NICE Update Bulletin July 2016
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Type	Guidance title and reference number
Technology Appraisals (TAs)	**Nivolumab in combination with ipilimumab for treating advanced melanoma TA400** **Recommendations** 1.1 Nivolumab in combination with ipilimumab is recommended, within its marketing authorisation, as an option for treating advanced (unresectable or metastatic) melanoma in adults, only when the company provides ipilimumab with the discount agreed in the patient access scheme. **The technology** Nivolumab (Opdivo, Bristol-Myers Squibb) is a human monoclonal antibody (immunoglobulin G4) that blocks the programmed cell death-1 receptor (PD-1) and activates the immune system to attack cancer cells. It is administered intravenously. Ipilimumab (Yervoy, Bristol-Myers Squibb) is a fully human antibody that binds to cytotoxic T lymphocyte-associated antigen 4 (CTLA-4), a molecule expressed on T cells that plays a critical role in regulating natural immune responses. Ipilimumab is designed to block the activity of CTLA-4 resulting in augmentation and prolongation of the T-cell immune response. Nivolumab in combination with ipilimumab has a UK marketing authorisation 'for the treatment of advanced (unresectable or metastatic) melanoma in adults'. **Financial factors** This technology is commissioned by NHS England. No resource impact is anticipated because there are cost savings from reduced administration costs and dosage when the 2 existing technologies are combined, but these savings are not expected to be significant. **Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts TA399** **Recommendations** 1.1 Azacitidine is **not recommended**, within its marketing authorisation, for treating acute myeloid leukaemia with more than 30% bone marrow blasts in people of 65 years or older who are not eligible for haematopoietic stem cell transplant. 1.2 This guidance is not intended to affect the position of patients whose treatment with azacitidine was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop. **The technology** Azacitidine (Vidaza, Celgene) has a marketing authorisation for 'the treatment of adult patients aged 65 years or older who are not eligible for haematopoietic stem cell transplant with acute myeloid leukaemia with more than 30% marrow blasts, according to the World Health Organisation (WHO) classification'. Azacitidine also has a marketing authorisation for 'the treatment of adult patients who are not eligible for haematopoietic stem cell transplantation with acute myeloid leukaemia with 20–30% blasts and multi-lineage dysplasia, according to WHO classification', which is outside the scope of this appraisal.

Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation TA398

Recommendations

1.1 Lumacaftor–ivacaftor is **not recommended**, within its marketing authorisation, for treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

1.2 This guidance is not intended to affect the position of patients whose treatment with lumacaftor–ivacaftor was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop. For children and young people, this decision should be made jointly by the clinician and the child or young person or the child or young person's parents or carers.

The technology

Lumacaftor–ivacaftor (Orkambi, Vertex Pharmaceuticals) is a systemic protein modulator. Lumacaftor is a corrector of the cystic fibrosis transmembrane conductance regulator (CFTR) and ivacaftor is a potentiator of the CFTR. Lumacaftor–ivacaftor has a marketing authorisation in the UK for treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation (that is, have 2 copies of the mutation) in the CFTR gene.

Abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen TA259 (update)

This guidance has been re-issued after a change to the commercial arrangements in July 2016. It has been verified that this change does not impact cost effectiveness. Recommendation 1.1 and sections 2.3 and 5.4 have been updated.

Recommendations

1.1 Abiraterone in combination with prednisone or prednisolone is recommended as an option for the treatment of castration‑resistant metastatic prostate cancer in adults, only if:

- their disease has progressed on or after one docetaxel‑containing chemotherapy regimen, and
- the manufacturer provides abiraterone in accordance with the commercial access arrangement as agreed with NHS England.

1.2 People currently receiving abiraterone in combination with prednisone or prednisolone whose disease does not meet the criteria in 1.1 should be able to continue therapy until they and their clinician consider it appropriate to stop.

The technology

Abiraterone acetate (Zytiga, Janssen) is a selective inhibitor of androgen biosynthesis which is taken orally. It irreversibly blocks cytochrome P17 (an enzyme involved in the production of testosterone), thereby stopping androgen synthesis in the adrenal glands, prostate tissue and the prostatic tumour. Abiraterone has a UK marketing authorisation for use 'with prednisone or prednisolone for the treatment of metastatic castration resistant prostate cancer in adult men whose disease has progressed on or after a docetaxel‑based chemotherapy regimen'.

