

**NICE Update Bulletin August 2014 for guidance issued**  
**Wednesday 27<sup>th</sup> August 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  
[\(http://www.nice.org.uk\)](http://www.nice.org.uk)

<b>Type</b>	<b>Guidance title and reference number</b>
<b>Technology Appraisals (TAs)</b>	<p><a href="#"><u>Dimethyl fumarate for treating relapsing-remitting multiple sclerosis TA320</u></a></p> <p><b><u>Background</u></b></p> <p>Multiple sclerosis is a chronic, neurodegenerative disorder with multifocal inflammatory demyelination affecting the brain, optic nerves, and spinal cord and this process leads in most patients to progressive neurological impairment and severe disability. Approximately 100,000 people in the UK have MS, and about 2,500 people are newly diagnosed each year.</p> <p>Relapsing-remitting MS (RRMS) is one clinical form of MS which affects approximately 80% of people at time of diagnosis. It is characterised by periods of remission followed by relapses (which may or may not result in residual disability). Most people with RRMS will develop secondary progressive MS (SPMS).</p> <p>Dimethyl fumarate is a treatment option for patients with relapsing-remitting multiple sclerosis. Alternative treatment options for the population that dimethyl fumarate is recommended for in the guidance include teriflunomide, beta interferons and glatiramer acetate. Dimethyl fumarate is administered orally (twice daily); teriflunomide is the only other orally administered treatment (once daily) for relapsing–remitting multiple sclerosis that is not highly active or rapidly evolving severe relapsing–remitting multiple sclerosis.</p> <p><b><u>Recommendations</u></b></p> <p>1.1 Dimethyl fumarate is recommended as an option for treating adults with active relapsing-remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years), <b>only if:</b></p> <ul style="list-style-type: none"> <li>• they do not have highly active or rapidly evolving severe relapsing-remitting multiple sclerosis <b>and</b></li> <li>• the manufacturer provides dimethyl fumarate with the discount agreed in the patient access scheme.</li> </ul> <p>1.2 People currently receiving treatment initiated within the NHS with dimethyl fumarate 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.</p> <p><b><u>The technology</u></b></p> <p>Dimethyl fumarate promotes anti-inflammatory activity and can inhibit expression of pro-inflammatory cytokines and adhesion molecules. Dimethyl fumarate is taken orally. The recommended dosage is 120 mg twice daily in the first week of treatment and 240 mg twice daily thereafter.</p> <p><b><u>Financial factors</u></b></p> <p>The prices of a pack of 120-mg tablets (14 tablets per pack) and 240-mg tablets (56 tablets per pack) are £343 and £1,373 respectively (excluding VAT and patient access scheme discount – which is commercial in confidence). The annual cost of treatment per patient is £17,910 without VAT or discount. NICE estimate that the net annual cost of implementing the guidance is £44K per 100,000 population after full uptake in year 5.</p>
<b>Clinical Guidelines (CGs)</b>	<p><b>None published so far this month</b></p>

<b>Public Health Guidance</b>	None published so far this month
<b>Medical Technologies Guidance</b>	None published so far this month
<b>NICE Quality Standards</b>	<p><a href="#">Intravenous fluid therapy in adults in hospital QS66</a></p> <p>This quality standard covers the assessment and management of adults' intravenous (IV) fluid needs in hospital. IV fluid therapy is the provision of fluid and/or electrolytes directly into the vein. This quality standard does not cover the use of blood or blood products.</p> <p><a href="#">Varicose veins in the legs QS67</a></p> <p>This quality standard covers the diagnosis and management of varicose veins in the legs in adults (aged 18 and over).</p>
<b>Safe staffing guideline</b>	None published so far this month
<b>Interventional Procedures Guidance (IPGs)</b>	<p><a href="#">Minimally invasive video-assisted thyroidectomy IPG 499</a></p> <p><b><u>Recommendations</u></b></p> <p>1.1 Current evidence on the efficacy and safety of minimally invasive video-assisted thyroidectomy is adequate to support the use of this procedure provided that normal arrangements are in place for clinical governance, consent and audit.</p> <p>1.2 Patient selection is very important and, along with treatment, should only be done in units specialising in thyroid surgery.</p> <p>1.3 Minimally invasive video-assisted thyroidectomy should only be done by clinicians with specific training and a regular practice in the procedure.</p> <p><b><u>The procedure</u></b></p> <p>Minimally invasive video-assisted thyroidectomy is usually done with the patient under general anaesthesia. A small incision is made above the sternal notch. An endoscope is inserted through the incision and dissection of the thyroid lobe(s) is carried out. The operative space is maintained using external retraction: gas insufflation is not used. Care is taken to identify and preserve the recurrent laryngeal nerve</p> <p><a href="#">Total prosthetic replacement of the temporomandibular joint IPG500</a></p> <p><b><u>Recommendations</u></b></p> <p>1.1 Current evidence on the efficacy and safety of total prosthetic replacement of the temporomandibular joint is adequate to support the use of this procedure provided that normal arrangements are in place for clinical governance, consent and audit.</p> <p>1.2 Patient selection should be carried out in specialist units by a team with regular practice and specific expertise in the conservative and surgical management of temporomandibular joint problems, and should include consideration of all relevant medical and surgical options. The British Association of Oral and Maxillofacial Surgeons (BAOMS) has produced <a href="#">guidelines</a> on patient selection.</p> <p>1.3 The procedure should be carried out only by clinicians with specific training and experience in total prosthetic replacement of the temporomandibular joint.</p> <p>1.4 Clinicians should submit details on all patients treated by total prosthetic replacement of the temporomandibular joint to the British Association of TMJ Surgeons UK register. Further information about the long-term safety and efficacy of the various prostheses used would be useful.</p> <p><b><u>The procedure</u></b></p> <p>Total prosthetic replacement of the temporomandibular joint is considered when alternative treatments have failed. It involves replacing both the skull base component (the fossa or socket) and the condyle with prostheses. The aims of the procedure are to re-establish function of the temporomandibular joint and to relieve pain. With the patient under general anaesthesia, an incision is made anterior to the ear for insertion of the fossa component, with a second incision behind or below the mandible for insertion of the mandibular condyle component. A number of different prostheses are available for</p>

