

NIHR

Implantable cardiac monitors to detect atrial fibrillation after cryptogenic stroke: a systematic review and economic evaluation

Implantable cardiac monitors might be more cost-effective than standard monitoring, but further studies are required to determine their effectiveness and equivalence for detecting atrial fibrillation in cryptogenic stroke patients.

Systematic search: Yes

January 2020

<https://www.journalslibrary.nihr.ac.uk/hta/hta24050/#/abstract>

Lead-I ECG for detecting atrial fibrillation (AF) in patients with an irregular pulse using single time point testing: a systematic review and economic evaluation

Single time point lead-I ECG devices for the detection of AF in people with signs or symptoms of AF and an irregular pulse appear to be more cost-effective than MPP followed by a 12-lead ECG in primary or secondary care, given the assumptions used in the base-case model.

Systematic search: Yes

January 2020

<https://www.journalslibrary.nihr.ac.uk/hta/hta24030/#/abstract>

Lenvatinib and sorafenib for differentiated thyroid cancer after radioactive iodine: a systematic review and economic evaluation

Compared with placebo/best supportive care, both lenvatinib and sorafenib improved clinical outcomes and cost more than £50,000 per QALY gained.

Systematic search: Yes

January 2020

<https://www.journalslibrary.nihr.ac.uk/hta/hta24020/#/abstract>

Kings Fund

Nil

Scottish Medicines Consortium

abiraterone acetate (Zytiga®)

Accepted for use. Abiraterone acetate in combination with prednisone and androgen deprivation therapy demonstrated superiority over androgen deprivation therapy alone for improving progression-free survival and overall survival among adult men with newly diagnosed high risk metastatic hormone sensitive prostate cancer.

SMC advice

Systematic search: No

January 2020

<https://www.scottishmedicines.org.uk/medicines-advice/abiraterone-acetate-zytiga-full-smc2215/>

dupilumab (Dupixent)

Accepted for the treatment of moderate-to-severe atopic dermatitis in adolescents (≥ 12 to < 18 years) who are candidates for systemic therapy but restricted to patients who have had an

inadequate response to existing systemic immunosuppressants such as ciclosporin, or in whom such treatment is considered unsuitable.

SMC advice

Systematic search: No

January 2020

<https://www.scottishmedicines.org.uk/medicines-advice/dupilumab-dupixent-abbreviated-smc2232/>

brentuximab vedotin (Adcetris®)

Accepted for restricted use for the treatment of adult patients with CD30+ cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy. Restricted to patients with advanced CTCL, defined as mycosis fungoides stage IIB and above, primary cutaneous anaplastic large cell lymphoma or Sézary Syndrome.

SMC advice

Systematic search: No

January 2020

<https://www.scottishmedicines.org.uk/medicines-advice/brentuximab-adcetris-full-smc2229/>

fremanezumab (Ajovy®)

Accepted for restricted use for prophylaxis of migraine in adults who have at least four migraine days per month. Restricted to patients with chronic and episodic migraine who have had prior failure on three or more migraine preventive treatments.

SMC advice

Systematic search: No

January 2020

<https://www.scottishmedicines.org.uk/medicines-advice/fremanezumab-ajovy-full-smc2226/>

ocrelizumab (Ocrevus®)

Accepted for the treatment of adult patients with early primary progressive multiple sclerosis (PPMS) in terms of disease duration and level of disability, and with imaging features characteristic of inflammatory activity.

SMC advice

Systematic search: No

January 2020

<https://www.scottishmedicines.org.uk/medicines-advice/ocrelizumab-ocrevus-full-smc2223/>

lanadelumab (Takhzyro®)

Accepted for restricted use for the routine prevention of recurrent attacks of hereditary angioedema (HAE) in patients aged 12 years and older. Restricted to patients with HAE type I or II, who would otherwise be considered for long-term prophylaxis treatment with C1-esterase inhibitor.

