

NIHR

[Clinical and cost-effectiveness of clopidogrel resistance genotype testing after ischaemic stroke or transient ischaemic attack: a systematic review and economic model](#)

CYP2C19 testing followed by tailored treatment is likely to be effective and cost-effective in people with ischaemic stroke or transient ischaemic attack.

Systematic search: Limited

September 2024

[Hyperthermic intraoperative peritoneal chemotherapy and cytoreductive surgery for people with peritoneal metastases: a systematic review and cost-effectiveness analysis](#)

In people with peritoneal metastases from colorectal cancer with limited peritoneal metastases and who are likely to withstand major surgery, hyperthermic intraoperative peritoneal chemotherapy + cytoreductive surgery + systemic chemotherapy should not be used in routine clinical practice. There is uncertainty as to whether hyperthermic intraoperative peritoneal chemotherapy + cytoreductive surgery + systemic chemotherapy or cytoreductive surgery + systemic chemotherapy should be offered to patients with gastric cancer and peritoneal metastases. Hyperthermic intraoperative peritoneal chemotherapy + cytoreductive surgery + systemic chemotherapy should be offered routinely to women with stage III or greater epithelial ovarian cancer and metastases confined to the abdomen requiring and likely to withstand interval cytoreductive surgery after chemotherapy.

Systematic search: Limited

September 2024

[Artificial intelligence software for analysing chest X-ray images to identify suspected lung cancer: an evidence synthesis early value assessment](#)

There is currently no evidence on the use of adjunct artificial intelligence software for the detection of suspected lung cancer on chest X-ray in either people referred from primary care with symptoms of lung cancer or people referred from primary care for other reasons. Future research is required to understand the accuracy of adjunct artificial intelligence software to detect lung nodules and cancers, as well as its impact on clinical decision-making and patient outcomes.

Systematic search: Limited

September 2024

[Lenvatinib plus pembrolizumab for untreated advanced renal cell carcinoma: a systematic review and cost-effectiveness analysis](#)

Good-quality clinical effectiveness evidence for the comparison of lenvatinib plus pembrolizumab with sunitinib is available from the CLEAR trial. For most of the assessment group Bayesian hazard ratio network meta-analysis comparisons, it is difficult to reach conclusions due to within-trial proportional hazards violations or uncertainty regarding the validity of the proportional hazards assumption. However, the data (clinical effectiveness and cost-effectiveness) used to populate the economic model are relevant to NHS clinical practice and can be used to inform NICE decision-making. The assessment group cost-effectiveness results show that lenvatinib plus pembrolizumab is less cost-effective than all other treatment options.

Systematic search: Limited

September 2024

[Community-based complex interventions to sustain independence in older people, stratified by frailty: a systematic review and network meta-analysis](#)

Findings for the many intervention combinations evaluated were largely small and uncertain. However, the combinations most likely to sustain independence include multifactorial-action, medication-review and ongoing review of patients. Some combinations may reduce independence.
Systematic search: Limited
August 2024

[Development and validation of prediction models for fetal growth restriction and birthweight: an individual participant data meta-analysis](#)

The International Prediction of Pregnancy Complications-fetal growth restriction and International Prediction of Pregnancy Complications-birthweight models accurately predict fetal growth restriction and birthweight for various assumed gestational ages at delivery. They can be used to stratify the risk status at booking, plan monitoring and management.

Systematic search: Limited
August 2024

[The effects and safety of testosterone replacement therapy for men with hypogonadism: the TestES evidence synthesis and economic evaluation](#)

The findings do not support a relationship between testosterone replacement therapy and cardiovascular/cerebrovascular events in the short-to-medium term. Testosterone replacement therapy improves sexual function and quality of life without adverse effects on blood pressure, serum lipids or glycaemic markers.

Systematic search: Limited
August 2024

[Gynaecological cancer surveillance for women with Lynch syndrome: systematic review and cost-effectiveness evaluation](#)

There is insufficient evidence to recommend for or against gynaecological cancer surveillance in Lynch syndrome on clinical grounds, but modelling suggests that surveillance could be cost-effective.