	<p>this procedure.</p> <p><a href="#"><u>Minimally invasive video-assisted parathyroidectomy IPG501</u></a></p> <p><b><u>Recommendations</u></b></p> <p>1.1 Current evidence on the efficacy and safety of minimally invasive video-assisted parathyroidectomy is adequate to support the use of this procedure provided that normal arrangements are in place for clinical governance, consent and audit.</p> <p>1.2 Patient selection is very important and, along with treatment, should only be done in units specialising in parathyroid surgery.</p> <p>1.3 Minimally invasive video-assisted parathyroidectomy should only be done by clinicians with specific training and a regular practice in the procedure.</p> <p><b><u>The procedure</u></b></p> <p>Minimally invasive video-assisted parathyroidectomy is usually done with the patient under general anaesthesia. A small incision is made above the sternal notch. This allows for bilateral neck exploration. An endoscope is inserted through the incision and dissection of the parathyroid gland(s) is carried out. The operative space is maintained using external retraction: gas insufflation is not used. Care is taken to identify and preserve the recurrent laryngeal nerve. Typically, an assay is used to monitor parathyroid hormone levels during the operation. An alternative technique uses a lateral approach via an incision at the anterior border of the sternocleidomastoid muscle. A space is dissected between the ipsilateral thyroid lobe, the carotid artery and the internal jugular vein to allow insertion of an endoscope.</p>
<p><b>NICE Pathways</b></p>	<p>These pathways are not guidance in themselves but a way of displaying online the various guidance that exists around a subject.</p>
<p><b>Commissioning Guides</b></p>	<p><a href="#"><u>NICE support for commissioning for intravenous fluid therapy in adults in hospital SFCQS66</u></a></p> <p>This resource helps with quality improvement by providing information on key clinical, cost and service-related issues to consider during the commissioning process and signposting other implementation support tools.</p> <p><a href="#"><u>NICE support for commissioning for varicose veins in the legs SFCQS67</u></a></p> <p>This resource helps with quality improvement by providing information on key clinical, cost and service-related issues to consider during the commissioning process and signposting other implementation support tools.</p>

