

Public Health Key Documents: April 2021

NIHR

Prognostic tools for identification of high risk in people with Crohn's disease: systematic review and cost-effectiveness study

No robust evidence was identified on the prognostic accuracy of the biomarker-stratification tools, IBDX and PredictSURE-IBD.

Systematic search: Yes

April 2021

<https://www.journalslibrary.nihr.ac.uk/hta/hta25230/>

Kings Fund

Shaping the future of digital technology in health and social care

Report commissioned by the Health Foundation. Provides a summary of evidence for how emerging technologies such as artificial intelligence, smartphones, wearable devices and the internet of things are being used within care settings around the world.

Systematic search: No

April 2021

<https://www.kingsfund.org.uk/sites/default/files/2021-03/nhss-role-tackling-poverty.pdf>

Scottish Medicines Consortium (SMC Advice)

acalabrutinib (Calquence®)

Accepted for restricted use as monotherapy for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL) who have a 17p deletion or TP53 mutation and in whom chemo-immunotherapy is unsuitable.

Systematic search: No

April 2021

<https://www.scottishmedicines.org.uk/medicines-advice/acalabrutinib-calquence-abb-smc2346/>

acalabrutinib (Calquence®)

Accepted for restricted use as monotherapy for the treatment of adults with relapsed/refractory CLL who have had at least one previous therapy, in whom chemo-immunotherapy is unsuitable.

Systematic search: No

April 2021

<https://www.scottishmedicines.org.uk/medicines-advice/acalabrutinib-calquence-abb-smc2348/>

isatuximab (Sarclisa®)

Accepted for restricted use in combination with pomalidomide and dexamethasone, for the treatment of adult patients with relapsed and refractory multiple myeloma (RRMM) who have received at least two prior therapies including lenalidomide and a proteasome inhibitor (PI) and have demonstrated disease progression on the last therapy. Restricted to patients receiving fourth-line therapy.

Systematic search: No

April 2021

<https://www.scottishmedicines.org.uk/medicines-advice/isatuximab-sarclisa-full-smc2303/>

dapagliflozin (Forxiga®)

Accepted for use in adults for the treatment of symptomatic chronic heart failure with reduced ejection fraction.

Systematic search: No

April 2021

<https://www.scottishmedicines.org.uk/medicines-advice/dapagliflozin-forxiga-full-smc2322/>

galcanezumab (Emgality®)

Accepted for restricted use for prophylaxis of migraine in adults who have at least 4 migraine days per month. Restricted to the treatment of patients with chronic and episodic migraine who have had prior failure on three or more migraine preventive treatments.

Systematic search: No

April 2021

<https://www.scottishmedicines.org.uk/medicines-advice/galcanezumab-emgality-full-smc2313/>

dupilumab (Dupixent®)

Accepted for restricted use in adults and adolescents 12 years and older as add-on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised fraction of exhaled nitric oxide (FeNO), who are inadequately controlled with high dose inhaled corticosteroids (ICS) plus another medicinal product for maintenance treatment. Restricted to patients with blood eosinophils ≥ 150 cells/microlitre and FeNO ≥ 25 parts per billion, and ≥ 4 exacerbations in the preceding year, who have previously received biologic treatment with anti-IgE or anti-IL-5 therapies.

Systematic search: No

April 2021

<https://www.scottishmedicines.org.uk/medicines-advice/dupilumab-dupixent-full-smc2317/>

Scottish Government**Coronavirus (COVID-19) - Near Me video consulting service: evaluation 2020 - main report**

An external evaluation of the rapid scaling-up of the Near Me video consultation service during 2020

Systematic search: No

March 2021

<https://www.gov.scot/publications/evaluation-near-video-consulting-service-scotland-during-covid-19-2020-main-report/>

Learning/intellectual disability and autism: transformation plan ('Towards Transformation')

Systematic search: No

March 2021

<https://www.gov.scot/publications/learning-intellectual-disability-autism-towards-transformation/>

Alcohol - count 14 campaign: evaluation report

Report evaluating both phases of our "Count 14" alcohol public information campaign.

