NICE Update Bulletin April 2014 for guidance issued Wednesday 23rd April 2014

Hyperlinks to the relevant NICE web page are included, to activate link left click on your mouse. Details are also available from the NICE website (**http://www.nice.org.uk**)

Type	Guidance title and reference number
Technology Appraisals (TAs)	**Lung cancer – Pemetrexed maintenance treatment following induction therapy with pemetrexed and cisplatin for non-squamous non-small-cell lung cancer TA309** **Recommendations** 1.1 Pemetrexed **is not recommended** for the maintenance treatment of locally advanced or metastatic non-squamous non-small-cell lung cancer (NSCLC) in people whose disease has not progressed immediately following induction therapy with pemetrexed and cisplatin. 1.2 People currently receiving treatment initiated within the NHS with pemetrexed that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop. **The technology** Pemetrexed is a multi-targeted anticancer antifolate agent that disrupts crucial folate-dependent metabolic processes essential for cell replication. **Lung cancer - Afatinib for treating epidermal growth factor receptor mutation-positive locally advanced or metastatic non-small-cell lung cancer TA310** 1.1 Afatinib **is recommended** as an option, within its marketing authorisation, for treating adults with locally advanced or metastatic non-small-cell lung cancer only if: • the tumour tests positive for the epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation **and** • the person has not previously had an EGFR-TK inhibitor **and** • the manufacturer provides afatinib with the discount agreed in the patient access scheme. **The technology** Afatinib is an irreversible tyrosine kinase inhibitor (TKI) that blocks the epidermal growth factor receptor (EGFR) ErbB1 and other members of the ErbB family. Afatinib is given orally at a recommended dosage of 40 mg once daily. **Multiple myeloma - bortezomib (induction therapy) TA311** Bortezomib **is recommended** as an option within its marketing authorisation, that is, in combination with dexamethasone, or with dexamethasone and thalidomide, for the induction treatment of adults with previously untreated multiple myeloma, who are eligible for high-dose chemotherapy with haematopoietic stem cell transplantation. **The technology** Bortezomib is an anticancer drug that works by reversible proteasome inhibition leading to cell death. It is administered by intravenous infusion or subcutaneous injection.
Clinical Guidelines (CGs)	**Pressure ulcers CG179** This guideline updates and replaces 'Pressure ulcers' (NICE clinical guideline 29) and 'Pressure ulcer prevention' (NICE clinical guideline 7). **Background information** Pressure ulcers are caused when an area of skin and the tissues below are damaged as a result of being placed under pressure sufficient to impair its blood supply. Typically they occur in a person confined to bed or a chair by an illness and as a result they are

	sometimes referred to as 'bedsores', or 'pressure sores'. All patients are potentially at risk of developing a pressure ulcer. However, they are more likely to occur in people who are seriously ill, have a neurological condition, impaired mobility, impaired nutrition, or poor posture or a deformity. The use of equipment such as seating or beds which are not specifically designed to provide pressure relief can cause pressure ulcers. As pressure ulcers can arise in a number of ways, interventions for prevention and treatment need to be applicable across a wide range of settings including community and secondary care. This may require organisational and individual change and a commitment to effective delivery. **The key priorities for implementation are** • Adults: risk assessment • Adults: skin assessment • All ages: care planning • Adults: repositioning • Adults: devices for prevention of pressure ulcers • Neonates, infants, children and young people: risk assessment • All ages: healthcare professional training and education • Adults: management of heel pressure ulcers **The recommendations in full cover** • 1.1 Prevention: adults • 1.2 Prevention: neonates, infants, children and young people • 1.3 Prevention: all ages • 1.4 Management: adults • 1.5 Management: neonates, infants, children and young people
Public Health Guidance	**Needle and syringe programmes (PH52)** **Background** This guidance makes recommendations on needle and syringe programmes, including those provided by pharmacies and drugs services for adults and young people (including those under 16) who inject drugs, including image- and performance-enhancing drugs. The main aim of needle and syringe programmes is to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, such as HIV, hepatitis B and C. In turn, this will reduce the prevalence of blood-borne viruses and bacterial infections, so benefiting wider society. Many needle and syringe programmes also aim to reduce the other harms caused by drug use and include: • Advice on minimising the harms caused by drugs. • Help to stop using drugs by providing access to drug treatment (for example, opioid substitution therapy). • Access to other health and welfare services. **The recommendations in full cover** 1 Consult with and involve users, practitioners and the local community 2 Collate and analyse data on injecting drug use 3 Commission both generic and targeted services to meet local need 4 Monitor services 5 Develop a policy for young people who inject drugs