Systematic search: Limited
August 2024

The King's Fund

[People power: lessons from the health care response to the Grenfell Tower fire](#)

Health and care services were put in place in response to the substantial physical and mental health impacts caused by the Grenfell fire. This report records experiences of that response and how it evolved from the perspectives of community members and those responsible for commissioning and providing the services.

Systematic search: No
September 2024

SIGN

Nil

Public Health Scotland

[Estimating the burden of disease attributable to physical inactivity in Scotland](#)

The study estimates that of the 62,941 deaths that occurred in Scotland in 2022, 3,185 were attributable to physical inactivity, with cancer and cardio-vascular disease (CVD) accounting for around one third of these. Over 80% of these deaths, equivalent to around 2,500 deaths from all

causes, occur in those in the very low activity category. It is also estimated that 11,474 disability-adjusted life years (DALYs) are attributable to physical inactivity.

Systematic search: No

September 2024

[Self-harm in children and young people: Evidence and Gap Map \(EGM\) \(shinyapps.io\)](#)

Public Health Scotland (PHS) carried out a review of review-level evidence on self-harm in children and young people. This was the basis for the development of a pilot PHS evidence and gap map (EGM) which includes evidence on the causes of self-harm in childhood and adolescence or what works to prevent self-harm in children and adolescents. A [technical report](#) explains the process used in detail.

Systematic search: Yes

August 2024

Scottish Government

[Economic inactivity in Scotland: supporting those with longer-term health conditions and disabilities to remain economically active](#)

This report focuses on the upstream prevention of economic inactivity to ensure the protective factors for health that good work provides. Topics examined include workplace adjustments, discrimination, in-work support, absence policies, benefits and sick pay, mental health, skills training, transport, childcare.

Systematic search: No

September 2024

[Realistic Medicine - Taking Care: Chief Medical Officer for Scotland annual report 2023 to 2024](#)

This is the eighth annual report on Realistic Medicine.

Systematic search: Yes

August 2024

Scottish Medicines Consortium (SMC Advice)

[ivosidenib \(Tibsovo\)](#)

Accepted for use within NHSScotland as monotherapy for the treatment of adult patients with locally advanced or metastatic cholangiocarcinoma with an isocitrate dehydrogenase-1 (IDH1) R132 mutation who were previously treated by at least one prior line of systemic therapy.

Systematic search: No

September 2024

[elranatamab \(Elrexfio\)](#)

Accepted for use (on an interim basis subject to ongoing evaluation) as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.

Systematic search: No

September 2024

[dabrafenib \(Finlee\)](#)

Accepted for use in combination with trametinib (Spexotras®) for: the treatment of paediatric patients aged 1 year and older with low-grade glioma with a BRAF V600E mutation who require systemic therapy; the treatment of paediatric patients aged 1 year and older with high-grade glioma

with a BRAF V600E mutation who have received at least one prior radiation and / or chemotherapy treatment.

Systematic search: No

September 2024

[teclistamab \(Tecvayli\)](#)

Accepted for use as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.

Systematic search: No

September 2024

NICE - Technology Appraisal Guidance

TA1008 [Trifluridine–tipiracil with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments](#)

Systematic search: No

September 2024

TA1007 [Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer](#)

Systematic search: No

September 2024

TA1002 [Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over](#)

Systematic search: No

September 2024

TA1003 [Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over](#)

Systematic search: No

September 2024

TA1004 [Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion](#)

Systematic search: No

September 2024

TA1005 [Futibatinib for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement](#)

Systematic search: No

September 2024

TA1000 [Iptacopan for treating paroxysmal nocturnal haemoglobinuria](#)

Systematic search: No

September 2024

TA1001 [Zanubrutinib for treating marginal zone lymphoma after anti-CD20-based treatment](#)

Systematic search: No

September 2024

TA999 [Vibegron for treating symptoms of overactive bladder syndrome](#)

Systematic search: No

September 2024

TA997 [Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma](#)

