

Public Health Key Documents January – May 2019

NIHR

Surgical treatments for women with stress urinary incontinence: the ESTER systematic review and economic evaluation (Health Technology Assessment, March 2019)

The evidence was predominantly short to medium term (up to 12 months) and of variable quality. The majority of trials were subject to high or unclear risk of bias, making the conclusions that can be drawn less robust. The findings of the clinical evidence review suggest that retropubic sling procedures, transobturator sling procedures and traditional sling procedures are more effective than other surgical procedures for both 'cure' and 'improvement' of stress urinary incontinence. The results of the economic analyses suggest that retropubic mid-urethral sling is the most cost-effective surgical operation. However, data on complications were lacking, limiting any strong conclusions. Further research to reduce the uncertainty around the medium- to long-term complications of all surgical treatments would be valuable.

<https://www.journalslibrary.nihr.ac.uk/hta/hta23140/#/abstract>

Three biomarker tests to help diagnose preterm labour: a systematic review and economic evaluation (Health Technology Assessment, March 2019)

Comparison of three tests [PartoSure™ (Parsagen Diagnostics Inc., Boston, MA, USA), Actim® Partus (Medix Biochemica, Espoo, Finland) and the Fetal Fibronectin (fFN) Test (Hologic, Inc., Marlborough, MA, USA)] on how well they predict an early birth and how the costs and the long-term health outcomes of the child compare between and among tests.

No firm conclusions reached on the cost-effectiveness of fFN compared with Actim Partus. PartoSure appears to be less costly than Actim Partus and equally good at predicting preterm birth, but this is based on a small study. No data available to enable comparison of all three tests together.

<https://www.journalslibrary.nihr.ac.uk/hta/hta23130/#/abstract>

Uterotonic drugs to prevent postpartum haemorrhage: a network meta-analysis (Health Technology Assessment, March 2019)

Ergometrine plus oxytocin, carbetocin and misoprostol plus oxytocin are more effective uterotonic drug strategies for preventing PPH than the current standard, oxytocin. Ergometrine plus oxytocin and misoprostol plus oxytocin cause significant side effects. Carbetocin has a favourable side-effect profile (similar to oxytocin) but most carbetocin trials are of poor quality. A large high-quality trial comparing carbetocin with oxytocin is currently being conducted by WHO. Relative cost-effectiveness is inconclusive, and results are affected by uncertainty and inconsistency in adverse events data.

<https://www.journalslibrary.nihr.ac.uk/hta/hta23090/#/abstract>

Cabozantinib and vandetanib for unresectable locally advanced or metastatic medullary thyroid cancer: a systematic review and economic model (Health Technology Assessment, March 2019)

Cabozantinib and vandetanib improved progression-free survival; however, significant overall survival benefits were not demonstrated and the incremental cost-effectiveness ratio was > £138,000 per quality-adjusted life year (QALY) gained.

<https://www.journalslibrary.nihr.ac.uk/hta/hta23080/#/abstract>

Vitamin D supplementation to prevent acute respiratory infections: individual participant data meta-analysis (Health Technology Assessment, January 2019)

Vitamin D supplementation reduced the risk of acute respiratory infections, with very vitamin D deficient people and those receiving daily or weekly doses experiencing the most benefit.

<https://www.journalslibrary.nihr.ac.uk/hta/hta23020/#/abstract>

KINGS FUND

Nil

SCOTTISH MEDICINES CONSORTIUM – SMC Advice

Cariprazine (Reagila®) (May 2019)

Accepted for restricted use in adult patients with schizophrenia as a second-line therapy in patients where predominantly negative symptoms have been identified as an important feature.

<https://www.scottishmedicines.org.uk/medicines-advice/cariprazine-reagila-full-submission-smc2137/>

Pembrolizumab (Keytruda®) (May 2019)

Accepted for use as a monotherapy for the adjuvant treatment of adults with Stage III melanoma and lymph node involvement who have undergone complete resection.

<https://www.scottishmedicines.org.uk/medicines-advice/pembrolizumab-keytruda-full-submission-smc2144/>

Abemaciclib (Verzenios) (May 2019)

Accepted for use for the treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine-based therapy, or in women who have received prior endocrine therapy.

