

NICE Update Bulletin October 2014 for guidance issued Wednesday 22th October 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)	<p><u>Dabrafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma TA321</u></p> <p><u>Background</u></p> <p>Melanoma is a type of skin cancer which in its early stages is normally asymptomatic and, if detected early, before it has spread, can be curable by resection. However, at presentation, around 10% of melanomas will have metastasised. The mutated form BRAFV600 is found in approximately 50% of melanomas. BRAF is part of the RAS/MAPK signalling pathway, which helps to control cell proliferation, differentiation and death.</p> <p><u>Recommendations</u></p> <p>Dabrafenib is recommended, within its marketing authorisation, as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma only if the company provides dabrafenib with the discount agreed in the patient access scheme.</p> <p><u>The technology</u></p> <p>Dabrafenib (Tafinlar, GlaxoSmithKline) is an inhibitor of the BRAF V600 protein kinase. When the activity of protein kinase is blocked, the cancer cells stop growing and die</p> <p><u>Financial factors</u></p> <p>The list price of dabrafenib is £1,400 for a pack of 75-mg capsules (28 capsules per pack) and £933.33 for a pack of 50-mg capsules (28 capsules per pack) (excluding VAT; 'British national formulary' [BNF] edition 67). It is taken orally at a recommended dose of 150 mg twice daily. GlaxoSmithKline has agreed a patient access scheme with the Department of Health that makes dabrafenib available with a discount applied at the point of purchase or invoice. The size of the discount is commercial in confidence.</p> <p>The annual cost of treatment per patient before discount is applied is approximately £73K. Nationally this guidance is expected to benefit around 1,100 people equating to around 19 people in NEW Devon CCG. Because current treatments (e.g. vemurafenib 91K per annum without discount) are also high cost this is not expected to have a significant financial impact.</p>
Clinical Guidelines (CGs)	<p><u>Multiple sclerosis: management of multiple sclerosis in primary and secondary care CG186</u></p> <p>This guideline replaces NICE clinical guideline 8 (published November 2003). It offers evidence-based advice on the care and treatment of adults with multiple sclerosis.</p> <p><u>Background information</u></p> <p>Multiple sclerosis (MS) is an acquired chronic immune-mediated inflammatory condition of the central nervous system (CNS), affecting both the brain and spinal cord. It affects approximately 100,000 people in the UK. It is the commonest cause of serious physical disability in adults of working age. People with MS typically develop symptoms in their late 20s, experiencing visual and sensory disturbances, limb weakness, gait problems, and bladder and bowel symptoms. They may initially have partial recovery, but over time develop progressive disability. The most common pattern of disease is relapsing–remitting MS (RRMS) where periods of stability (remission) are followed by episodes when there are exacerbations of symptoms (relapses)</p> <p><u>The key priorities for implementation are</u></p> <ul style="list-style-type: none"> • Diagnosing MS

- Information and support
- Coordination of care
- MS symptom management and rehabilitation
- Treating acute relapse of MS with steroids

The recommendations in full cover

- 1.1 Diagnosing MS
- 1.2 Providing information and support
- 1.3 Coordination of care
- 1.4 Modifiable risk factors for relapse or progression of MS
- 1.5 MS symptom management and rehabilitation
- 1.6 Comprehensive review
- 1.7 Relapse and exacerbation
- 1.8 Other treatments

Acute heart failure: diagnosing and managing acute heart failure in adults CG187

This guideline includes important aspects of the diagnosis and management of acute heart failure that are not addressed by the NICE guideline on chronic heart failure (NICE clinical guideline 108). The guideline on chronic heart failure focused on long-term management rather than on the immediate care of someone who is acutely unwell as a result of heart failure.

Background information

Heart failure is a condition in which the heart does not pump enough blood to meet all the needs of the body. It is caused by dysfunction of the heart due to muscle damage (systolic or diastolic dysfunction), valvular dysfunction, arrhythmias or other rare causes. Acute heart failure can present as new-onset heart failure in people without known cardiac dysfunction, or as acute decompensation of chronic heart failure.

Acute heart failure is a common cause of admission to hospital (over 67,000 admissions in England and Wales per year) and is the leading cause of hospital admission in people 65 years or older in the UK.

This guideline covers the care of adults (aged 18 years or older) who have a diagnosis of acute heart failure, have possible acute heart failure, or are being investigated for acute heart failure. It includes the following key clinical areas:

- the role of early natriuretic peptide testing and echocardiography
- the role of specialist management units
- the use of ventilatory support, pharmacological therapy and ultrafiltration
- treatment after stabilisation, including selected surgical interventions and initiation of the pharmacological therapies that are used in the management of chronic heart failure.

The key priorities for implementation are

- Organisation of care
- Diagnosis, assessment and monitoring
- Treatment after stabilisation

The recommendations in full cover

- 1.1 Organisation of care
- 1.2 Diagnosis, assessment and monitoring
- 1.3 Initial pharmacological treatment
- 1.4 Initial non-pharmacological treatment
- 1.5 Treatment after stabilisation
- 1.6 Valvular surgery and percutaneous intervention