Financial factors

This technology is commissioned by NHS England.

NHS England and Janssen have agreed that abiraterone will be available to the NHS with a commercial access arrangement. The details of this commercial access arrangement are confidential.

	Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated TA387 (update) **This guidance has been re-issued after a change to the commercial arrangements in July 2016.** It has been verified that this change does not impact cost effectiveness. Recommendation 1.1 and sections 2.3 and 5.4 have been updated. **Recommendations** 1.1 Abiraterone in combination with prednisone or prednisolone is recommended, within its marketing authorisation, as an option for treating metastatic hormone-relapsed prostate cancer: • in people who have no or mild symptoms after androgen deprivation therapy has failed, and before chemotherapy is indicated • only when the company provides abiraterone in accordance with the commercial access arrangement as agreed with NHS England. **The technology** Abiraterone acetate (Zytiga, Janssen) is a selective androgen synthesis inhibitor that works by blocking cytochrome P450 17 alpha-hydroxylase. It blocks androgen production in the testes and adrenal glands, and in prostatic tumour tissue. It is administered orally in combination with prednisolone or prednisone. It is indicated for treating 'metastatic castration resistant [hormone-relapsed] prostate cancer in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated'. It is also indicated for treating 'metastatic castration resistant prostate cancer in adult men whose disease has progressed on or after a docetaxel-based chemotherapy regimen'. **Financial factors** This technology is commissioned by NHS England. Abiraterone will be available to the NHS via a commercial access agreement between the company and NHS England which makes it available with a discount. Around 5,900 people may be eligible for treatment with abiraterone each year.
Highly specialised technology guidance (HSTs)	**Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene HST3** **Recommendations** 1.1 Ataluren, within its marketing authorisation, is recommended for treating Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene in people aged 5 years and older who can walk, only when: • the company provides ataluren with the discount agreed in the patient access scheme • the conditions under which ataluren is made available are set out in the managed access agreement between the company and NHS England, which should include the conditions set out in sections 5.12–5.15 and 5.23 of the guidance. 1.2 This guidance is not intended to affect the position of patients whose treatment with ataluren was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop. **The technology** Ataluren (Translarna, PTC Therapeutics) restores the synthesis of dystrophin by allowing ribosomes to read through premature stop codons that cause incomplete dystrophin synthesis in nonsense mutation Duchenne muscular dystrophy (DMD). Ataluren has a conditional marketing authorisation in the UK for treating DMD resulting from a nonsense mutation in the dystrophin gene in patients aged 5 years and older who can walk. The continuation of marketing authorisation is linked to analysis by the European Medicines Agency of results provided from a phase III trial (Study 020).

	Financial factors This technology is commissioned by NHS England.
NICE Guidelines (NGs)	**Oral health for adults in care homes NG48** This guideline covers oral health, including dental health and daily mouth care, for adults in care homes. The aim is to maintain and improve their oral health and ensure timely access to dental treatment. **This guideline includes recommendations on:** • care home policies on oral health and providing residents with support to access dental services • oral health assessment and mouth care plans • daily mouth care • care staff knowledge and skills • availability of local oral health services • oral health promotion services • general dental practices and community dental services **Non-alcoholic fatty liver disease (NAFLD): assessment and management NG49** This guideline covers how to identify the adults, young people and children with non-alcoholic fatty liver disease (NAFLD) who have advanced liver fibrosis and are most at risk of further complications. It outlines the lifestyle changes and pharmacological treatments that can manage NAFLD and advanced liver fibrosis. **This guideline includes recommendations on:** • identifying groups at higher risk of NAFLD • diagnosing NAFLD in children and young people, and referring them to tertiary care • identifying adults, young people and children with advanced liver fibrosis • lifestyle modifications for NAFLD • pharmacological treatment for advanced liver fibrosis **Cirrhosis in over 16s: assessment and management NG50** This guideline covers assessing and managing suspected or confirmed cirrhosis in people who are 16 years or older. It aims to improve how cirrhosis is identified and diagnosed. It recommends tools to assess the severity of cirrhosis and gives advice on monitoring people with cirrhosis to detect and manage complications early, and referral criteria for tertiary care. **This guideline includes recommendations on:** • Diagnosing cirrhosis • Monitoring cirrhosis • Managing the complications of cirrhosis **Sepsis: recognition, diagnosis and early management NG51** This guideline covers the recognition, diagnosis and early management of sepsis for all populations. The guideline committee identified that the key issues to be included were: recognition and early assessment, diagnostic and prognostic value of blood markers for sepsis, initial treatment, escalating care, identifying the source of infection, early monitoring, information and support for patients and carers, and training and education. **This guideline includes recommendations on:** • Identifying and assessing people with suspected sepsis