	6 Provide a mix of services 7 Provide people with the right type of equipment and advice 8 Provide community pharmacy-based needle and syringe programmes 9 Provide specialist (level 3) needle and syringe programmes 10 Provide equipment and advice to people who inject image- and performance - enhancing drugs
Medical Technologies Guidance	**None published so far this month**
NICE Quality Standards	**Sickle cell acute painful episode QS58** This quality standard covers the management of sickle cell acute painful episode in people in hospital from the time of presenting to hospital until the time of discharge. **Antisocial behaviour and conduct disorders in children and young people QS59** This quality standard covers the recognition and management of antisocial behaviour and conduct disorders in children and young people (aged under 18 years). **Induction of labour QS60** This quality standard covers the induction of labour in hospital outpatient or inpatient settings. The quality standard does not cover the induction of labour for women with diabetes or multiple pregnancies, or augmentation (acceleration) of established labour. **Infection prevention and control QS61** This quality standard covers the prevention and control of infection for people receiving healthcare in primary, community and secondary care settings.
Interventional Procedures Guidance (IPGs)	**Hysteroscopic morcellation of uterine fibroids IPG486** **Recommendations** 1.1 Current evidence on the efficacy of hysteroscopic morcellation of uterine fibroids is limited in quality and quantity. Evidence on safety shows potential for serious complications, but the incidence of these is unknown. Therefore, this procedure should **only be used with special arrangements** for clinical governance, consent and audit or research. 1.2 Clinicians wishing to undertake hysteroscopic morcellation of uterine fibroids should take the following actions. • Inform the clinical governance leads in their NHS trusts. • Ensure that patients understand the uncertainty about the procedure's safety and efficacy and provide them with clear written information. In particular they should explain the options for treatment and explain the reasons for considering hysteroscopic morcellation. In addition, the use of NICE's information for the public is recommended. • Audit and review clinical outcomes of all patients having hysteroscopic morcellation of uterine fibroids. 1.3 Hysteroscopic morcellation of uterine fibroids should only be carried out by clinicians with specific training in this technique. 1.4 NICE encourages further research into hysteroscopic morcellation of uterine fibroids. Patient selection should be clearly described. Outcomes should include symptom relief, quality of life, recurrence rates and information about fertility and subsequent pregnancies. All complications should be documented. 1.5 NICE will review the procedure on publication of further evidence.