<p><b>Diagnostics Guidance</b></p>	<p><a href="#"><u>Detecting, managing and monitoring haemostasis: viscoelastometric point-of-care testing (ROTEM, TEG and Sonoclot systems) DG13</u></a></p> <p><b>Background</b>  NICE has assessed 3 viscoelastometric point-of-care testing devices (the ROTEM, TEG and Sonoclot systems). Each technology requires a sample of blood from the patient and uses viscoelastometric tests than monitor the physical properties of the blood sample over a relatively short timeframe as clot formation occurs. Viscoelastometric testing helps guide the clinician to select the most appropriate treatment to stop the bleeding.</p> <p>Viscoelastometric point-of-care testing may be useful to help determine if bleeding is because of a problem with the blood’s ability to clot, or because of a surgical bleed. Using these systems may mean that patients are less likely to need a blood transfusion during surgery or need more operations to investigate further bleeding</p> <p>Excessive bleeding (more than 2 litres) is encountered in 5-7% of people having cardiac surgery. If conventional methods to stop bleeding fail, reoperation (in 3.6-4.2% of cases) may be needed. Major blood loss is linked to adverse outcomes and associated with an 8-fold increase in the likelihood of death. More than 30,000 people have heart surgery in the UK each year.</p> <p><b>Recommendations</b>  <b>Cardiac surgery</b></p> <p>1.1 The ROTEM system and the TEG system are recommended to help detect, manage and monitor haemostasis during and after cardiac surgery.</p> <p>1.2 The Sonoclot system is only recommended for use in research to help detect, manage and monitor haemostasis during and after cardiac surgery. Research is recommended into the clinical benefits and cost effectiveness of using the Sonoclot system during and after cardiac surgery</p> <p>1.3 Healthcare professionals using the ROTEM system and the TEG system during cardiac surgery should have appropriate training and experience with these devices.</p> <p><b>Emergency control of bleeding</b></p> <p>1.4 There is currently insufficient evidence to recommend the routine adoption of viscoelastometric point-of-care testing (ROTEM, TEG and Sonoclot systems) in the NHS to help detect, manage and monitor haemostasis in the emergency control of bleeding after trauma and during postpartum haemorrhage. Research is recommended into the clinical benefits and cost effectiveness of using viscoelastometric point-of-care testing to help in the emergency control of bleeding after trauma or during postpartum haemorrhage</p> <p><a href="#"><u>NICE diagnostic support for viscoelastometric point-of-care testing (ROTEM, TEG and Sonoclot systems) HTDG13</u></a></p> <p>This resource has been developed to provide practical information and advice on viscoelastometric point-of-care testing (ROTEM, TEG and Sonoclot systems). NICE's Health Technologies Adoption Programme worked with NHS organisations to collect and share their experiences of using viscoelastometric point-of-care testing with organisations that may want to start using one of these technologies in the future. The information included in the resource is intended for the sole purpose of supporting the NHS in adopting or further researching viscoelastometric point-of-care testing.</p>
	<p><b>Public health briefings for local government</b></p>

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

<b>Title / link</b>	<b>Start date of consultation</b>	<b>Finish date of consultation</b>
<a href="#">Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed following prior chemotherapy (Review of TA162 and TA175): appraisal consultation 3</a>	07/08/2014	28/08/2014
<a href="#">Care of the dying adult: scope consultation</a>	01/08/2014	29/08/2014
<a href="#">Pressure ulcers: topic engagement exercise</a>	14/08/2014	29/08/2014
<a href="#">Cyanoacrylate glue ablation for the treatment of varicose veins: guidance consultation</a>	04/08/2014	01/09/2014
<a href="#">Insertion of an annular disc implant at lumbar discectomy: guidance consultation</a>	04/08/2014	01/09/2014
<a href="#">Open reduction of slipped capital femoral epiphysis: guidance consultation</a>	04/08/2014	01/09/2014
<a href="#">Telemetric adjustable pulmonary artery banding for reducing pulmonary hypertension in infants with congenital heart defects: guidance consultation</a>	04/08/2014	01/09/2014
<a href="#">NICE quality standards - the process guide</a>	10/06/2014	03/09/2014
<a href="#">Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers): quality standard consultation</a>	06/08/2014	04/09/2014
<a href="#">Antimicrobial resistance - changing risk-related behaviours: scope consultation</a>	07/08/2014	05/09/2014
<a href="#">CG109 Transient loss of consciousness in adults and young people: review proposal consultation</a>	15/08/2014	05/09/2014
<a href="#">Disability, dementia and frailty in later life - mid-life approaches to prevention: guideline consultation</a>	14/07/2014	05/09/2014
<a href="#">Fluorouracil chemotherapy: the My5-FU assay for guiding dose adjustment: diagnostics consultation</a>	14/08/2014	05/09/2014
<a href="#">Hepatitis C (chronic) - sofosbuvir: appraisal consultation 2</a>	15/08/2014	05/09/2014
<a href="#">Prostate cancer: topic engagement exercise</a>	26/08/2014	09/09/2014
<a href="#">Multimorbidity: scope consultation</a>	06/08/2014	10/09/2014
<a href="#">Parkinson's disease (update): scope consultation</a>	05/08/2014	10/09/2014
<a href="#">Urinary incontinence in women: quality standard consultation</a>	13/08/2014	10/09/2014
<a href="#">CG37 Postnatal care: surveillance review proposal</a>	26/08/2014	12/09/2014
<a href="#">Colorectal cancer (update): addendum consultation</a>	15/08/2014	15/09/2014
<a href="#">Sarcoma: quality standard consultation</a>	20/08/2014	18/09/2014
<a href="#">Hysteroscopic metroplasty of a uterine septum for primary infertility: guidance consultation</a>	22/08/2014	23/09/2014
<a href="#">Hysteroscopic metroplasty of a uterine septum for recurrent miscarriage: guidance consultation</a>	22/08/2014	23/09/2014
<a href="#">Idiopathic Pulmonary Fibrosis: quality standard consultation</a>	26/08/2014	23/09/2014
<a href="#">Insertion of endobronchial nitinol coils to improve lung function in emphysema: guidance consultation</a>	22/08/2014	23/09/2014
<a href="#">Single incision laparoscopic cholecystectomy: guidance consultation</a>	22/08/2014	23/09/2014
<a href="#">GORD in children: guideline consultation</a>	31/07/2014	25/09/2014

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