SMC advice

Systematic search: No

December 2019

<https://www.scottishmedicines.org.uk/medicines-advice/lanadelumab-takhzyro-full-smc2206/>

olaparib (Lynparza®)

Accepted for use for the maintenance treatment of adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

SMC advice

Systematic search: No
December 2019

<https://www.scottishmedicines.org.uk/medicines-advice/olaparib-lynparza-full-smc2209/>

ruxolitinib phosphate (Jakavi®)

Accepted for use for the treatment of adult patients with polycythaemia vera who are resistant to or intolerant of hydroxyurea (hydroxycarbamide).

SMC advice

Systematic search: No
December 2019

<https://www.scottishmedicines.org.uk/medicines-advice/ruxolitinib-jakavi-full-smc2213/>

lusutrombopag (Mulpleo)

Accepted for use for the treatment of severe thrombocytopenia in adult patients with chronic liver disease undergoing invasive procedures.

SMC advice

Systematic search: No
December 2019

<https://www.scottishmedicines.org.uk/medicines-advice/lusutrombopag-mulpleo-full-smc2227/>

trabectedin (Yondelis®)

NOT recommended for use for the treatment of adult patients with advanced soft tissue sarcoma, after failure of anthracyclines and ifosfamide, or who are unsuited to receive these agents.

SMC advice

Systematic search: No
December 2019

<https://www.scottishmedicines.org.uk/medicines-advice/trabectedin-yondelis-resubmission-smc2210/>

zanamivir (Dectova®)

Accepted for use for the treatment of complicated and potentially life-threatening influenza A or B virus infection in adult and paediatric patients (aged \geq 6 months) when the patient's influenza virus is known or suspected to be resistant to anti-influenza medicinal products other than zanamivir, and/or other anti-viral medicinal products for treatment of influenza, including inhaled zanamivir, are not suitable for the individual patient.

SMC advice

Systematic search: No
December 2019

<https://www.scottishmedicines.org.uk/medicines-advice/zanamivir-dectova-abbreviated-smc2204/>

Scottish Government

Nil

SIGN

Nil

NHS Health Scotland

Evaluating the impact of Minimum Unit Pricing (MUP) on sales-based consumption in Scotland

Analysis of off-trade alcohol sales over the full year following the introduction of MUP shows the volume of pure alcohol sold per adult in Scotland fell by 3.6%. Figures vary according to drink category.

Systematic search: No

January 2020

<http://www.healthscotland.scot/publications/evaluating-the-impact-of-minimum-unit-pricing-mup-on-sales-based-consumption-in-scotland-a-descriptive-analysis-of-one-year-post-mup-off-trade-alcohol-sales-data>

Minimum Unit Pricing (MUP) for alcohol evaluation: Children and young people: Own drinking and related behaviour

Interviews with young people under 18 years old who reported drinking alcohol found that MUP did not impact on their acquisition, consumption or related behaviours, either positively or negatively. Many of the products favoured by them were already being sold above 50 pence per unit before MUP was introduced. Price changes were not perceived to be barriers to drinking. Price was not seen as an important factor in their drinking behaviour, and overall they did not report changing what, and how much, they drank or how they obtained alcohol in response to price alone.

Systematic search: No

January 2020

<http://www.healthscotland.scot/publications/minimum-unit-pricing-mup-for-alcohol-evaluation-children-and-young-people-own-drinking-and-related-behaviour>

NICE

NG149 Indoor air quality at home

Covers indoor air quality in residential buildings and aims to raise awareness of the importance of good air quality in people's homes and how to achieve this.

NICE Guideline

Systematic search: Yes

January 2020

<https://www.nice.org.uk/guidance/ng149>

NG150 Supporting adult carers

Covers support for adults (aged 18 and over) who provide unpaid care for anyone aged 16 or over with health or social care needs. Aims to improve the lives of carers by helping health and social care practitioners identify people who are caring for someone and give them the right information and support. Covers carers' assessments, practical, emotional and social support and training, and support for carers providing end of life care. Covers general principles that apply to all adult carers. (Recommendations about supporting carers of people with specific health needs can be found in NICE guidance on those conditions.)

NICE Guideline

Systematic search: Yes

January 2020

<https://www.nice.org.uk/guidance/ng150>

TA617 Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure

Lusutrombopag is recommended as an option for treating severe thrombocytopenia (a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having planned invasive procedures.