	The procedure Hysteroscopic morcellation of uterine fibroids is usually done with the patient under general or spinal anaesthesia, typically as a day-case procedure. A hysteroscope is inserted into the uterus through the cervix and saline is pumped through a small channel in the hysteroscope to distend the uterus. A specially designed morcellator (surgical instrument used for division and removal of tissue in small pieces) is introduced via the hysteroscope and used to cut and simultaneously aspirate the fibroid tissue. The aspirated tissue can be collected for histological analysis.
NICE Pathways	These pathways are not guidance in themselves but a way of displaying online the various guidance that exists around a subject.
Commissioning Guides	**None published so far this month**
Diagnostics Guidance	**Measuring fractional exhaled nitric oxide concentration in asthma DG12** **Recommendations** 1.1 Fractional exhaled nitric oxide (FeNO) testing **is recommended as an option** to help diagnose asthma in adults and children: • who, after initial clinical examination, are considered to have an intermediate probability of having asthma (as defined in the British guideline on the management of asthma 2012) and • when FeNO testing is intended to be done in combination with other diagnostic options according to the British guideline on the management of asthma (2012). Further investigation is recommended for people whose FeNO test result is negative because a negative result does not exclude asthma. 1.2 FeNO measurement is recommended as an option to support asthma management (in conjunction with the British guideline on the management of asthma 2012) in people who are symptomatic despite using inhaled corticosteroids. **Description of the technology** Nitric oxide, which is produced in the lungs and is present in exhaled breath, has been implicated in the pathophysiology of lung diseases, including asthma. It has been shown to act as a vasodilator, bronchodilator, neurotransmitter and inflammatory mediator in the lungs and airways. FeNO levels can be used as a non-invasive marker of airway inflammation in asthma. Raised FeNO levels in people with asthma can be lowered by effective treatment with corticosteroids. Three handheld devices, NIOX MINO, NIOX VERO and NObreath, used for measuring FeNO concentration in the diagnosis and management of asthma were evaluated. The devices analyse an exhaled breath sample using an electrochemical sensor to determine exhaled nitric oxide concentration.
Public health briefings for local government	**None published so far this month**

Current NICE consultations with links and start and finish dates for stakeholders to make contribution

Title / link	Start date of consultation	Finish date of consultation
Acute coronary syndrome - prasugrel with PCI (review TA182): appraisal consultation	01/04/2014	24/04/2014
Transition from children´s to adult services: scope consultation	25/03/2014	24/04/2014
Nutrition support in adults: surveillance review proposal consultation	10/04/2014	25/04/2014
Workplace health - older employees: consultation on the draft scope	26/03/2014	28/04/2014
Sepsis - the recognition, diagnosis and management of severe sepsis: scope consultation	04/04/2014	02/05/2014
Detecting, managing and monitoring haemostasis: viscoelastometric point-of-care testing (ROTEM, TEG and Sonoclot systems): diagnostics consultation	09/04/2014	02/05/2014
Exercise referral schemes: Consultation on the draft guideline	19/03/2014	02/05/2014
Point-of-care coagulometers (the CoaguChek XS system and the INRatio2 PT/INR monitor): diagnostics consultation	11/04/2014	07/05/2014
Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating cancer-treatment induced anaemia (including review of TA142): appraisal consultation	15/04/2014	12/05/2014
Assessment and Management of Cirrhosis: scoping consultation	14/04/2014	12/05/2014
Acute coronary syndromes (including myocardial infarction): quality standard consultation	11/04/2014	13/05/2014
Oral health - local authority oral health improvement strategies: guidance consultation	01/04/2014	15/05/2014
Drug allergy: guideline consultation	04/04/2014	16/05/2014
Breast cancer (HER2 positive, unresectable) - trastuzumab emtansine (after trastuzumab & taxane): appraisal consultation	23/04/2014	19/05/2014
The ReCell spray-on skin system for treating skin loss, scarring and depigmentation after burn injury: medical technology consultation	16/04/2014	19/05/2014
Dyspepsia/GORD: Guideline consultation	02/04/2014	19/05/2014
Liver Disease (non-alcoholic): scope consultation	23/04/2014	22/05/2014
Consultation on the Methods of Technology Appraisal	27/03/2014	20/06/2014
Developing NICE guidelines - the manual	01/04/2014	30/06/2014

Produced by

Andrew Williams (Clinical Effectiveness Technical Support Officer) NEW Devon CCG Clinical Effectiveness and Medicines Optimisation Team

For distribution Northern, Eastern and Western Devon CCG & South Devon and Torbay CCG
County Hall, Topsham Road, Exeter, EX2 4QL
Tel: 01392 26 7771

Email: andrew.williams6@nhs.net