

## NIHR

### [Anti -Vascular Endothelial Growth Factor Drugs Compared With Panretinal Photocoagulation for the Treatment of Proliferative Diabetic Retinopathy: A Cost-Effectiveness Analysis](#)

Anti-VEGFs are unlikely to be a cost-effective treatment for early PDR compared with PRP. They are generally associated with higher costs and similar health outcomes across various scenarios. Although anti-VEGFs were associated with lower diabetic macular oedema rates, the number of cases avoided is insufficient to offset the additional treatment costs. Key uncertainties relate to the long-term comparative effectiveness of anti-VEGFs, particularly considering the real-world rates and consequences of treatment nonadherence.

Systematic search: Limited

April 2025

### [Anti-VEGF drugs compared with laser photocoagulation for the treatment of proliferative diabetic retinopathy: a systematic review and individual participant data meta-analysis](#)

Anti-vascular endothelial growth factor has no clinically meaningful benefit over panretinal photocoagulation for preserving visual acuity. However, anti-vascular endothelial growth factor therapy appears to delay or prevent progression to macular oedema and vitreous haemorrhage. The possibility that Anti-VEGF therapy may be more effective in patients with poorer health and poorer vision merits further investigation. The long-term effectiveness and safety of Anti-VEGF treatment is unclear.

Systematic search: Yes

April 2025

## The King's Fund

### [Public Satisfaction with the NHS And Social Care In 2024 \(British Social Attitudes survey\)](#)

Just 1 in 5 people in 2024 said they were satisfied with the NHS. 6 in 10 people (59%) said they were 'very' or 'quite' dissatisfied with the NHS, a sharp rise from 52% in 2023. This is the highest level of dissatisfaction with the health service since the BSA survey began in 1983.

Systematic search: No

April 2025

## SIGN

Nil

## Public Health Scotland

### [A Healthcare Needs Assessment \(HCNA\) on Gambling Harm](#)

This report estimates the prevalence of gambling harms in Scotland, maps service provision and demand for services, recognising the limitations of the current evidence. It draws on the views of people living in Scotland who have experienced gambling harms, or work in related services, and compares these findings to evidence from England and Wales. Increased awareness of harms, partnership working, and resources are needed to establish a coherent, integrated system of prevention, treatment and support. It is hoped that the HCNA will inform the development of services. The report considers the advantages and disadvantages of potential models of care and outlines a bespoke model identifying key priorities which should be used in the development of a future model.

Systematic search: No

April 2025

## Scottish Government

### [Drugs and alcohol workforce: knowledge and skills framework](#)

The Scottish Drug Death Taskforce's 'Changing Lives' report recommended that the Scottish Government should 'define key competencies' for workers who support people who use substances. This Framework describes the knowledge and skills required by those whose primary role is to support people affected by substance use. As recommended by the Taskforce the knowledge and skills required are arranged according to five themes: delivering family-inclusive care; tackling stigma; providing harm-reduction advice; taking a human rights-based approach; practising trauma-informed care.

Systematic search: No

April 2025

## Scottish Medicines Consortium (SMC Advice)

### [molnupiravir \(Lagevrio\)](#)

Accepted for restricted use within NHSScotland as treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults with a positive SARS-COV-2 diagnostic test and who have at least one risk factor for developing severe illness.

Systematic search: No

April 2025

### [dapagliflozin \(Forxiga\)](#)

Accepted for restricted use in adults for the treatment of chronic kidney disease (CKD).

Systematic search: No

April 2025

### [futibatinib \(Lytgobi\)](#)

Accepted for use as monotherapy for the treatment of adult patients with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement that have progressed after at least one prior line of systemic therapy.

Systematic search: No

April 2025

### [eplontersen \(Wainzua\)](#)

Accepted for use for the treatment of hereditary transthyretin-mediated amyloidosis (ATTRv amyloidosis) in adult patients with Stage 1 and 2 polyneuropathy.

Systematic search: No

April 2025

### [alectinib hydrochloride \(Alecensa\)](#)

Accepted for use as monotherapy as adjuvant treatment for adult patients with Stage IB (tumours  $\geq$  4 cm) to IIIA (7th edition of the UICC/AJCC-staging system) anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC) following complete tumour resection.

Systematic search: No

April 2025

### [elafibranor \(Iqirvo\)](#)

Accepted for use for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA.

Systematic search: No

April 2025

#### [bimekizumab \(Bimzelx\)](#)

Accepted for restricted use for the treatment of active moderate to severe hidradenitis suppurativa (HS) (acne inversa) in adults with an inadequate response to conventional systemic HS therapy.

Systematic search: No

April 2025

#### [tebentafusp \(Kimmtrak\)](#)

NOT recommended for use as monotherapy for the treatment of human leukocyte antigen (HLA)-A\*02:01-positive adult patients with unresectable or metastatic uveal melanoma.