Systematic search: No

August 2024

NICE – Guidelines

Nil

Health and Care Research Wales Evidence Centre

[The clinical and cost-effectiveness of interventions for preventing continence issues resulting from birth trauma: a rapid review](#)

Approximately 85% of vaginal births in the UK are affected by childbirth related perineal trauma. Incontinence also places a significant financial burden on the healthcare system. The findings of the rapid review support the use of exercise-based interventions including pelvic floor muscle training for prenatal and postnatal women to prevent urinary incontinence. However, there is limited evidence supporting their long-term effectiveness. Incontinence is a potential long-term burden as pregnancy and childbirth can weaken the pelvic floor, making women more susceptible to incontinence in later life. Menopause often exacerbates these issues due to hormonal changes and by further weakening the pelvic floor muscles. Non exercise-based interventions, such as prenatal perineal massage and vaginal devices were less represented in the available evidence base, especially for faecal incontinence outcomes. While there is a lack of economic evaluations assessing the cost-effectiveness of interventions for incontinence, the substantial economic burden of incontinence on the NHS necessitates investment in clinically effective, preventative options. The review presents the case for investing in exercise-based interventions. Further research is needed to evaluate the maintenance and long-term effects of exercise-based therapy, on alternative type interventions, the prevention of faecal incontinence, women's experiences and the acceptability and feasibility of rolling out interventions for the prevention of incontinence.

Systematic search: limited

September 2024

EPPI Centre

[Increasing Access to Childcare for Ethnic Minority and Disadvantaged Communities](#)

The systematic review found that while there is high general awareness of childcare entitlements, targeted efforts and investments are needed to address gaps in understanding and reach ethnic minority and disadvantaged families effectively. Building robust centralised information systems, enhancing targeted marketing strategies, and ensuring sufficient funding for translation and home visits are crucial steps toward increasing access to childhood education and care services for all families. Suggestions for policy makes include localised outreach, engaging support from community leaders, employer and school involvement, and simplifying application processes.

Systematic search: limited

September 2024

AHRQ (Agency for Healthcare Research and Quality – USA)

[Behavioral Interventions for Migraine Prevention](#)

Low quality evidence indicates that interventions including cognitive behavioural therapy, relaxation training, or mindfulness-based treatment (alone or combined with other components) may lower migraine/headache attack frequency, and education alone may also improve migraine-related disability. Evidence of low quality also indicates that mindfulness-based stress reduction (MBSR) may offer greater benefit for disability than education; CBT + relaxation training might result in higher migraine attack frequency but also higher quality of life (QOL) than propranolol; relaxation training may outperform CBT + relaxation + education in QOL; MBSR + education may reduce attack frequency compared with stress management training + education; and biofeedback may reduce attack frequency compared with CBT + relaxation training. For children and adolescents, low quality evidence indicates that a combination of CBT, biofeedback, and relaxation training may lead to lower migraine attack frequency and disability compared with education alone.

Systematic search: Limited

September 2024

[Healthcare Delivery of Clinical Preventive Services for People With Disabilities](#)

Studies on barriers and/or facilitators to the receipt of clinical preventive services among people with disabilities are lacking for most preventive services and most types of disability. Most studies focus on the receipt of breast and/or cervical cancer screening. For breast and cervical cancer screening, studies reported most categories of barriers/facilitators and included all types of disability; for other preventive services, fewer studies reported fewer categories of barriers/facilitators and fewer types of disability. Evidence on interventions to improve receipt of preventive services among people with disabilities is especially limited, with most studies also related to breast and/or cervical cancer screening. Limited evidence from three trials found various educational and health advocacy interventions to be associated with increased rates of breast and cervical cancer screening among people with physical disabilities, cognitive/intellectual/developmental disabilities, and serious mental illness.