Technology Appraisal Guidance

Systematic search: Yes

January 2020

<https://www.nice.org.uk/guidance/TA617/chapter/1-Recommendations>

TA619 Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer

Palbociclib with fulvestrant is recommended for use 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 previous endocrine therapy only if exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and the conditions in the managed access agreement for palbociclib with fulvestrant are followed.

Technology Appraisal Guidance

Systematic search: Yes

January 2020

<https://www.nice.org.uk/guidance/TA619/chapter/1-Recommendations>

TA620 Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer

Olaparib is recommended as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if they have a BRCA1 or BRCA2 mutation, they have had 3 or more courses of platinum-based chemotherapy

It is recommended for use as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if they have a BRCA1 or BRCA2 mutation, they have had 2 courses of platinum-based chemotherapy and the conditions in the managed access agreement for olaparib are followed.

Technology Appraisal Guidance

Systematic search: Yes

January 2020

<https://www.nice.org.uk/guidance/TA620/chapter/1-Recommendations>

TA621 Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer

Osimertinib is NOT recommended for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults.

Technology Appraisal Guidance

Systematic search: Yes

January 2020

<https://www.nice.org.uk/guidance/TA621/chapter/1-Recommendations>

NG148 Acute kidney injury: prevention, detection and management

Covers preventing, detecting and managing acute kidney injury in children, young people and adults. Aims to improve assessment and detection by non-specialists, and specifies when people should be

referred to specialist services. This will improve early recognition and treatment, and reduce the risk of complications in people with acute kidney injury.

NICE Guideline

Systematic search: Yes

December 2019

<https://www.nice.org.uk/guidance/ng148>

TA614 Cannabidiol with clobazam for treating seizures associated with Dravet syndrome

Cannabidiol with clobazam is recommended as an option for treating seizures associated with Dravet syndrome in people aged 2 years and older, only if the frequency of convulsive seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment.

Technology Appraisal Guidance

Systematic search: Yes

December 2019

<https://www.nice.org.uk/guidance/TA614/chapter/1-Recommendations>

TA615 Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome

Cannabidiol with clobazam is recommended as an option for treating seizures associated with Lennox–Gastaut syndrome in people aged 2 years and older, only if the frequency of drop seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment

Technology Appraisal Guidance

Systematic search: Yes

December 2019

<https://www.nice.org.uk/guidance/TA615/chapter/1-Recommendations>

TA616 Cladribine for treating relapsing–remitting multiple sclerosis

Cladribine is recommended as an option for treating highly active multiple sclerosis in adults, only if the person has rapidly evolving severe relapsing–remitting multiple sclerosis, that is with at least 2 relapses in the previous year and 1 T1 gadolinium-enhancing lesion at baseline MRI or a significant increase in T2-lesion load compared with a previous MRI, or relapsing–remitting multiple sclerosis that has responded inadequately to treatment with disease-modifying therapy, defined as 1 relapse in the previous year and MRI evidence of disease activity.

Technology Appraisal Guidance

Systematic search: Yes

December 2019

<https://www.nice.org.uk/guidance/TA616/chapter/1-Recommendations>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality – USA)

Achieving Health Equity in Preventive Services

Summarises research on achieving health equity in 10 preventive services for cancer, cardiovascular disease, and diabetes in adults by identifying effects of impediments and barriers that create disparities and effectiveness of interventions to reduce them. In populations adversely affected by disparities, evidence is strongest for patient navigation to increase colorectal, breast, and cervical cancer screening; telephone calls and prompts to increase colorectal cancer screening; and

reminders including lay health workers encouraging breast cancer screening. Evidence is low or insufficient to determine the effects of barriers or effectiveness of other interventions.