<https://www.scottishmedicines.org.uk/medicines-advice/abemaciclib-verzenios-full-submission-smc2135/>

Abemaciclib (Verzenios) (May 2019)

Accepted for restricted use in the treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with fulvestrant as initial endocrine-based therapy or in women who have received prior endocrine therapy. Restricted to women who have progressed on or after (neo) adjuvant endocrine therapy, or progressed during first-line endocrine-based therapy for advanced breast cancer.

<https://www.scottishmedicines.org.uk/medicines-advice/abemaciclib-verzenios-fullsubmission-smc2179/>

Erenumab (Aimovig) (April 2019)

Accepted for use in patients with chronic migraine, in whom the use of at least three other preventive medicines has been unsuccessful.

<https://www.scottishmedicines.org.uk/medicines-advice/erenumab-aimovig-full-submission-smc2134/>

Lenvatinib (Lenvima) (April 2019)

Accepted for use for the treatment of advanced or unresectable hepatocellular carcinoma.

<https://www.scottishmedicines.org.uk/medicines-advice/lenvatinib-lenvima-full-submission-smc2138/>

Certolizumab (Cimzia) (April 2019)

Accepted for use for the treatment of moderate to severe plaque psoriasis in adults who have failed to respond to standard systemic therapies (including ciclosporin, methotrexate and phototherapy), are intolerant to, or have a contra-indication to, these treatments.

<https://www.scottishmedicines.org.uk/medicines-advice/certolizumab-pegol-cimzia-fullsubmission-smc2132/>

Liposomal formulation of daunorubicin/cytarabine (Vyxeos®) (March 2019)

Accepted for use for treatment of adults with newly diagnosed, therapy-related acute myeloid leukaemia (AML) or AML with myelodysplasia-related changes.

<https://www.scottishmedicines.org.uk/medicines-advice/liposomal-formulation-of-daunorubicin-cytarabine-vyxeos-fullsubmission-smc2130/>

Letermovir (Prevymis) (February 2019)

Accepted for use for prophylaxis of cytomegalovirus (CMV) reactivation and disease in adult CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant (HSCT).

<https://www.scottishmedicines.org.uk/medicines-advice/letermovir-prevymis-fullsubmission-133818/>

Tisagenlecleucel (Kymriah) (February 2019)

Accepted for use for treatment of paediatric and young adult patients up to 25 years with B-cell acute lymphoblastic leukaemia (ALL) that is refractory, in relapse post-transplant or in second or later relapse.

<https://www.scottishmedicines.org.uk/medicines-advice/tisagenlecleucel-kymriah-fullsubmission-smc2129/>

Dabrafenib (Tafinlar) (February 2019)

Accepted for use in combination with trametinib for the adjuvant treatment of adult patients with Stage III melanoma with a BRAF V600 mutation, following complete resection. Relapse-free survival was significantly longer in the dabrafenib plus trametinib group compared with placebo in a phase III study of patients with completely resected, stage III melanoma with BRAF V600E or V600K mutations.

<https://www.scottishmedicines.org.uk/medicines-advice/dabrafenib-tafinlar-fullsubmission-smc2131/>

Tofacitinib citrate (Xeljanz®) (February 2019)

Accepted for restricted use 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, disease-modifying anti-rheumatic drugs (DMARDs). Tofacitinib can be given as monotherapy in case of intolerance to methotrexate or when treatment with methotrexate is inappropriate.

<https://www.scottishmedicines.org.uk/medicines-advice/tofacitinib-xeljanz-fullsubmission-129818/>

Rivaroxaban (Xarelto) (February 2019)

Accepted for restricted use if co-administered with acetylsalicylic acid for the prevention of atherothrombotic events in adult patients with coronary artery disease, or symptomatic peripheral artery disease, at high risk of ischaemic events.

<https://www.scottishmedicines.org.uk/medicines-advice/rivaroxaban-xarelto-fullsubmission-smc2128/>

Pertuzumab (Perjeta®) (January 2019)

Accepted for use in combination with trastuzumab and docetaxel, in adult patients with HER2 positive metastatic or locally recurrent unresectable breast cancer, who have not received previous anti HER2 therapy or chemotherapy for their metastatic disease.