Systematic search: Limited

September 2024

Health Foundation

[AI in health care: what do the public and NHS staff think?](#)

The Health Foundation commissioned a survey, conducted in June and July 2024, of 7,201 nationally representative members of the public (aged 16 years and older) and 1,292 NHS staff members to gain information on their views of AI in healthcare. Over half of the UK public (54%) and three-quarters of NHS staff surveyed (76%) said they support the use of AI for patient care, and an even greater proportion said they support the use of AI for administrative purposes. However, a significant minority of the public is currently not supportive of AI in healthcare with around 1 in 6 members of the public and around 1 in 10 of the NHS staff surveyed of the view that AI will make care quality worse. Over half of the public (53%) think AI will make them feel more distant from health care staff, while nearly two-thirds of the NHS staff surveyed (65%) think AI will make them feel more distant from patients. These results suggest that AI technologies must be designed and used in ways that protect the human dimension of care. The public are also concerned about the potential impact of AI on decision-making accuracy. For example, 30% of the public think that the main disadvantage of AI will be that health care staff will not question the outputs of AI systems, and so may miss errors. The public are also much more likely to support the involvement of AI in decision making where AI outputs are checked by a human.

Systematic search: No

August 2024

[Feeling the pressure: what the 2023 Commonwealth Fund survey reveals about the state of the UK health system](#)

The Commonwealth Fund's 2023 International Health Policy Survey asked adults in 10 countries about their experiences using health care services. 3,361 people in the UK responded to the survey. The UK is among the better-performing countries for people reporting access to same- or next-day general practice appointments. But it performs worse on other questions, including getting a same-day answer to a medical query, accessing care outside normal hours and patients feeling GPs spent enough time with them. For hospital-based care, the UK is among the poorest performing countries. The UK has some of the longest reported waiting times to see a specialist, including (with Canada) the largest proportion of people waiting 1 year or more for an appointment. On waiting more than 4 weeks to be seen by a specialist, the UK has slipped from being one of the better-performing nations in 2013 to one of the worst in 2023. The findings suggest that pressures on health systems are not unique to the UK, but the cumulative impacts of the pandemic and below-average spending growth have left UK health services in a more precarious state than those in most other surveyed countries.

Systematic search: No

August 2024

Canadian Agency for drugs and Technologies in Health (CADTH)

[Continuously Diffused Therapy for Wound Healing](#)

CDO therapy may be beneficial and more cost-effective than standard care for patients with hard-to-heal, chronic diabetic foot ulcers that have not responded to standard care. Evidence-based guidelines also recommend the use of CDO therapy for this patient population. The clinical effectiveness and cost-effectiveness of CDO therapy for other types of wounds is still unclear. It is also unclear if there is an optimal way to provide CDO (e.g., oxygen flow rate, debridement, length of treatment).

Systematic search: Limited

September 2024

[Review of Guidelines on Second-Line Therapy for Patients With Relapsing-Remitting Multiple Sclerosis: A 2024 Update](#)

Guidelines from France and Spain were identified. The considerations for switching from a first-line to a second-line therapy in patients with relapsing-remitting multiple sclerosis — including the timing of a switch, choice of second-line therapy, and washout periods — depend on treatment response, individual patient characteristics, and the specific first-line therapy being used. Additional evidence-based guidelines that use comprehensive methods for identifying evidence and include clear links between identified evidence and recommendations will help to reduce uncertainty around considerations for switching from first-line to second-line therapies.

Systematic search: Limited

September 2024

[Retesting Intervals for Tryptase](#)

The available recommendations suggest testing blood tryptase at the acute (1 or 2 times) and baseline phases (1 or 2 times) for patients with suspected anaphylaxis. There is little rationale for the ongoing monitoring of tryptase levels beyond the recommended 4 time points for patients with anaphylaxis. For patients with mastocytosis, the guidelines recommend retesting tryptase only once a year and do not support frequent repeat tryptase testing within a year. Decision-makers and clinicians should consider the cost of tryptase testing, potential burden on health care resources,

local lab capacity, or accessibility of testing facilities when making decisions regarding tryptase retesting.

Systematic search: Limited

September 2024

McGill University Health Centre (Canada)

Nil

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

Nil

Campbell Collaboration

[Psychometric properties of instruments for measuring abuse of older people in community and institutional settings: a systematic review](#)

The psychometric properties of AOP measurement instruments have not been comprehensively investigated, and existing instruments lack sufficient evidence to support their validity and reliability.