	1.7 Mechanical assist devices
Public Health Guidance	<p>Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55</p> <p>This guideline makes recommendations on undertaking oral health needs assessments, developing a local strategy on oral health and delivering community-based interventions and activities. Oral health problems include gum (periodontal) disease, tooth decay (dental caries), tooth loss and oral cancers.</p> <p>The 21 recommendations aim to:</p> <ul style="list-style-type: none"> • promote and protect oral health by improving diet and reducing consumption of sugary food and drinks, alcohol and tobacco • improve oral hygiene • increase the availability of fluoride (note: water fluoridation is outside the scope of this guideline) • encourage people to go to the dentist regularly • increase access to dental services. <p>The focus is on people whose economic, social, environmental circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services.</p> <p>The guideline is for health and wellbeing boards, commissioners, directors of public health, consultants in dental public health and frontline practitioners working more generally in health, social care and education. In addition, it may be of interest to members of the public.</p>
Medical Technologies Guidance	None published so far this month
NICE Quality Standards	<p>Transient loss of consciousness QS71</p> <p>This quality standard covers the assessment, diagnosis and specialist referral of adults and young people (aged 16 and older) who have experienced a transient loss of consciousness.</p>
Safe staffing guideline	None published so far this month
Interventional Procedures Guidance (IPGs)	None published so far this month
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

	<p><u>Myocardial infarction (acute): Early rule out using high-sensitivity troponin tests (Elecsys Troponin T high-sensitive, ARCHITECT STAT High Sensitive Troponin-I and AccuTnl+3 assays) DG15</u></p> <p>Background Cardiac troponins are proteins which are released into the blood when heart muscle has been damaged, for example, during a heart attack. Currently, it can take 10–12 hours after a heart attack for troponin levels to rise, so 2 troponin tests are carried out (10–12 hours apart) to see if there is a change in troponin levels. For many people, this means they have to stay in hospital while the tests are done. The new troponin assays are able to pick up lower levels of troponin in the blood than older troponin assays, and they can be used to help doctors see a change in troponin levels sooner. If there is no change, then a patient may be able to go home. NICE has assessed 3 assays which measure cardiac troponin levels in the blood, to help the NHS decide whether to use these products.</p> <p>Recommendations 1.1 The Elecsys Troponin T high-sensitive assay and ARCHITECT STAT High Sensitive Troponin-I assay are recommended as options for the early rule out of non-ST-segment-elevation myocardial infarction (NSTEMI) in people presenting to an emergency department with chest pain and suspected acute coronary syndrome.</p> <p>1.2 The assays are recommended for use with 'early rule-out protocols', which typically include a blood sample for cardiac troponin I or T taken at initial assessment in an emergency department and a second blood sample taken after 3 hours. Laboratories should report absolute values and the upper reference limit should be set at the 99th percentile. Results should be interpreted along with clinical judgement and the results of clinical assessment. Healthcare professionals should take into account the pre-test probability of NSTEMI, the length of time since the suspected acute coronary syndrome, the possibility of chronically elevated troponin levels in some patients and that 99th percentile thresholds for troponin I and T may differ between sexes. When NSTEMI is not ruled out using an 'early rule-out protocol', further clinical assessment is required to determine whether a diagnosis of NSTEMI is appropriate.</p> <p>1.3 The AccuTnl+3 assay is only recommended for use in clinical research, for early rule out of NSTEMI in people presenting to an emergency department with chest pain and suspected acute coronary syndrome.</p> <p>1.4 Healthcare professionals using 'early rule-out protocols' including the Elecsys Troponin T high-sensitive or the ARCHITECT STAT High Sensitive Troponin-I assays should collect further information on the time taken to rule out NSTEMI in clinical practice and on the clinical outcomes of people presenting to an emergency department with chest pain and suspected acute coronary syndrome.</p>
<p>Public health briefings for local government</p>	<p>None published so far this month</p>

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
Diabetes in pregnancy (update): guideline consultation	11/09/2014	23/10/2014
Leukaemia (chronic lymphocytic) - obinutuzumab (with chlorambucil, 1st line) [ID650]: appraisal consultation	03/10/2014	23/10/2014
Hysteroscopic metroplasty of a uterine septum for recurrent miscarriage: guidance consultation	22/08/2014	27/10/2014
Smoking - reducing tobacco use in the community: quality standard consultation	29/09/2014	27/10/2014
Implantation of a duodenal-jejunal bypass sleeve for the management of type 2 diabetes: guidance consultation	30/09/2014	28/10/2014
Transition between inpatient mental health settings and community and care home settings: scope consultation	30/09/2014	28/10/2014
Cardiovascular risk assessment: topic engagement exercise	17/10/2014	31/10/2014
Lipid modification: topic engagement exercise	17/10/2014	31/10/2014
Prevention and control of healthcare-associated infections: review proposal documents	17/10/2014	31/10/2014
Secondary prevention of myocardial infarction: topic engagement exercise	17/10/2014	31/10/2014
Physical health of people in prison: scope consultation	07/10/2014	04/11/2014
Multiple myeloma (relapsed, refractory) - pomalidomide [ID666]: appraisal consultation	15/10/2014	05/11/2014
The TURis system for transurethral resection of the prostate: appraisal consultation	08/10/2014	05/11/2014
Prostate cancer (metastatic, hormone relapsed) - sipuleucel-T (1st line) [ID573]: guidance consultation	16/10/2014	06/11/2014
Managing medicines in care homes: quality standard consultation	10/10/2014	07/11/2014
Medicines optimisation: guideline consultation	10/10/2014	07/11/2014
Workplace policy and management practices to improve the health of employees: guideline consultation	24/09/2014	11/11/2014
Acute medical emergencies in adults and young people , service guidance: scope consultation	16/10/2014	12/11/2014
Safe Midwifery Staffing for Maternity Settings - Guideline consultation	17/10/2014	13/11/2014
End of life care for infants, children and young people: scope consultation	21/10/2014	18/11/2014

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