Systematic search: No

March 2021

<https://www.gov.scot/publications/count-14-campaign-evaluation-report/>

Please note: Covid-19 data and statistics, advice and guidance are available from <https://www.gov.scot/coronavirus-covid-19/> with further publications available at <https://www.gov.scot/publications/?topics=Coronavirus+in+Scotland>

SIGN

Nil

Public Health Scotland

COVID-19 Early Years Resilience and Impact Survey (CEYRIS) – findings from Round 2

The survey covered the following themes: key behaviours; children’s play and learning; use of outdoor spaces and social interactions; the experience of parents and carers during COVID-19 in Scotland; and the experience of COVID-19 and specific infection control measures.

Systematic search: No

March 2021

<https://www.publhealthscotland.scot/downloads/covid-19-early-years-resilience-and-impact-survey-ceyris-findings-from-round-2>

The impact of COVID-19 on children and young people - 10 to 17-year-olds

Considers the possible positive and adverse consequences on children’s and young people’s development and wellbeing at different ages and stages of their lives.

Systematic search: No

March 2021

<https://www.publhealthscotland.scot/downloads/the-impact-of-covid-19-on-children-and-young-people-10-to-17-year-olds>

NICE – Guidelines

NG194 Postnatal care

Covers the routine postnatal care that women and their babies should receive in the first 8 weeks after the birth. It includes the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies, how to help parents form strong relationships with their babies, and baby feeding. The recommendations on emotional attachment and baby feeding also cover the antenatal period. Sets out an antimicrobial prescribing strategy for secondary bacterial infection of eczema and covers infection of other common skin conditions. The recommendations are for adults, young people and children aged 72 hours and over.

Systematic search: Yes

April 2021

<https://www.nice.org.uk/guidance/ng194>

NG195 Neonatal infection: antibiotics for prevention and treatment

Covers preventing bacterial infection in healthy babies of up to and including 28 days corrected gestational age, treating pregnant women whose unborn baby is at risk of infection, and caring for babies of up to and including 28 days corrected gestational age with a suspected or confirmed bacterial infection. It aims to reduce delays in recognising and treating infection and prevent unnecessary use of antibiotics. The guideline does not cover viral infections.

Systematic search: Yes

April 2021

<https://www.nice.org.uk/guidance/ng195>

NG193 Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

Covers assessing all chronic pain (chronic primary pain, chronic secondary pain, or both) and managing chronic primary pain in people aged 16 years and over.

Systematic search: Yes

April 2021

<https://www.nice.org.uk/guidance/ng193>

NG192 Caesarean birth

Covers when to offer caesarean birth, discussion of caesarean birth, procedural aspects of the operation, and care after caesarean birth. It aims to improve the consistency and quality of care for women who are thinking about having a caesarean birth or have had a previous caesarean birth and are pregnant again.

Systematic search: Yes

April 2021

<https://www.nice.org.uk/guidance/ng192>

NG191 COVID-19 rapid guideline: managing COVID-19

Covers the management of COVID-19 for children, young people and adults in all care settings. It brings together existing recommendations on managing COVID-19 so that healthcare staff and those planning and delivering services can find and use them more easily. The guideline includes new recommendations on therapeutics, and we will update the guideline further as new evidence emerges.

Systematic search: Yes

April 2021

<https://www.nice.org.uk/guidance/ng191>

NG190 Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing

Sets out an antimicrobial prescribing strategy for secondary bacterial infection of eczema and covers infection of other common skin conditions. It aims to optimise antibiotic use and reduce antibiotic resistance. The recommendations are for adults, young people and children aged 72 hours and over. Does not cover diagnosis.