- Risk factors and risk stratification for sepsis
- Managing suspected sepsis in acute hospital settings and out of hospital

Non-Hodgkin's lymphoma: diagnosis and management NG52

This guideline covers diagnosing and managing non-Hodgkin's lymphoma in people aged 16 years and over. It aims to improve care for people with non-Hodgkin's lymphoma by promoting the best tests for diagnosis and staging and the most effective treatments for 6 of the subtypes. Tests and treatments covered include excision biopsy, radiotherapy, immunochemotherapy and stem cell transplantation.

This guideline includes recommendations on:

- diagnosis
- staging and end-of-treatment assessment using fluorodeoxyglucose-positron emission tomography-CT
- managing:
  - follicular lymphoma
  - MALT lymphoma
  - mantle cell lymphoma
  - diffuse large B-cell lymphoma
  - Burkitt lymphoma
  - peripheral T-cell lymphoma
- information and support
- survivorship

Type 1 diabetes in adults: diagnosis and management NG17 (update)

This guideline covers the care and treatment of adults (aged 18 and over) with type 1 diabetes.

July 2016: Recommendation 1.15.1 has been reworded to clarify the role of GPs in referring people for eye screening and also to add information on when this should happen.

Type 2 diabetes in adults: management NG28 (update)

This guideline covers the care and management of type 2 diabetes in adults (aged 18 and over). It focuses on patient education, dietary advice, managing cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications.

July 2016: Recommendation 1.7.17 has been reworded to clarify the role of GPs in referring people for eye screening and also to add information on when this should happen.

Cardiovascular disease: risk assessment and reduction, including lipid modification CG181 (update)

This guideline covers the assessment and care of adults who are at risk of or who have cardiovascular disease (CVD), such as heart disease and stroke. It aims to help healthcare professionals identify people who are at risk of cardiovascular problems. including people with type 1 or type 2 diabetes, or chronic kidney disease. It describes the lifestyle changes people can make and how statins can be used to reduce their risk.

July 2016: Recommendation 1.2.2 was amended to clarify the advice on saturated and monounsaturated fat.

Familial hypercholesterolaemia: identification and management CG71 (update)

The advice in the NICE guideline covers the care and treatment of adults and children/young people with familial hypercholesterolaemia (a specific type of inherited high cholesterol that runs in the family).

	It does not cover other forms of hypercholesterolaemia that are not genetic (inherited) or that are due to other genetic conditions.
	
	July 2016: Recommendations 1.3.1.6–1.3.1.11 were replaced and are adapted from Ezetimibe for treating primary (heterozygous-familial and non-familial) hyper-cholesterolaemia (NICE TA385).
	
	Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures CG64 (update)
	
	The advice in this NICE guideline covers:
	
	Patients who are at risk of infective endocarditis, specifically:
	
	• adults and children with certain problems affecting the structure of the heart (such as a replacement heart valve or hypertrophic cardiomyopathy)
	• adults and children who have previously had infective endocarditis (whether or not they have an underlying cardiac problem)
	• people having any of these procedures:
	  ○ any dental procedure
	  ○ any obstetric or gynaecological procedure, or childbirth
	  ○ any procedure on the bladder or urine system
	  ○ any procedure on the gullet, stomach or intestines
	  ○ any procedure on the airways, including ear, nose and throat procedures and bronchoscopy (a test used to diagnose some lung problems).
	