Systematic Review

Systematic search: Yes

December 2019

<https://effectivehealthcare.ahrq.gov/products/health-equity-preventive/research>

Health Foundation

Nil

Canadian Agency for drugs and Technologies in Health (CADTH)

Elevated Vacuum Suspension Systems for Adults with Amputation: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines

Evidence of limited quality suggested that elevated vacuum suspension systems may improve balance, physical capability, prosthetic pistoning, fear and risk of falling, residual limb volume, and skin health compared to non-vacuum suspension systems in adults with amputation. One guideline suggests that vacuum assisted suspension sockets permit the least amount of pistoning, followed by suction suspension and pin-lock suspension systems. It also recommends that vacuum suspension systems may decrease daily limb volume fluctuations and facilitate favourable pressure distribution during gait compared to other systems. A second guideline noted insufficient evidence to recommend for or against any particular prosthetic suspension system for adults with lower limb amputation. No relevant cost-effectiveness evidence was identified.

CADTH Rapid Response Report

Systematic search: Limited

January 2020

<https://www.cadth.ca/elevated-vacuum-suspension-systems-adults-amputation-review-clinical-effectiveness-cost>

Intranasal and Intramuscular Naloxone for Opioid Overdose in the Pre-Hospital Setting: A Review of Comparative Clinical and Cost-Effectiveness, and Guidelines

One economic evaluation using sources specific to Toronto showed that a school-based naloxone program to reduce opioid overdose mortality is likely to be cost-effective if there are at least two overdoses every year. However no suitable data was available and the authors assumed, without adequately justifying that assumption, between one and 50 overdoses every 10 years across 112 schools in Toronto. One guideline makes a weak recommendation that favors intranasal naloxone over intramuscular naloxone for patients with confirmed or suspected opioid overdose in out-of-hospital settings. Considerations for the recommendation were comparable efficacy across the two routes of administration, ease of use and reduced adverse events associated with the intranasal formulation, which promotes increased safety of emergency practitioners and patients. The guideline suggests the initial dose should be enough to achieve adequate respiratory function without triggering withdrawal symptoms, considering factors such as the opioids in use locally.

CADTH Rapid Response Report

Systematic search: Limited

January 2020

<https://www.cadth.ca/intranasal-and-intramuscular-naloxone-opioid-overdose-pre-hospital-setting-review-comparative-0>

Administration of Naloxone in a Home or Community Setting: A Review of the Clinical Effectiveness, Cost-effectiveness, and Guidelines

One systematic review (SR) found evidence that take-home naloxone was associated with a reduction in overdose mortality. One review in the SR showed take-home naloxone was also associated with more successful reversals and minimal adverse events than usual care. One non-randomized study indicated that patients using opioids for long-term pain who received naloxone co-prescriptions had significantly fewer subsequent emergency department visits than those who did not receive naloxone. However, in a population study that did not describe the intervention and populations clearly, the implementation of a national take-home naloxone program was not significantly associated with ambulance call-outs to opioid-related overdoses in Scotland. In a cost-effectiveness analysis in which 30% of the heroin users were prescribed naloxone, the base case scenario demonstrated that there might be a decrease in overdose deaths by 6.6% and 2,500 fewer premature deaths with community naloxone distribution at an incremental cost per quality-adjusted life year gained of £899 in a population of 200,000 heroin users. Guidelines from WHO and the American Society of Addiction Medicine (ASAM) recommend that naloxone should be given in case of opioid overdose and accessible to people with opioid use disorder and people likely to witness an opioid overdose. Patients and those likely to witness an overdose should be trained for naloxone administration. In the WHO guideline, regardless of the administration routes, naloxone is recommended due to its effectiveness for opioid overdose. Individuals should choose a route of naloxone administration depending on the formulation available, administration skills, and settings. In the ASAM guideline, naloxone is not recommended for use in pregnant women with opioid use disorder, except for life-threatening situations. The limitations to this report included a lack of both RCTs and studies focusing on the safety of naloxone and a lack of direct comparison between non-health professionals and professional first responders.

CADTH Rapid Response Report

Systematic search: Limited

December 2019

<https://www.cadth.ca/administration-naloxone-home-or-community-setting-review-clinical-effectiveness-cost-effectiveness-1>

Pilocarpine for Medication-induced Dry Mouth and Dry Eyes: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines

No relevant literature was identified regarding clinical effectiveness and cost-effectiveness. Additionally, no evidence-based guidelines were identified.

