragility fractures in postmenopausal women who have osteoporosis and have sustained a clinically apparent osteoporotic fragility fracture. Osteoporosis is defined by a T-score of -2.5 standard deviations (SD) or below on dual-energy X-ray absorptiometry (DXA) scanning. However, the diagnosis may be assumed in women aged 75 years or older if the responsible clinician considers a DXA scan to be clinically inappropriate or unfeasible.

NICE Technology Appraisal

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ta161/chapter/1-Guidance>

TA464 Bisphosphonates for treating osteoporosis

Oral bisphosphonates (alendronic acid, ibandronic acid and risedronate sodium) are recommended as options for treating osteoporosis in adults only if the 10-year probability of osteoporotic fragility fracture is at least 1%. Intravenous bisphosphonates (ibandronic acid and zoledronic acid) are recommended as options for treating osteoporosis in adults only if the 10-year probability of osteoporotic fragility fracture is at least 10%, or at least 1% and oral bisphosphonates (alendronic acid, ibandronic acid or risedronate sodium) are contraindicated or not tolerated.

NICE Technology Appraisal

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ta464>

TA504 Pirfenidone for treating idiopathic pulmonary fibrosis

Pirfenidone is recommended as an option for treating idiopathic pulmonary fibrosis in adults only if the person has a forced vital capacity (FVC) between 50% and 80% predicted, and treatment is stopped if there is evidence of disease progression (an absolute decline of 10% or more in predicted FVC within any 12-month period).

NICE Technology Appraisal

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ta504>

TA505 Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma

Ixazomib, with lenalidomide and dexamethasone, is recommended for use within the Cancer Drugs Fund as an option for treating multiple myeloma in adults only if they have already had 2 or 3 lines of therapy.

NICE Technology Appraisal

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ta505>

TA506 Lesinurad for treating chronic hyperuricaemia in people with gout

Lesinurad is not recommended with a xanthine oxidase inhibitor for treating hyperuricaemia in adults with gout whose serum uric acid is above the target level despite an adequate dose of a xanthine oxidase inhibitor alone.

NICE Technology Appraisal

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ta506>

TA507 Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C

Sofosbuvir–velpatasvir–voxilaprevir is recommended as an option for treating chronic hepatitis C in adults, in line with the options laid out in the guidance.

NICE Technology Appraisal

Systematic search: Yes

February 2018

<https://www.nice.org.uk/guidance/ta507>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)

Effectiveness of Indoor Allergen Reduction in Management of Asthma

Single intervention studies were not associated with improvement in clinical asthma outcomes. Multicomponent intervention studies demonstrated improvement in various outcomes, but no specific combination of interventions was identified as more effective than others. Multicomponent interventions that include HEPA vacuums or pest control may be effective in reducing exacerbations and improving quality of life.

AHRQ Research Synthesis

Systematic search: Yes

February 2018

<https://effectivehealthcare.ahrq.gov/topics/asthma-nonpharmacologic-treatment/final-report-indoor-allergen-reduction>

Health Foundation

Nil

Canadian Agency for Drugs and Technologies in Health (CADTH)

Intense Pulsed Light Therapy for Meibomian Gland Dysfunction: A Review of Clinical Effectiveness and Guidelines

There is limited evidence from case studies that intense pulsed light therapy reduces symptoms and improves meibum quality and gland function for patients suffering from dry eye disease. The number of treatments required for these benefits remains unclear, and the methods used for intense pulsed light treatment varied widely. No severe adverse events were reported.

CADTH Rapid Response Report

Systematic search: Limited

February 2018

<https://www.cadth.ca/intense-pulsed-light-therapy-meibomian-gland-dysfunction-review-clinical-effectiveness-and-0>

Airway Pressure Release Ventilation for Acute Respiratory Distress Syndrome: Clinical Effectiveness and Guidelines

There is some evidence, with limitations, favourable to the use of APRV in patients with ARDS when compared to lung protective ventilation or Synchronized Intermittent Mandatory Ventilation Mode.