<https://www.scottishmedicines.org.uk/medicines-advice/pertuzumab-perjeta-resubmission-smc2120/>

Tofacitinib (Xeljanz®) (January 2019)

Accepted for restricted use in combination with methotrexate for the treatment of active psoriatic arthritis in adult patients who have had an inadequate response or who have been intolerant to a prior disease-modifying antirheumatic drug (DMARD) therapy. Restricted to patients whose disease has not responded adequately to at least two conventional DMARDs, given either alone or in combination.

<https://www.scottishmedicines.org.uk/medicines-advice/tofacitinib-xeljanz-psoriatic-arthritis-fullsubmission-smc2116/>

Ertugliflozin (Steglatro®) (January 2019)

Accepted for restricted use in adults aged 18 years and older with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control. When used as monotherapy it is restricted to patients who would otherwise receive a dipeptidyl peptidase-4 inhibitor and in whom a sulphonylurea or pioglitazone is not appropriate.

<https://www.scottishmedicines.org.uk/medicines-advice/ertugliflozin-steglatro-fullsubmission-smc2102/>

Semaglutide (Ozempic®) (January 2019)

Accepted for restricted use in addition to other oral anti-diabetic medicines, or as an add-on to basal insulin, as an alternative glucagon-like peptide-1 receptor agonist option.

<https://www.scottishmedicines.org.uk/medicines-advice/semaglutide-ozempic-fullsubmission-smc2092/>

Scottish Government

Exploring the reported worsening of mental wellbeing among adolescent girls in Scotland (April)

There is some evidence that adolescents' mental wellbeing in Scotland has worsened in recent years. This is especially marked amongst adolescent girls, who report poorer mental wellbeing than boys across a range of indicators. This review highlights several interrelated drivers that may contribute to these trends: social media use, disrupted sleep, body image concerns and school-related pressures. Evidence on the impact of social media on young people's mental health and wellbeing is contradictory, with an absence of robust causal research but a number of studies point towards an association between extreme use of social media and harmful effects on young people's wellbeing. Adolescent girls in Scotland report higher levels of social media use than boys. Use of mobile phones and social media at night time may disrupt adolescents' sleep. Many young people in Scotland, particularly girls, are unsatisfied with their physical appearance. Body image concerns are associated with social media use and poor mental wellbeing outcomes. Increasing numbers of young people in Scotland, particularly teenage girls, report experiencing school-related pressures. This increasing stress can be detrimental to mental wellbeing.

<https://www.gov.scot/publications/exploring-reported-worsening-mental-wellbeing-adolescent-girls-scotland/>

Scottish referral guidelines for suspected cancer (January 2019)

Guidelines to support primary care clinicians in identifying patients who are most likely to have cancer and therefore require urgent assessment by a specialist. They also help in identifying patients who are unlikely to have cancer, embedding safety netting as a diagnostic support tool.

<https://www.gov.scot/publications/scottish-referral-guidelines-suspected-cancer-january-2019/>

Shared decision making in realistic medicine: what works (January 2019)

Synthesis of recent evidence on the current use of shared decision-making in Scotland, and international evidence of what works in encouraging greater use of shared decision-making in clinical consultations.

<https://www.gov.scot/publications/works-support-promote-shared-decision-making-synthesis-recent-evidence/>

SIGN - Guidelines

SIGN 157: Risk reduction and management of delirium: a national clinical guideline (March 2019)

This guideline provides recommendations for best practice in the detection, assessment, treatment and follow up of adults with delirium, as well as reducing the risk of delirium. It applies to all settings: home, long-term care, hospital, and hospice. The remit excludes delirium secondary solely to alcohol and illicit substances use. It also excludes delirium in children.

<https://www.sign.ac.uk/sign-157-delirium.html>

SIGN 156: Children and young people exposed prenatally to alcohol (January 2019)

This guideline provides recommendations on measurement of alcohol consumption in pregnancy and consensus-based recommendations on: identification of children at risk of FASD; criteria for diagnosis and use of FASD as a descriptor; the medical assessment; physical examination; sentinel facial features; neurodevelopmental assessment; the multidisciplinary assessment team; special considerations in the neurodevelopmental assessment; management and follow up of children and young people affected by PAE.