CADTH Rapid Response Report

Systematic search: Limited

December 2019

<https://www.cadth.ca/pilocarpine-medication-induced-dry-mouth-and-dry-eyes-review-clinical-effectiveness-cost>

Screening and Treatment of Obstetric Anaemia: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines

This review included 10 guidelines. Routine haemoglobin measurement at each trimester of pregnancy is generally recommended to assess iron deficiency anaemia. Serum ferritin testing should be reserved for pregnant persons with possible hemoglobinopathies (e.g., thalassemia, sickle cell anaemia), anaemia of infection, vitamin B12 or folic acid deficiency, unexplained iron deficiency anaemia, non-anaemic persons at risk of iron deficiency, or suspected chronic blood loss. After delivery, hemoglobin should be measured within 24 to 48 hours in persons with blood loss more than 500 mL, those with uncorrected anaemia detected during pregnancy or those with symptoms suggestive of anaemia postnatally. Oral iron is the first line treatment with repeated measure of haemoglobin to assess compliance, correct administration and response to treatment. Intravenous iron should be used in persons who are intolerant of, or do not respond to oral iron treatment, or those with moderately severe to severe anaemia. The evidence used in the guidelines was of low

quality, or not adequately described, and these recommendations should be interpreted with caution.

CADTH Rapid Response Report

Systematic search: Limited

December 2019

<https://www.cadth.ca/screening-and-treatment-obstetric-anemia-review-clinical-effectiveness-cost-effectiveness-and>

Codeine for Acute Pain for Urological or General Surgery Patients: A Review of Clinical Effectiveness

No relevant literature was identified regarding the clinical effectiveness of codeine, with or without acetaminophen, for patients with acute pain having undergone urological or general surgery.

CADTH Rapid Response Report

Systematic search: Limited

December 2019

<https://www.cadth.ca/codeine-acute-pain-urological-or-general-surgery-patients-review-clinical-effectiveness-0>

Biopsy for Adults with Suspected Skin Cancer: A Rapid Qualitative Review

This review described how people with suspected skin cancer and their health care providers experienced the process of diagnosis. People who were diagnosed with skin cancer were often the ones who noticed a suspicious looking lesion or mole that triggered their diagnosis. They described delays in being diagnosed because they did not immediately present to a health care provider for a variety of reasons, including being busy or not thinking it was serious. Some people experienced a delay in diagnosis because their physician did not order further testing or offered them reassurances that their lesions were non-cancerous. People with a concerning lesion or mole were not always reassured by their health care provider's words and instead persisted in getting diagnosed by seeking a second opinion or by continuing to bring their concerns forward to their health care provider. Health care providers raised concerns about the impact of referring people who turn out to not have cancer on the health care system. Once diagnosed, people with skin cancer described how having skin cancer was emotionally destabilizing. Diagnosis raised fears of death and about the future and people had to navigate their treatment while coping with their feelings. Clear information, adequate time for consultation and communication with health care providers allowed people diagnosed with skin cancer to feel supported and informed and able to navigate their treatment. After treatment, people who had been diagnosed found themselves continuing to watch their bodies and coping with feelings of anxiety.

CADTH Rapid Response Report

Systematic search: Limited

November 2019

<https://www.cadth.ca/biopsy-adults-suspected-skin-cancer-rapid-qualitative-review>

Post-Operative Prophylactic Antibiotics for Patients Undergoing Hip Fracture Repair Surgery or Hip Arthroplasty: A Review of Clinical Effectiveness and Guidelines

Two low-quality systematic reviews suggested that there was no statistically significant difference in infection rates with or without post-operative antibiotic prophylaxis in patients undergoing surgery for hip fracture repair or hip arthroplasty. One non-randomized retrospective study suggested that for patients who were undergoing total hip arthroplasty and at high risk of peri-prosthetic joint infection, extended post-operative antibiotic prophylaxis resulted in a statistically significantly lower infection rate compared with no extended post-operative antibiotic prophylaxis. Findings must be interpreted with caution. No relevant guidelines were identified.