Systematic search: Yes

August 2024

[Psychosocial, pharmacological, and legal interventions for improving the psychosocial outcomes of children with substance misusing parents: a systematic review](#)

Despite a large body of evaluation evidence, disparate outcomes, and missing data precluded analyses to formally examine the comparative effectiveness of psychosocial, legal, and pharmacological interventions for improving outcomes for children with substance misusing parents. The review findings suggest that interventions for families affected by parental substance misuse can be effective when they holistically address multiple domains such as parent wellbeing/mental health, parenting, children's wellbeing, and/or other factors impacting family wellbeing (e.g., housing).

Systematic search: Yes

August 2024

[What is the effect of intergenerational activities on the wellbeing and mental health of children and young people?: a systematic review](#)

The evidence for the effectiveness of intergenerational interventions on the mental health and wellbeing of children and young people is limited and inconclusive. Few evaluations have sought to measure how intergenerational interventions impact children and young people and where this impact is measured the focus is usually limited to attitudes to aging. The evidence that has been collected is too heterogenous to allow synthesis. The underpinning theories to support their development are poorly described with no follow-up data to ascertain if benefits are maintained. Intergenerational interventions show promise but researchers have failed to measure how they impact on the mental health and wellbeing of children and young people. This is a serious limitation of the evidence base that needs to be addressed in robust and rigorous evaluations.

Systematic search: Yes

August 2024

[Psychological and psychosocial determinants of COVID related face covering behaviours: a systematic review](#)

Determinants that were associated with face covering included, knowledge of COVID, and perceived benefits. COVID concerns and worries did not affect face covering behaviour.

Systematic search: Yes

July 2024

[Psychological and psychosocial determinants of COVID-related handwashing behaviours: a systematic review](#)

Understanding what determinants affect handwashing behaviour can help us develop better public campaigns for potential future waves of COVID or other respiratory infections. Knowledge, social norms, emotions (such as anxiety and worry) should be the target of future interventions aiming to increase handwashing to minimise respiratory infections.

Systematic search: Yes

July 2024

[The impact of detention on the health of asylum seekers: an updated systematic review: a systematic review](#)

Despite similar post-migration adversities amongst comparison groups, findings suggest an independent adverse impact of detention on asylum seekers' mental health, with the magnitude of the effect sizes lying in an important clinical range. These effects persisted beyond release into the community. Detention of asylum seekers, already grappling with significant trauma, appears to exacerbate mental health challenges. Policymakers and practitioners should consider these findings in shaping immigration and asylum policies, with a focus on minimising harm to vulnerable populations.

Systematic search: Yes

July 2024

[Effects of guaranteed basic income interventions on poverty-related outcomes in high-income countries: a systematic review and meta-analysis](#)

The results of the included studies were difficult to synthesize because of the heterogeneity in the reported outcomes. This was due in part to poverty being multidimensional, so outcomes covered various aspects of life (economic, social, psychological, educational, agency, mental and physical health). Evidence from future studies would be easier to assess if outcomes were measured using more common, validated instruments. A supplemental type of Guaranteed Basic Income (provided along with existing programmes) may be effective in alleviating poverty-related outcomes. This approach may also be safer than a wholesale reform of existing social assistance approaches, which could have unintended consequences.

Systematic search: Yes

June 2024

Glasgow Centre for Population Health

Nil

Selected other recent reports

Centre for Mental Health (2024) [Just living and coping: the cost-of-living crisis and the nation's mental health.](#)

The report, commissioned by MIND, concludes that the cost-of-living crisis is having a profound and serious impact on people's mental health. The effects are especially pronounced among those with the least resources. The impacts have been acutely felt by people affected by mental health problems, including: acute stress and anxiety about meeting basic needs; isolation and loneliness from being unable to spend on social activities or travel; poorer access to healthy food and exercise; additional worries relating to problem debt; believing the future to be bleak and without hope. The effects of the current crisis may be felt for some time to come. For many, it risks a legacy of missed opportunities (in education and career options), hopelessness about the future, loneliness and

isolation. The cost-of-living crisis is a health emergency and requires a concerted response from government and public services.