<https://www.sign.ac.uk/sign-156-children-and-young-people-exposed-prenatally-to-alcohol.html>

Forthcoming guidelines in 2019:

Chronic pain; Epilepsy in children; Eating disorders; Dementia; Bacterial urinary tract infection; Osteoporosis; Diabetes in pregnancy

<https://www.sign.ac.uk/guideline-programme.html>

HEALTH SCOTLAND

Comparing the potential population impact of interventions on health inequalities in Scotland

Findings reinforce the importance of interventions that aim to undo the fundamental causes of health inequalities. Income-based policies that disproportionately redistribute income to those with the lowest incomes appear to have the largest potential impact on both population health and health inequalities. However, they are also typically expensive to implement. Actions to prevent and mitigate the effects of things that reinforce health inequalities and harm individuals' health are also required to improve population health and reduce health inequalities in Scotland. In particular, we have shown the importance of considering how mitigate interventions are targeted to maximise their impact on these two objectives.

<http://www.healthscotland.scot/publications/comparing-the-potential-population-impact-of-interventions-on-health-inequalities-in-scotland>

Exploring public views of vaccination service delivery (April 2019)

Considered flu, shingles and pneumococcal vaccinations. Vaccination overall was thought to have value, protecting people from a specific disease, but there was comment that this may not necessarily translate into the belief that a specific vaccine might be worth having at an individual level. Reasons for vaccination were consistent, led by a desire for protection and disease prevention. At Risk and Older Adult groups provided similar reasons, except Older Adults cited it was easier and more convenient for them to get a vaccine as they can be more time flexible. Reasons

against vaccination fell into three areas. Fear of, lack of knowledge and the practicalities of vaccination related to getting a suitable appointment. All in all, respondents felt vaccinations were good but not a high priority through a lack of information and having to overcome the practical difficulties. Includes suggestions for future vaccination delivery.

<http://www.healthscotland.scot/publications/exploring-public-views-of-vaccination-service-delivery>

Interventions to improve engagement with immunisation programmes in selected underserved populations (March 2019)

There appears to be limited evidence for a single approach to promote immunisation; instead a range of approaches have been adopted to suit the local needs of the populations. The approaches could be categorised into: changing participant behaviour; increasing awareness and knowledge through education; improving access through changes to the environment. There is some evidence to suggest that effective interventions may be multifaceted. Variation in the components of the multifaceted interventions may reflect the need to overcome different and/or multiple barriers to the underserved population which may exist at patient, provider and/or organisational level.

Community-based participatory research might be worth considering in developing local interventions for specific populations

<http://www.healthscotland.scot/publications/interventions-to-improve-engagement-with-immunisation-programmes-in-selected-underserved-populations>

The relationship between a trusted adult and adolescent health and education outcomes (January 2019)

There is merit to pursuing wider adoption of the trusted adult role among adolescents in Scotland. One difficulty, however, relates to the definition and understanding of the role. Tokenistic relationships may have minimal positive impact and risk worsening outcomes in certain circumstances, especially for those who have been let down by adults in the past. New longitudinal research is required which uses robust youth-informed definitions to assess the true extent and quality of the youth–adult relationship.

<http://www.healthscotland.scot/publications/the-relationship-between-a-trusted-adult-and-adolescent-health-and-education-outcomes>

Addressing school violence and bullying: evidence review (January 2019)

Even though many schools have anti-bullying programmes in place, and there are many examples of school-based violence prevention programmes, only a small number of outcome evaluations of programmes to prevent school violence and bullying carried out in the UK and Ireland were found. The available evidence suggests that whole-school approaches can be effective in preventing and reducing school violence and bullying. These strategies usually include a range of complementary approaches such as promotion of a positive school climate, playground supervision and curriculum-based elements underpinned by a robust anti-bullying policy. The quality and consistency of implementation is important for positive outcomes.

<http://www.healthscotland.scot/publications/addressing-school-violence-and-bullying>

NICE - Guidelines

NG118 Renal and ureteric stones: assessment and management (January 2019)

This guideline covers aims to improve the detection, clearance and prevention of stones, so reducing pain and anxiety, and improving quality of life.