CADTH Rapid Response Report

Systematic search: Limited

November 2019

<https://www.cadth.ca/post-operative-prophylactic-antibiotics-patients-undergoing-hip-fracture-repair-surgery-or-hip>

Preventative Foot Care for Patients with Diabetes: A Review of Clinical Effectiveness and Cost-Effectiveness

One relevant systematic review of critically low-quality was identified. It included two relevant primary studies; one found motivational interviewing had no effect on the incidence of ulceration and the other found motivational coaching along with self-management education and diabetes care monitoring decreased foot risk and amputations at one year. Overall, the systematic review suggested that there is insufficient evidence on the effectiveness of motivational interviewing to enhance adherence to behaviours to prevent diabetic foot ulceration compared to control. No evidence regarding cost-effectiveness was identified.

CADTH Rapid Response Report

Systematic search: Limited

November 2019

<https://www.cadth.ca/preventative-foot-care-patients-diabetes-review-clinical-effectiveness-and-cost-effectiveness-0>

Skin Preparation for Injections: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines

One insufficiently powered RCT on the effectiveness of skin preparation prior to vaccinations in children found that there was no statistically significant difference in local skin reactions and infection rates when comparing alcohol skin cleansing to no cleansing prior to vaccinations. The duration of pain was statically significantly higher in the alcohol swab group compared to the control group. There were no identified cases of cellulitis, pus leaking and infectious abscess. Due to the limitations of the study it is difficult to draw conclusions. No cost-effectiveness studies or evidence-based guidelines were identified.

CADTH Rapid Response Report

Systematic search: Limited

November 2019

<https://www.cadth.ca/skin-preparation-injections-review-clinical-effectiveness-cost-effectiveness-and-guidelines-0>

Codeine for Pediatric Patients with Acute Pain: A Review of Clinical Effectiveness

One systematic review compared codeine to acetaminophen or ibuprofen; no difference was found between groups for minor AEs, including nausea, sleepiness and constipation (however it was unclear if between-group differences were compared statistically). For comparisons with codeine plus acetaminophen, the SR showed significantly higher rates of adverse events in the codeine plus acetaminophen group versus the ibuprofen group in a single RCT. In one RCT, the patients in the codeine plus acetaminophen group had lower pain and distress compared to the acetaminophen group during restraint and needle aspiration of tympanocentesis. In another RCT, codeine plus acetaminophen was significantly less effective for play and eating functional outcomes. In a third RCT, between-group differences were not tested statistically but pain scores were numerically similar between the acetaminophen and ibuprofen group. In a non-randomized study, there were no significant differences between patients treated with codeine and patients treated with hydrocodone for adverse events.

CADTH Rapid Response Report

Systematic search: Limited

November 2019

<https://www.cadth.ca/codeine-pediatric-patients-acute-pain-review-clinical-effectiveness>

Fibre optic Endoscope Evaluation versus Video Fluoroscopic Swallowing Exams for Patients with Dysphagia: A Review of Diagnostic Accuracy and Cost-Effectiveness

This report identified evidence of limited quality from one systematic review that conducted a meta-analysis of six studies, and two prospective comparative studies that supported both fibre optic endoscope evaluation of swallowing system (FEES) and video fluoroscopic swallowing exam/study (VFSS) as suitable diagnostic procedures for dysphagia. With regard to diagnostic accuracy of dysphagia parameters a lack of evidence for consistent diagnostic accuracy differences was identified. Limitations of the identified evidence included the absence of a suitable reference standard, a lack of safety data, and a lack of patient-related outcomes making the significance of diagnostic accuracy comparisons unclear. Given the lack of evidence for significant differences in diagnostic accuracy, other factors could be considered in the decision to implement FEES or VFSS. No cost-effectiveness evidence was identified comparing VFSS to FEES.