CADTH Rapid Response Report

Systematic search: Limited

February 2018

<https://www.cadth.ca/airway-pressure-release-ventilation-acute-respiratory-distress-syndrome-clinical-effectiveness-and>

Extended Dosing (12 Cycles) of Adjuvant Temozolomide in Adults with Newly Diagnosed High Grade Gliomas: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines

There is some evidence, with limitations, that the 12-cycle regimen is associated with improved survival outcomes, including overall survival and progression-free survival, compared with conventional 6-cycle adjuvant temozolomide therapy. The use of 12-cycle adjuvant temozolomide therapy was related to higher risks of Grade 3-4 toxicities compared with the 6-cycle regimen, especially for hematological toxicities.

CADTH Rapid Response Report

Systematic search: Limited

February 2018

<https://www.cadth.ca/extended-dosing-12-cycles-adjuvant-temozolomide-adults-newly-diagnosed-high-grade-gliomas-review-0>

Alpha2-Adrenergic Agonists for the Reduction or Discontinuation of Opioids or Opioid Substitution Therapy: A Review of Clinical Effectiveness and Guidelines

Alpha2-adrenergic agonists were found to be more effective than placebo for managing withdrawal, however less effective than buprenorphine and potentially similar to methadone. The evidence was limited in quantity for comparing alpha2-adrenergic agonists to each other. The identified guidelines do not recommend alpha2-adrenergic agonists as a first-line medication when buprenorphine and methadone are an option.

CADTH Rapid Response Report

Systematic search: Limited

February 2018

<https://www.cadth.ca/alpha2-adrenergic-agonists-reduction-or-discontinuation-opioids-or-opioid-substitution-therapy-0>

Clonidine for the Treatment of Psychiatric Conditions and Symptoms: A Review of Clinical Effectiveness, Safety, and Guidelines

Weak evidence suggests that clonidine may be effective in some psychiatric conditions (PTSD, cigarette smoking and craving). The limitations in study design and quality prevented definitive conclusions from being drawn regarding the clinical effectiveness and safety of clonidine for the treatment of adults with psychiatric conditions or symptoms.

CADTH Rapid Response Report

Systematic search: Limited

February 2018

<https://www.cadth.ca/clonidine-treatment-psychiatric-conditions-and-symptoms-review-clinical-effectiveness-safety-and>

Switching Botulinum Toxin A Products for Patients with Upper Limb Spasticity or Cervical Dystonia: A Review of Clinical Effectiveness

For patients with cervical dystonia, the efficacy of botulinum toxin A products was similar following a switch, in terms of functional outcomes and treatment duration (switching Onabotulinumtoxin A (ONA) to Abobotulinumtoxin A (ABO) or vice versa). These studies assessed the effects of switching in stabilized patients who had previously responded to treatment, not those who failed to respond or didn't tolerate botulinum toxin A products. No literature was identified that assessed the clinical effectiveness of switching botulinum toxin A products for patients with upper limb spasticity.

CADTH Rapid Response Report

Systematic search: Limited

February 2018

<https://www.cadth.ca/switching-botulinum-toxin-products-patients-upper-limb-spasticity-or-cervical-dystonia-review-0>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Nil

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due March 2018

Autologous chondrocyte implantation with chondrosphere for treating articular cartilage defects

Single Technology Appraisal

Breast cancer (HER2 positive, metastatic) - pertuzumab (with trastuzumab and docetaxel)

Single Technology Appraisal

Attention deficit hyperactivity disorder (update)

Clinical Guideline

Obinutuzumab for untreated advanced follicular lymphoma

Single Technology Appraisal

Depression in adults: treatment and management

Clinical Guideline

Psoriasis (plaque, moderate, severe) - brodalumab

Single Technology Appraisal

Regorafenib for previously treated unresectable hepatocellular carcinoma

Single Technology Appraisal

Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (Update)

Clinical Guideline

Smoking cessation interventions and services

Public health guidance

Pembrolizumab for urothelial cancer

Single Technology Appraisal

Tivozanib for treating renal cell carcinoma

Single Technology Appraisal

Physical activity and the environment update

Public health guidance

Cabozantinib for treating medullary thyroid cancer

Single Technology Appraisal

Learning disabilities and behaviour that challenges: service design and delivery

Social Care

Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine

Multiple Technology Appraisal