<https://www.nice.org.uk/guidance/ng118>

NG119 Cerebral palsy in adults (January 2019)

This guideline covers care and support for adults with cerebral palsy. It aims to improve health and wellbeing, promote access to services and support participation and independent living.

<https://www.nice.org.uk/guidance/ng119>

NG120 Cough (acute): antimicrobial prescribing (February 2019)

This guideline sets out an antimicrobial prescribing strategy for acute cough associated with an upper respiratory tract infection or acute bronchitis in adults, young people and children. It aims to limit antibiotic use and reduce antibiotic resistance.

<https://www.nice.org.uk/guidance/ng120>

NG121 Intrapartum care for women with existing medical conditions or obstetric complications and their babies (March 2019)

This guideline covers care during labour and birth for women who need extra support, because they have a medical condition or complications in their current or previous pregnancy, as well as women who have had no antenatal care. It aims to improve experiences and outcomes for women and their babies.

<https://www.nice.org.uk/guidance/ng121>

NG122 Lung cancer: diagnosis and management (March 2019)

This guideline covers non-small-cell and small-cell lung cancer. It aims to improve outcomes for patients by ensuring that the most effective tests and treatments are used, and that people have access to suitable palliative care and follow-up.

<https://www.nice.org.uk/guidance/ng122>

NG123 Urinary incontinence and pelvic organ prolapse in women: management (April 2019)

This guideline covers assessing and managing urinary incontinence and pelvic organ prolapse in women aged 18 and over. It also covers complications associated with mesh surgery.

<https://www.nice.org.uk/guidance/ng123>

NG124 Specialist neonatal respiratory care for babies born preterm (April 2019)

This guideline covers specific aspects of respiratory support (for example, oxygen supplementation, assisted ventilation, treatment of some respiratory disorders, and aspects of monitoring) for preterm babies in hospital.

<https://www.nice.org.uk/guidance/ng124>

NG125 Surgical site infections: prevention and treatment (April 2019)

This guideline covers preventing and treating surgical site infections in adults, young people and children who are having a surgical procedure involving a cut through the skin. It focuses on methods used before, during and after surgery to minimise the risk of infection.

<https://www.nice.org.uk/guidance/ng125>

NG126 Ectopic pregnancy and miscarriage: diagnosis and initial management (April 2019)

This guideline covers diagnosing and managing ectopic pregnancy and miscarriage in women with complications, such as pain and bleeding, in early pregnancy (up to 13 completed weeks of pregnancy). It aims to improve how early pregnancy loss is diagnosed, and the support women are given, to limit the psychological impact of their loss.

<https://www.nice.org.uk/guidance/ng126>

NG127 Suspected neurological conditions: recognition and referral (May 2019)

This guideline covers the initial assessment of symptoms and signs that might indicate a neurological condition. It helps non-specialist healthcare professionals to identify people who should be offered referral for specialist investigation.

<https://www.nice.org.uk/guidance/ng127>

NG128 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management (May 2019)

This guideline covers interventions in the acute stage of a stroke or transient ischaemic attack (TIA). It offers the best clinical advice on the diagnosis and acute management of stroke and TIA in the 48 hours after onset of symptoms.

<https://www.nice.org.uk/guidance/ng128>

NG129 Crohn's disease: management (May 2019)

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.

<https://www.nice.org.uk/guidance/ng129>

NG130 Ulcerative colitis: management (May 2019)

This guideline covers the management of ulcerative colitis in children, young people and adults. It aims to help professionals to provide consistent high-quality care and it highlights the importance of advice and support for people with ulcerative colitis.

<https://www.nice.org.uk/guidance/ng130>

NG131 Prostate cancer: diagnosis and management (May 2019)

This guideline covers the diagnosis and management of prostate cancer in secondary care, including information on the best way to diagnose and identify different stages of the disease, and how to manage adverse effects of treatment. It includes recommendations on follow-up in primary care.

<https://www.nice.org.uk/guidance/ng131>

NG132 Hyperparathyroidism (primary): diagnosis, assessment and initial management (May 2019)

This guideline covers diagnosing, assessing and managing primary hyperparathyroidism. It aims to improve recognition and treatment of this condition, reducing long-term complications and improving quality of life.