Systematic search: No

April 2025

### **NICE - Technology Appraisal Guidance**

TA1055 [Rucaparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy](#)

Systematic search: No

April 2025

TA1056 [Molnupiravir for treating COVID-19](#)

Systematic search: No

April 2025

TA1057 [Relugolix–estradiol–norethisterone for treating symptoms of endometriosis](#)

Systematic search: No

April 2025

TA1053 [Cladribine for treating active relapsing forms of multiple sclerosis](#)

Systematic search: No

April 2025

TA1054 [Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over](#)

Systematic search: No

April 2025

TA1051 [Efanesoctocog alfa for treating and preventing bleeding episodes in haemophilia A in people 2 years and over](#)

Systematic search: No

April 2025

### **NICE – Guidelines**

NG249 [Falls: assessment and prevention in older people and in people 50 and over at higher risk](#)

This guideline covers assessment of risk of falling and interventions to prevent falls in all people aged 65 and over, and people aged 50 to 64 who are at higher risk of falls. It aims to reduce the risk and incidence of falls, and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.

Systematic search: Yes

April 2025

QS86 [Falls](#)

This quality standard covers prevention of falls and assessment after a fall in people who are living in the community, in a residential care setting or staying in hospital and are: aged 65 or over, or aged 50 to 64 with one or more factors that could increase their risk of falls.

Systematic search: Limited

April 2025

## **UKHSA**

### [Ethical integration of research in public health emergencies - GOV.UK](#)

This report was commissioned from the Ethox Centre at the University of Oxford in order to identify the key ethical considerations that arise when integrating research in public health emergency response strategies and to provide practical recommendations for future emergency preparedness, response, and recovery.

Systematic search: No

April 2025

### [Processed foods and health: SACN's rapid evidence update](#)

In July 2023, the Scientific Advisory Committee on Nutrition published a position statement on processed foods and health. This rapid update report considers new evidence.

Systematic search: No

April 2025

## **Health and Care Research Wales Evidence Centre**

### [A rapid review of interventions to reduce suicide ideation, attempts, and deaths at public locations](#)

The aim of the review was to find up-to-date information about the effectiveness of interventions that can prevent people from considering, attempting, or dying by suicide in public locations. The review did not include physical restrictions alone, such as barriers, because there is a wealth of evidence around this already. The review found that surveillance technologies, which can provide an opportunity for third-party intervention, showed the most promise. However, there was a low level of confidence in the evidence about their effectiveness because of disagreements between the studies and issues around methodology. Seven studies examined the effectiveness of promoting “suicide helplines” but the results were inconclusive. The review also examined a range of other interventions, such as staff training about suicide, sending specialist staff to locations of concern, campaigns encouraging bystanders to help a person in distress, a crisis café, blue lights at railway stations, memorials, spinning rollers at the top of fences that prevent gripping, and others. While the effectiveness of these interventions could not be determined with certainty, some appeared promising. More research is required.

Systematic search: Limited

April 2025

## **EPPI Centre**

Nil

## **AHRQ (Agency for Healthcare Research and Quality – USA)**

### [Management of Suicidal Thoughts and Behaviours in Youth: A Systematic Review](#)

The current evidence on available interventions intended for youths at heightened risk of suicide is uncertain. Medication, neurotherapeutics, and emerging therapies remain unstudied in this population. Given that most treatments were adapted from adult protocols that may not fit the developmental and contextual experience of adolescents or younger children, this limited evidence base calls for the development of novel, developmentally and trauma-informed treatments, as well as multilevel interventions to address the rising suicide risk in youths.

Systematic search: Yes

April 2025

### [Psychosocial and Pharmacologic Interventions for Disruptive Behaviour in Children and Adolescents](#)

Multicomponent psychosocial interventions (parent or teacher plus child) and parent-only psychosocial interventions were better than treatment as usual or waitlist at reducing parent report of child disruptive behaviours for preschool and school-age children immediately post-treatment. In these children, direct and indirect comparisons of multicomponent, parent-only, and child-only interventions generally found no or only minor differences in reducing disruptive behaviours, although effectiveness differed by specific psychosocial intervention. Results of multicomponent interventions and child-only interventions were mixed in adolescents and studies in adolescents were few. Pharmacotherapy may be helpful in reducing disruptive behaviours in some children who have inadequate response to psychosocial interventions. The use of medications was associated with an increased risk of experiencing any adverse event, but serious adverse events were infrequent and similar to placebo. For all age groups, evidence for some psychosocial interventions and all pharmacological interventions was limited, as was reporting of long-term outcomes. Additional research is needed to aid the clinician in selecting the intervention most likely to be effective in reducing disruptive behaviours well beyond treatment completion.