Systematic search: Yes

April 2021

<https://www.nice.org.uk/guidance/ng190>

NICE - Technology Appraisal Guidance

TA689 Acalabrutinib for treating chronic lymphocytic leukaemia

Acalabrutinib as monotherapy is recommended as an option for untreated chronic lymphocytic leukaemia (CLL) in adults, only if specific conditions are met.

Systematic search: Yes

April 2021

<https://www.nice.org.uk/guidance/ta689/>

TA691 Avelumab for untreated metastatic Merkel cell carcinoma

Recommended as an option for treating metastatic Merkel cell carcinoma in adults who have not had chemotherapy for metastatic disease.

Systematic search: No

April 2021

<https://www.nice.org.uk/guidance/ta691>

TA685 Anakinra for treating Still's disease

Recommended as an option for treating Still's disease with moderate to high disease activity, or continued disease activity after non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. Only recommended for adult-onset Still's disease that has responded inadequately to 2 or more conventional disease-modifying antirheumatic drugs (DMARDs); systemic juvenile idiopathic arthritis in people 8 months and older with a body weight of 10 kg or more that has not responded to at least 1 conventional DMARD.

Systematic search: Yes

March 2021

<https://www.nice.org.uk/guidance/ta685/chapter/1-Recommendations>

TA686 Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated appraisal)

Amgen UK did not provide an evidence submission.

Systematic search: No

March 2021

<https://www.nice.org.uk/guidance/ta686>

TA687 Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy

Ribociclib plus fulvestrant is recommended as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in adults 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

Systematic search: Yes

March 2021

<https://www.nice.org.uk/guidance/ta687>

TA688 Selective internal radiation therapies for treating hepatocellular carcinoma

Selective internal radiation therapy (SIRT) SIR-Spheres is recommended as an option for treating unresectable advanced hepatocellular carcinoma (HCC) in adults, only if a number of specific conditions are met.

Systematic search: Yes

March 2021

<https://www.nice.org.uk/guidance/ta688/>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality – USA)

Maternal, Fetal, and Child Outcomes of Mental Health Treatments in Women: A Systematic Review of Perinatal Pharmacologic Interventions

Few studies have been conducted in pregnant and postpartum women on the benefits of pharmacotherapy; many studies report on harms but are of low quality. The limited evidence available is consistent with some benefit, and some studies suggested increased adverse events. However, because these studies could not rule out underlying disease severity as the cause of the

association, the causal link between the exposure and adverse events is unclear. Patients and clinicians need to make an informed, collaborative decision on treatment choices.

Systematic search: Yes

April 2021

<https://effectivehealthcare.ahrq.gov/products/mental-health-pregnancy/research>

Health Foundation

Nil

Canadian Agency for drugs and Technologies in Health (CADTH)

Onabotulinum Toxin A (Botox) for Spasticity in Patients With Acquired Brain Injury

No relevant literature was identified regarding clinical effectiveness or cost-effectiveness. One evidence-based guideline recommends the use of botulinum toxin for the treatment of spasticity associated with traumatic brain injury.

Systematic search: Limited

April 2021

<https://www.cadth.ca/onabotulinum-toxin-botox-spasticity-patients-acquired-brain-injury>

Bupropion for Major Depressive Disorder or Persistent Depressive Disorder (Dysthymia)

Evidence from 6 systematic reviews did not demonstrate a difference in treatment response or remission rates, or functional outcomes, with bupropion as compared to other antidepressants in adults with major depressive disorder. Evidence from 5 systematic reviews did not demonstrate a difference in overall adverse events, overall withdrawals, or withdrawals due to adverse events apart from a possible decreased risk of withdrawal due to adverse events with vortioxetine in a single indirect comparison. Evidence from 2 systematic reviews supports that the risk of sexual dysfunction may be lower with bupropion than other antidepressants (escitalopram, paroxetine, sertraline, and fluoxetine), while 1 systematic review showed no significant difference in sexual function scores between bupropion and venlafaxine. There is limited evidence supporting the cost-effectiveness of bupropion to augment citalopram, and dominance of vortioxetine compared to bupropion, for major depressive disorder with inadequate response to initial therapy. There is a lack evidence surrounding the comparative clinical or cost-effectiveness of bupropion in dysthymia.