<https://www.nice.org.uk/guidance/ng132>

NICE – Technology appraisal guidance**TA555 Regorafenib for previously treated advanced hepatocellular carcinoma** (January 2019)

Regorafenib is recommended as an option for treating advanced unresectable hepatocellular carcinoma in adults who have had sorafenib, only if they have Child–Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.

<https://www.nice.org.uk/guidance/ta555>

TA556 Darvadstrocel for treating complex perianal fistulas in Crohn's disease (January 2019)

Darvadstrocel is not recommended for previously treated complex perianal fistulas in adults with non-active or mildly active luminal Crohn's disease.

<https://www.nice.org.uk/guidance/ta556>

TA557 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer (January 2019)

Pembrolizumab, with pemetrexed and platinum chemotherapy is recommended for as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR)- or anaplastic lymphoma kinase (ALK)-positive mutations. It is only recommended if pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier if disease progresses.

<https://www.nice.org.uk/guidance/ta557>

TA558 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease (January 2019)

Nivolumab is recommended for use as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease.

<https://www.nice.org.uk/guidance/ta558>

TA559 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies (January 2019)

Axicabtagene ciloleucel therapy is recommended for use as an option for treating relapsed or refractory diffuse large B-cell lymphoma or primary mediastinal large B-cell lymphoma in adults after 2 or more systemic therapies.

<https://www.nice.org.uk/guidance/ta559>

TA561 Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia (February 2019)

Venetoclax with rituximab is recommended as an option for treating chronic lymphocytic leukaemia in adults who have had at least one previous therapy.

<https://www.nice.org.uk/guidance/ta561>

TA562 Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma (February 2019)

Encorafenib with binimetinib is recommended as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma in adults.

<https://www.nice.org.uk/guidance/ta562>

TA563 Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer (February 2019)

Abemaciclib with an aromatase inhibitor is recommended as an option for treating locally advanced or metastatic, hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer as first endocrine-based therapy in adults.

<https://www.nice.org.uk/guidance/ta563>

TA565 Benralizumab for treating severe eosinophilic asthma (February 2019)

Benralizumab, as an add-on therapy, is recommended as an option for treating severe eosinophilic asthma that is inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids and long-acting beta-agonists in certain limited circumstances.

<https://www.nice.org.uk/guidance/ta565>

TA566 Cochlear implants for children and adults with severe to profound deafness (March 2019)

Recommendations on unilateral and bilateral cochlear implantation for different groups of patients (adult, child, different degrees of deafness, additional disabilities).

<https://www.nice.org.uk/guidance/ta566>

TA567 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies (March 2019)

Tisagenlecleucel therapy is recommended as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic therapies.

<https://www.nice.org.uk/guidance/ta567>

TA569 Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer (March 2019)

Pertuzumab, with intravenous trastuzumab and chemotherapy, is recommended for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults, only if they have lymph node-positive disease.

<https://www.nice.org.uk/guidance/ta569>

TA571 Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib (March 2019)

Brigatinib is recommended for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults who have already had crizotinib.

<https://www.nice.org.uk/guidance/ta571>

TA572 Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes (March 2019)

Ertugliflozin as monotherapy is recommended as an option 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.

Ertugliflozin in a dual-therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if a sulfonylurea is contraindicated or not tolerated or the person is at significant risk of hypoglycaemia or its consequences.

<https://www.nice.org.uk/guidance/ta572>

A573 Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma (April 2019)

Daratumumab plus bortezomib plus dexamethasone is recommended for use as an option for treating relapsed multiple myeloma in people who have had one previous treatment.

<https://www.nice.org.uk/guidance/ta573>

TA574 Certolizumab pegol for treating moderate to severe plaque psoriasis (April 2019)

Recommended as an option for treating plaque psoriasis in adults, only if the disease is severe and the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated, and the lowest maintenance dosage of certolizumab pegol is used (200 mg every 2 weeks) after the loading dosage.

<https://www.nice.org.uk/guidance/ta574>

TA578 Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation (May 2019)

Durvalumab monotherapy is recommended for use as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express PD L1 on at least 1% of tumour cells and whose disease has not progressed after platinum-based chemoradiation only if they have had concurrent platinum-based chemoradiation.