Systematic search: Yes

April 2025

## **Health Foundation**

Nil

## **Canadian Agency for drugs and Technologies in Health (CADTH)**

### [Comparative Evidence Between Transdermal and Oral Estrogen as Part of Feminizing Hormone Therapy](#)

This rapid review aimed to compare the clinical efficacy and effectiveness, safety, and cost-effectiveness of transdermal estrogen therapy and oral estrogen therapy for gender-affirming care. One systematic review and 3 observational studies - and 4 evidence-based guidelines were identified. Based on the limited evidence, both oral and transdermal estrogen appear safe, but it is uncertain if transdermal estrogen provides the same or better benefits for gender-affirming care. The guidelines, which are largely based on expert opinion, recommend transdermal therapy for specific patient groups, such as individuals aged 40 years or older or those at risk for cardiovascular issues or blood clots. The guidelines also advise starting treatment with the lowest possible dose and gradually increasing it as needed.

Systematic search: Limited

April 2025

### [Comparative Evidence Between Transdermal and Oral Menopausal Hormone Therapy](#)

There is limited evidence comparing transdermal and oral MHT, particularly for managing VMS and improving health-related quality of life, and sleep quality. However, some studies suggest that transdermal MHT may be associated with a lower risk of venous thromboembolism (VTE) (blood clots in the veins).

Systematic search: Limited

April 2025

#### [Cabozantinib for 2L Renal Cell Carcinoma](#)

Limited retrospective evidence suggests that second-line treatment with cabozantinib may be associated with numerically longer progression-free survival (PFS) compared to sunitinib and axitinib, but shorter PFS compared to pazopanib. Cabozantinib may also have a potentially higher objective response rate (ORR) compared to sunitinib, axitinib, and pazopanib. One small retrospective study indicated that cabozantinib had the numerically lowest rate of treatment discontinuation due to toxicity compared to sunitinib, pazopanib, and axitinib.

Systematic search: Limited

April 2025

#### [Midline Catheters for Administering Intravenous Infusion Therapy](#)

Current evidence-based guidelines support the use of midline catheters in certain clinical scenarios after consideration for the type and anticipated duration of therapy and individual patient needs. Further high-quality research from robustly conducted studies with improved reporting is needed to confirm the clinical effectiveness of midline catheters versus other vascular access devices.

Systematic search: Limited

April 2025

#### **McGill University Health Centre (Canada)**

Nil

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

Nil

#### **Campbell Collaboration**

Nil

#### **Glasgow Centre for Population Health**

Nil

#### **Selected other recent reports**

##### **Health Services Safety Investigations Body (2025) [The impact of staff fatigue on patient safety](#)**

The HSSIB investigates patient safety concerns across healthcare in England. This investigation report follows on from the HSSIB launch report, '[Fatigue risk in healthcare and its impact on patient safety](#)', which introduced the concept of fatigue and outlined the risk posed to patient safety from staff fatigue. Includes an examination of factors leading to fatigue.

##### **Incisive Health (2025) [Getting upstream: creating an early intervention service for cancer](#)**

The report by the health consultancy Incisive Health, commissioned by AstraZeneca, sets out ways in which the NHS in England could catch more cancers early. The [Guardian](#) provides a useful summary.

##### **Mental Health Foundation (2025) [The mental health of asylum seekers and refugees in the UK](#)**

The 2025 edition of this report includes evidence-based recommendations to ensure that the mental health needs of asylum seekers are adequately addressed. It also considers the need for greater support for asylum seekers' and refugees' integration into UK communities. It proposes changes to existing policies and practices which may risk re-traumatisation and other harms to the mental health of those seeking asylum and refuge.

**Reform and Boots (2025)** [Designing a neighbourhood health service](#)

The UK Government aims to "to shift care decisively out of hospitals and into communities, facilitated by the creation of a new NHS – what they call a Neighbourhood Health Service". This paper provides relevant examples of innovative practice.

**Royal College of Physicians and The Patients Association (2025)** [Prescription for outpatients: reimagining planned specialist care.](#)

This report sets out a vision to transform planned specialist care over the next decade. As more people live with multiple health conditions, a cultural shift is needed to "move outpatient care away from appointments as the single way to deliver care, towards an approach that enhances cross-system and multidisciplinary working".

**NICE FORWARD PLANNING – Publications due May 2025**

**Abortion Care Update**

Clinical Guideline - update (new clinical practice evidence)

**Brentuximab vedotin in combination for untreated stage 3 or 4 CD30-positive Hodgkin lymphoma**  
Technology Appraisal

**Osimertinib with pemetrexed and platinum-based chemotherapy for untreated EGFR mutation-positive advanced non-small-cell lung cancer**  
Technology Appraisal

**Erdafitinib for treating metastatic or unresectable FGFR-altered urothelial cancer**  
Technology Appraisal

**Capivasertib with fulvestrant for treating hormone receptor-positive HER2-negative advanced breast cancer after endocrine treatment**  
Technology Appraisal

**Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (MA review of TA963)**  
Technology Appraisal

**Nivolumab with ipilimumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency**  
Technology Appraisal

**Somapacitan for treating growth hormone deficiency in people 3 to 17 years**  
Technology Appraisal