[Independent investigation of the NHS in England \(report by Lord Darzi\)](#)

Lord Darzi considered the available data and intelligence to assess: patient access to healthcare; the quality of healthcare being provided; the overall performance of the health system. While the report focuses on England, UK-wide analysis is occasionally used when making international comparisons. A [technical annex](#) includes supplementary tables.

Royal College of Nursing (2024) [Sexual and Reproductive Health Competency Framework for Women Cared for in Prison](#)

Competencies framework developed for nurses, midwives, and those supporting nursing teams, who provide sexual and reproductive health care to women in prison. It takes account of nursing teams who may have limited experience caring for pregnant women.

Royal College of Nursing (2024) [Without a safety net: the impact of no recourse to public funds on internationally educated nursing staff](#)

Internationally educated nursing staff who are excluded from public funds are at the sharp end of the cost-of-living crisis. Without access to a safety net, migrant workers and their families remain at risk of poverty and destitution. Many internationally educated staff are forced to make decisions which cause long-term financial harm such as incurring credit card debt and reducing contributions to their pension. The lack of a safety net could also lead to an exodus of international nursing staff.

IPPR (2024) [Our greatest asset: the final report of the IPPR Commission on Health and Prosperity](#)

Reporting on three years of analysis, qualitative work, commissioner debate and stakeholder engagement, the final report of the IPPR Commission on Health and Prosperity finds that better health could help meet the UK's biggest specific economic challenges – labour supply, productivity, earnings, public finance, regional balance.

NHS Confederation (2024) [What can integrated care systems in England learn from the devolved nations? Exploring examples of integrated health and care in Wales, Scotland and Northern Ireland](#)

Includes examples and case studies relating to a number of areas including regional information sharing, primary care, care for older people and personalisation of care.

National Children's Bureau (2024) [A call for change: tackling inequalities in access to mental health support for children with social work involvement and those living in poverty](#)

Analyses of over 71,000 records from a large NHS Trust showed that despite their high levels of need, vulnerable children faced unequal access to NHS Child and Adolescent Mental Health Services (CAMHS). Children with social work involvement for current concerns were more likely to be rejected from CAMHS than their peers. Children on child protection plans were around two times as likely to be rejected. Children with other general social work involvement were over three times as likely to be rejected. Children from the most deprived areas were around two times more likely to be rejected than those from the least deprived areas.

NICE FORWARD PLANNING – Publications due October 2024

Acute kidney injury: prevention, detection and management - Assessing risk factors for acute kidney injury in adults having iodine-based contrast media
Clinical Guideline - update (new clinical practice evidence)

Netarsudil-latanoprost for previously treated open-angle glaucoma or ocular hypertension

Technology Appraisal

Latanoprost-netarsudil for previously treated open-angle glaucoma or ocular hypertension

Technology Appraisal

Selpercatinib for advanced thyroid cancer with RET alterations that has not been treated with systemic therapy

Technology Appraisal

Danicopan with a C5 inhibitor for treating paroxysmal nocturnal haemoglobinuria with extravascular haemolysis

Technology Appraisal

Rucaparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy

Technology Appraisal

Pembrolizumab as neoadjuvant (with chemotherapy) and adjuvant (as monotherapy) treatment for resectable non-small-cell lung cancer

Technology Appraisal

Quizartinib for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia

Technology Appraisal

Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer (MA review of TA529)

Technology Appraisal

Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis (Review of TA756)

Technology Appraisal

Zolbetuximab with chemotherapy for untreated claudin 18.2-positive HER2 negative unresectable advanced gastric or gastro-oesophageal junction adenocarcinoma

Technology Appraisal

Crovalimab for treating paroxysmal nocturnal haemoglobinuria

Technology Appraisal

Pegzilarginase as an add-on treatment for arginase-1 deficiency

Technology Appraisal