<https://www.nice.org.uk/guidance/ta578>

TA579 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (May 2019)

Abemaciclib with fulvestrant is recommended for as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in people who have had endocrine therapy only if exemestane plus everolimus would be the most appropriate alternative.

<https://www.nice.org.uk/guidance/ta579>

TA580 Enzalutamide for hormone-relapsed non-metastatic prostate cancer (May 2019)

Enzalutamide is not recommended, within its marketing authorisation, for treating high-risk hormone-relapsed non-metastatic prostate cancer in adults.

<https://www.nice.org.uk/guidance/ta580>

TA581 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma (May 2019)

Nivolumab with ipilimumab is recommended for use within the Cancer Drugs Fund as an option for adults with untreated advanced renal cell carcinoma that is intermediate or poor-risk.

<https://www.nice.org.uk/guidance/ta581>

EPPI Centre

Caffeinated energy drinks and effects in UK young people (January 2019)

Analysis of UK data suggests that many children in the UK consume CEDs with higher consumption reported by older children, by boys, and by those living in northern areas or in more deprived regions. Findings also suggest associations between consumption and physical, psychological, social and educational symptoms, behaviours and wellbeing. A lack of studies that measure these variables over time meant it was not possible to determine whether CED consumption is the cause of associated symptoms, behaviours and wellbeing. Future research should employ longitudinal methods to examine whether CED consumption is responsible for poorer health and wellbeing. Research should also examine the influence of geographic region and deprivation on consumption.

<https://epi.ioe.ac.uk/cms/Default.aspx?tabid=3751>

AHRQ (Agency for Healthcare Research and Quality – USA)

Telehealth for Acute and Chronic Care Consultations: systematic review (April 2019)

In general, the evidence indicates that telehealth consultations are effective in improving outcomes or providing services, with no difference in outcomes although the evidence is stronger for some applications, and less strong or insufficient for others. However, as specific details about the implementation of telehealth consultations and the environment were rarely reported, it is difficult to assess generalizability. The economic impact of telehealth consultations depends on the perspective used in the analysis.

<https://effectivehealthcare.ahrq.gov/topics/telehealth-acute-chronic/research>

Health Foundation

Nil

Canadian Agency for Drugs and Technologies in Health (CADTH)

Multidisciplinary Treatment Programs for Patients with Chronic Non-Malignant Pain: A Review of Clinical Effectiveness, Cost-effectiveness, and Guidelines (May 2019)

Overall, findings from the included studies suggest that the multidisciplinary management of chronic non-malignant pain is associated with significant improvements in pain intensity, and may be

associated with significant improvements in quality of life and function. There was substantial variation in the types of multidisciplinary treatment programs and control interventions among studies. This suggests that various combinations of individual components in multidisciplinary programs may result in effective pain management. Findings from one economic evaluation suggested that the cost-effectiveness of multidisciplinary pain management programs is uncertain. The difference in quality-adjusted life-years between multidisciplinary treatment and control treatment was not statistically meaningful, and the higher costs associated with multidisciplinary treatment of patients with chronic low back pain resulted in an incremental cost-effectiveness ratio exceeding standard willingness-to-pay thresholds. Further research is needed to identify the type of components and combinations that would provide optimal benefits for patients with chronic pain. <https://cadth.ca/multidisciplinary-treatment-programs-patients-chronic-non-malignant-pain-review-clinical-0>

Tiered Care for Chronic Non-Malignant Pain: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines (January 2019)

Evidence of low quality suggests that tiered or stepped care may be clinically effective for the management of chronic non-malignant pain compared to usual care; however, more research is needed.

<https://www.cadth.ca/tiered-care-chronic-non-malignant-pain-review-clinical-effectiveness-cost-effectiveness-and>

Congregate Meal Programs for Older Adults Living in the Community: A Review of Clinical Effectiveness (January 2019)

No relevant evidence regarding the clinical effectiveness of congregate meal programs for older adults living in the community was identified.