CADTH Rapid Response Report

Systematic search: Limited

November 2019

<https://www.cadth.ca/fibreoptic-endoscope-evaluation-versus-video-fluoroscopic-swallowing-exams-patients-dysphagia-review>

Intermittent Fasting for Adults with Type 2 Diabetes: A Review of the Clinical Effectiveness and Guidelines

Evidence of limited quality from one before-after study suggested that two weeks of intermittent fasting significantly reduced body weight and body-mass index compared to a standard diet, but these differences were not retained after a two-week follow-up. No significant differences were reported for waist circumference, blood pressure or markers for inflammation and insulin resistance. A positive relationship was found between the number of hours fasted and morning self-monitored glucose levels reaching target values, but this relationship was not found for afternoon or evening self-monitored glucose levels. Descriptively, the included study found reduced caloric, carbohydrate and fat intake, and higher physical activity levels during the intermittent fasting phase when compared to standard diet at both baseline and follow-up phases. No evidence-based guidelines were identified. The limited evidence on this topic suggests further research comparing intermittent fasting to standard or low carbohydrate diets is needed.

CADTH Rapid Response Report

Systematic search: Limited

November 2019

<https://www.cadth.ca/intermittent-fasting-adults-type-2-diabetes-review-clinical-effectiveness-and-guidelines>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

HTA of transcatheter aortic valve implantation (TAVI)

TAVI is a safe and cost-effective alternative to open heart surgery for patients with severe symptomatic aortic stenosis.

Health Technology Assessment

Systematic search: Unclear

December 2019

<https://www.hiqa.ie/reports-and-publications/health-technology-assessment/hta-transcatheter-aortic-valve-implantation>

Campbell Collaboration

The impact of care farms on quality of life, depression and anxiety among different population groups

Care farming (also called social farming) is the therapeutic use of agricultural and farming practices. Service users include people with learning disabilities, mental and physical health problems, substance misuse, adult offenders, disaffected youth, socially isolated older people and the long term unemployed. This review examined the impact of care farming on quality of life, depression and anxiety, on a range of service user groups and the way in which it might work for different groups. Interview studies showed that people valued being in contact with each other, and feeling a sense of achievement, fulfillment and belonging. Some groups appreciated different things indicating that different groups may benefit in different ways but, it is unclear if this is due to different types of activity or the way in which people take different things from the same activity. No evidence was found that care farms improved people's quality of life. Some evidence indicated they might improve depression and anxiety. Larger studies involving single service user groups are needed.

Systematic review

Systematic search: Yes

November 2019

<https://onlinelibrary.wiley.com/doi/full/10.1002/cl2.1061>

Mass deworming for improving health and cognition of children in endemic helminth areas: A systematic review and individual participant data network meta-analysis

Soil transmitted (or intestinal) helminths and schistosomes affect millions of children worldwide. Individual participant data network meta-analysis (NMA) was used to explore the effects of different types and frequency of deworming drugs on anaemia, cognition and growth across potential effect modifiers. The analysis finds little effect on nutritional status or cognition and reinforces the case against mass deworming at a population-level. However, children with heavier intensity infections may benefit more.

Systematic review

Systematic search: Yes

November 2019

<https://onlinelibrary.wiley.com/doi/full/10.1002/cl2.1058>

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due February 2020

Larotrectinib for treating advanced solid tumours with TRK fusions

Single Technology Appraisal

Patiromer for treating hyperkalaemia

Single Technology Appraisal

Treosulfan with fludarabine for malignant disease before allogeneic stem cell transplant
Single Technology Appraisal

Leg ulcer infection: antimicrobial prescribing
Antimicrobial prescribing guideline

Impetigo: antimicrobial prescribing
Antimicrobial prescribing guideline

Asthma: diagnosis, monitoring and chronic asthma management
Clinical Guideline

Pembrolizumab for untreated recurrent or metastatic squamous cell carcinoma of the head and neck
Single Technology Appraisal

Osimertinib for untreated EGFR-positive non-small-cell lung cancer
Single Technology Appraisal

Neonatal parenteral nutrition
Clinical Guideline

Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer
Single Technology Appraisal

Gilteritinib for treating relapsed or refractory acute myeloid leukaemia
Single Technology Appraisal

Intrapartum care: existing medical conditions or obstetric complications
Quality Standard