Systematic search: Limited

April 2021

<https://www.cadth.ca/bupropion-major-depressive-disorder-or-persistent-depressive-disorder-dysthymia>

Rituximab for the Treatment of Myasthenia Gravis: A 2021 Update

Low-quality evidence suggests that treatment with rituximab may be associated with improvements in clinical status, use of concurrent immunomodulatory therapies, quality of life, and various laboratory parameters in patients with myasthenia gravis, compared to before treatment. However, substantial methodological limitations of the included literature limit the use of these findings for informing clinical and policy decisions. Adverse events associated with the use of rituximab were relatively common, occurring in approximately 25% to 45% of patients treated with rituximab. The adverse events experienced by patients were not considered serious by primary study authors. No studies were identified that compared the effectiveness of rituximab to other therapies for the treatment of myasthenia gravis. Summarized studies lacked control groups, meaning that any outcomes observed in study participants should not be attributed to rituximab alone. There is a lack

of evidence on the cost-effectiveness of rituximab for the treatment of myasthenia gravis. Additionally, no evidence-based guidelines were identified.

Systematic search: Limited

April 2021

<https://www.cadth.ca/rituximab-treatment-myasthenia-gravis-2021-update>

Urethral Inserts for the Management of Adult Male Urinary Incontinence

No evidence was identified regarding clinical effectiveness or cost-effectiveness.

Systematic search: Limited

April 2021

<https://www.cadth.ca/urethral-inserts-management-adult-male-urinary-incontinence>

Pharmacological Interventions for Vaping Cessation

The use of electronic nicotine delivery systems and other vaping products is on the rise, and the health effects from these products remain uncertain. No evidence-based guidelines regarding the use of pharmacological vaping cessation interventions were identified. Some guidelines suggest that it may be reasonable to apply smoking cessation interventions and/or protocols for vaping cessation, but no guidance specific to the use of pharmacotherapy was identified.

Systematic search: Limited

April 2021

<https://www.cadth.ca/pharmacological-interventions-vaping-cessation>

Bupropion for Treatment Resistant Depression

Switching to monotherapy after failure with a first antidepressant resulted in no significant difference in efficacy and tolerability among bupropion, sertraline, and venlafaxine. In treatment-resistant depression, augmentation of previous treatment with bupropion did not result in significant differences in remission compared with switching to bupropion monotherapy, augmentation with aripiprazole, or augmentation with buspirone. Switching to bupropion monotherapy or augmentation with bupropion was associated with significantly higher incidence of anxiety, decreased appetite, dry mouth, and increased blood pressure, but lower incidence of increased appetite, increased weight, somnolence, akathisia, and laboratory test abnormality compared to augmentation with aripiprazole. Augmentation therapy with bupropion or aripiprazole may be a cost-effective option relative to switching to bupropion in treatment-resistant depression. Among the monotherapies, switching to vortioxetine appeared to be the most cost-effective option relative to other medications such as agomelatine, bupropion, venlafaxine, or sertraline; bupropion, venlafaxine, and sertraline monotherapies were not significantly different from one another in terms of cost-effectiveness.

Systematic search: Limited

April 2021

<https://www.cadth.ca/bupropion-treatment-resistant-depression>

Lenses and Spectacles to Prevent Myopia Worsening in Children

5 relevant systematic reviews and 7 randomized controlled trials (RCTs) were identified. Myopia progression and axial length elongation was less with omafilcon A (MiSight) contact lenses compared to single-vision lenses (1 RCT; statistical significance of difference was not reported). Myopia progression and axial length elongation was less with defocus incorporated multiple segments spectacle lenses compared to single-vision spectacle lenses (1 RCT; the between-group difference was statistically significant). Myopia progression was less with orthokeratology contact lenses compared to single-vision contact lenses or single-vision lenses (2 systematic reviews and 2 RCTs; between-group difference was statistically significant or statistical significance was not reported) and axial length elongation was less (5 systematic reviews and 2 RCTs; between-group difference

was statistically significant or statistical significance was not reported). Myopia progression and axial length elongation was less with multifocal lenses compared with single-vision contact lenses (1 systematic review and 2 RCTs; between-group difference was statistically significant). Findings need to be interpreted in the light of limitations, such as limited quantity and quality of the included primary studies, limited information regarding adverse events, and lack of long-term data..