<https://www.cadth.ca/congregate-meal-programs-older-adults-living-community-review-clinical-effectiveness>

High Dose Influenza Vaccine for Adults: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines (January 2019)

For immunocompromised individuals, high-dose trivalent inactivated influenza vaccine (HD-IIV3) appeared to have no statistically significant difference in safety when compared to standard dose trivalent inactivated influenza vaccine (SD-IIV3) but this evidence was very limited. For elderly adults 65 years of age or older, HD-IIV3 appeared to have similar or higher effectiveness at reducing influenza illnesses, hospitalization, and mortality, when compared to SD-IIV3, with no statistical differences in adverse events. HD-IIV3 also appeared to be cost effective when compared to SD-IIV3, no vaccination, and standard dose quadrivalent IIV.

<https://www.cadth.ca/high-dose-influenza-vaccine-adults-review-clinical-effectiveness-cost-effectiveness-and-guidelines>

Interventions for Malnutrition in Seniors: A Review of Clinical Effectiveness (January 2019)

Evidence of limited quality from one partially randomized clinical trial suggested that dietary intensive treatment is likely effective for decreasing the cost of primary care physician visits and the cost of medical specialist visits compared to medical treatment or usual care. There were no statistically significant differences between participants who received multidisciplinary nutritional interventions, meal delivery service through Meals on Wheels, and usual care for quality of life or various health care utilization outcomes. Information on additional clinical outcomes was also identified and summarized; however, most of the included studies lacked sufficient power to detect a significant difference between nutritional intervention and control groups. Given these limitations

the effectiveness of nutritional interventions for community-dwelling older adults who are malnourished or at nutritional risk remains uncertain

<https://www.cadth.ca/interventions-malnutrition-seniors-review-clinical-effectiveness>

McGill University Health Center (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Individualised funding interventions to improve health and social care outcomes for people with a disability: a mixed-methods systematic review (January 2019 - search executed March 2016)

Overall, the evidence suggests positive effects of individualised funding with respect to quality of life, client satisfaction and safety. There may also be fewer adverse effects. There is less evidence of impact for physical functioning, unmet need and cost effectiveness. The review finds no differences between approaches for the Adult Social Care Outcomes Toolkit (ASCOT), self-perceived health and community participation. Recipients particularly value: flexibility, improved self-image and self-belief; more value for money; community integration; freedom to choose 'who supports you; 'social opportunities'; and needs-led support. Many people chose individualised funding due to previous negative experiences of traditional, segregated, group-orientated supports. Successful implementation is supported by strong, trusting and collaborative relationships in their support network with both paid and unpaid individuals. These relationships are strengthened by financial recognition for family and friends, appropriate rates of pay, a shift in power from agencies to the individual or avoidance of paternalistic behaviour. Challenges include long delays in accessing and receiving funds, which are compounded by overly complex and bureaucratic processes. There can be a general lack of clarity (e.g. allowable budget use) and inconsistent approaches to delivery as well as unmet information needs. Hidden costs or administrative charges can cause considerable stress.

<https://campbellcollaboration.org/library/personal-budgeting-outcomes-people-with-disability.html>

Glasgow Centre for Population Health

People change lives: Consolidating five years of evaluation learning from Sistema Scotland's Big Noise centres in Stirling, Glasgow and Aberdeen. (March 2019)

Findings are consistent across the Big Noise centres in Glasgow, Stirling and **Aberdeen** despite different community contexts and participant demographics. Impacts include increased confidence, discipline, pride, and aspiration; improved team-working, communication, and leadership; enhanced academic skills including listening, concentration, and creativity; Increased resilience, happiness, sense of belonging and fulfilment; uptake of physical activity and healthy eating, avoidance of damaging behaviours; development of positive social groups, peer relationships and cultural engagement; respite and protection for vulnerable participants.

https://www.gcph.co.uk/assets/0000/7323/People_change_lives_report_March_2019.pdf

NICE FORWARD PLANNING – Publications due June 2019

Atezolizumab in combination for treating advanced non-squamous non-small-cell lung cancer [ID1210]	Single Technology Appraisal
Physical activity: encouraging activity in the general population	Quality Standard
Endocuff Vision for endoscopic investigation	Medical Technology
Ocrelizumab for treating primary progressive multiple sclerosis [ID938]	Single Technology Appraisal
Hypertension in pregnancy: diagnosis and management (Update)	Clinical Guideline
Ertugliflozin in a triple therapy regimen for treating type 2 diabetes [ID1160]	Single Technology Appraisal
Dementia (update)	Quality Standard