	It does not specifically look at:
	
	• people at risk of infective endocarditis who do not have heart problems (such as intravenous drug users)
	• people having procedures that aren't in the list above
	
	July 2016: 'routinely' was added to recommendation 1.1.3 for consistency with recommendation 1.1.2. This addition emphasises NICE's standard advice on healthcare professionals' responsibilities.

Interventional Procedures Guidance (IPGs)	**Percutaneous endoscopic laser balloon pulmonary vein isolation for atrial fibrillation IPG563** **Recommendations** 1.1 Current evidence on the safety of percutaneous endoscopic laser balloon pulmonary vein isolation for atrial fibrillation shows there are serious but well‑recognised complications. Evidence on efficacy is adequate in quantity and quality to support the use of this procedure provided that **standard arrangements** are in place for clinical governance, consent and audit. 1.2 Clinicians should ensure that patients fully understand the potential complications, the uncertainty about the success of the procedure in the short term and the risk of recurrent atrial fibrillation. In addition, the use of NICE's information for the public is recommended. 1.3 Patient selection and treatment should be carried out only by interventional cardiologists with expertise in electrophysiology and experience of doing complex ablation procedures. 1.4 This procedure should be done only in units with arrangements for emergency cardiac surgical support. 1.5 Clinicians should enter details about all patients having percutaneous endoscopic laser balloon pulmonary vein isolation for atrial fibrillation onto the UK Central Cardiac Audit Database and review local clinical outcomes. **The procedure** Percutaneous endoscopic laser balloon pulmonary vein isolation for atrial fibrillation

	aims to maintain normal heart rhythm. The procedure is done under general anaesthesia or sedation using a laser balloon catheter. The laser balloon catheter consists of a catheter (thin tube) with a small balloon attached, an endoscope (a thin tube with a camera on the end) and an optical fibre that delivers heat energy. The laser balloon catheter is inserted into a vein in the top of the leg (the femoral vein) and guided into the heart. When in place, the balloon is inflated to position the catheter at the opening to one of the pulmonary veins (the veins that carry blood from the lungs to the heart). Laser energy is then applied to each pulmonary vein to isolate the abnormal electrical triggers to the heart.
Medical Technologies Guidance	**None published so far this month**
Diagnostics Guidance	**None published so far this month**
NICE Quality Standards	**Motor neurone disease QS126** This quality standard covers the assessment and management of motor neurone disease. Motor neurone disease (MND) is a neurodegenerative condition affecting the brain and spinal cord. MND is characterised by the degeneration of primarily motor neurones, leading to muscle weakness. There is no cure for MND. Therefore, care focuses on maintaining functional ability and enabling people with MND and their family members to live as full a life as possible. The quality standard is expected to contribute to improvements in the following outcomes: • quality of life • functional ability • patient-reported outcome: symptoms • patient- and carer-reported outcome: satisfaction with care and support provided • survival from onset of symptoms. **Diabetes in children and young people QS125** This quality standard covers the diagnosis and management of type 1 and type 2 diabetes in children and young people aged under 18. This quality standard will not cover care for children and young people with other forms of diabetes mellitus (such as monogenic diabetes or cystic fibrosis-related diabetes). Management of diabetes in women aged under 18 who are planning pregnancy or already pregnant is covered by the NICE guideline and quality standard on diabetes in pregnancy.

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

Title / link	Start date of consultation	End date of consultation
Chest pain of recent onset (update) : Draft guidance consultation	30/06/2016	28/07/2016
Rheumatoid arthritis - certolizumab pegol (after TNF inhibitor) [ID824] : Appraisal consultation	12/07/2016	02/08/2016
Pancreatitis: diagnosis and management : Draft scope consultation	05/07/2016	02/08/2016
High-throughput non invasive prenatal testing for fetal RHD genotype : Diagnostics consultation : 1	14/07/2016	04/08/2016
Tuberculosis : Quality Standard consultation	12/07/2016	09/08/2016
End of life care for infants, children and young people : Draft guidance consultation	01/07/2016	12/08/2016
Transition from children's to adults' services : Quality Standard consultation	25/07/2016	22/08/2016
Community engagement: improving health and wellbeing : Quality Standard consultation	25/07/2016	22/08/2016
Drug misuse prevention : Draft guidance consultation	20/07/2016	07/09/2016

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