Systematic search: Limited

April 2021

<https://www.cadth.ca/lenses-and-spectacles-prevent-myopia-worsening-children>

Flash Glucose Monitoring Systems in Pediatric Populations with Diabetes

Flash glucose monitoring (FGM) is a method of glucose testing where a sensor inserted into the skin continuously measures interstitial glucose levels. It can be used by people with diabetes to inform treatment decisions, such as insulin dosing, as an alternative or complement to blood glucose testing. Evidence of variable quality from 2 randomized controlled trials and 8 non-randomized studies, including those summarized within systematic reviews, suggests that FGM may improve quality of life, patient satisfaction, diabetes distress, self-efficacy, and frequency of glucose monitoring compared to self-monitoring blood glucose techniques in pediatric populations with type 1 diabetes. Findings related to other outcomes, such as hemoglobin A1C, glucose time in range metrics, and adverse events were mixed or inconclusive (i.e., in some studies the use of FGM was associated with improved outcomes, while in other studies it was not). While the results summarized in this report generally suggest that the use of FGM is associated with improved clinical outcomes in pediatric populations with type 1 diabetes, the limitations of the included literature should be considered when interpreting these findings. No studies were identified that compared the clinical effectiveness of FGM systems with hypoglycemic, hyperglycemia, or signal loss alarms (e.g., FreeStyle Libre 2) to FGM systems without these features (e.g., FreeStyle Libre) in people of any age with diabetes requiring insulin therapy.

Systematic search: Limited

April 2021

<https://www.cadth.ca/flash-glucose-monitoring-systems-pediatric-populations-diabetes>

Yttrium 90 Microspheres for Advanced, Recurrent, or Inoperable Hepatocellular Carcinoma: A Review of Clinical and Cost Effectiveness

Transarterial radioembolization using yttrium-90 (90Y) microspheres is a therapeutic option for patients with intermediate- or advanced-stage hepatocellular carcinoma, including those with recurrent or inoperable hepatocellular carcinoma. Overall, the evidence suggests that patients treated with 90Y-based transarterial radioembolization may experience no difference in overall survival, progression-free survival, and tumour response when compared to patients who received transarterial chemoembolization therapies or systemic treatment with sorafenib or lenvatinib. Patients treated with transarterial radioembolization generally experienced similar rates of adverse events compared to those treated with transarterial chemoembolization, although there were some instances where treatment with transarterial radioembolization led to increased or decreased risks of specific adverse events. The comparative safety of transarterial radioembolization versus systemic treatment with sorafenib was unclear as the included studies did not statistically compare the risks of experiencing adverse events. Evidence regarding the cost-effectiveness of 90Y microspheres for treating hepatocellular carcinoma is conflicting.

Systematic search: Limited

April 2021

<https://www.cadth.ca/yttrium-90-microspheres-advanced-recurrent-or-inoperable-hepatocellular-carcinoma-review-clinical>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland) – Health Technology Assessments

Nil

Campbell Collaboration

Nil

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due April and May 2021

Carfilzomib with dexamethasone and lenalidomide for treating multiple myeloma after at least 1 previous therapy

Single Technology Appraisal

Bempedoic acid for treating primary hypercholesterolaemia or mixed dyslipidaemia

Single Technology Appraisal

Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy ID1536

Single Technology Appraisal

Apalutamide for treating metastatic hormone-sensitive prostate cancer [ID1534]

Single Technology Appraisal