

NICE Update Bulletin May 2017

(issued Wednesday 24 May 2017)

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>)

<u>Type</u>	<u>Guidance title and reference number</u>
<p>Technology Appraisals (TAs)</p>	<p><u>Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs TA445</u></p> <p><u>Recommendations</u></p> <p>1.1 Certolizumab pegol alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults only if:</p> <ul style="list-style-type: none"> • it is used as described in the NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (recommendations 1.1 and 1.2) or • the person has had a tumour necrosis factor (TNF)-alpha inhibitor but their disease has stopped responding after the first 12 weeks. <p>Certolizumab pegol is only recommended if the company provides it as agreed in the patient access scheme.</p> <p>1.2 Secukinumab alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults only if:</p> <ul style="list-style-type: none"> • it is used as described in the NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (recommendations 1.1 and 1.2) or • the person has had a TNF-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis). <p>Secukinumab is only recommended if the company provides it as agreed in the patient access scheme.</p> <p>1.3 Assess the response to certolizumab pegol and secukinumab after 12 weeks and 16 weeks of treatment respectively. Only continue treatment if there is clear evidence of response, defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria. People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response but whose PsARC response does not justify continuing treatment should be assessed by a dermatologist, to determine whether continuing treatment is appropriate based on skin response (as described in the NICE technology appraisal guidance on <u>etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis</u>, recommendation 1.3).</p> <p>1.4 When using the PsARC healthcare professionals should take into account any physical, sensory or learning disabilities or communication difficulties that could affect a person's responses to components of the PsARC and make any adjustments they consider appropriate.</p>

	<p>1.5 This guidance is not intended to affect the position of patients whose treatment with certolizumab pegol and secukinumab 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.</p> <p><u>The technology</u></p> <p>Certolizumab pegol has a marketing authorisation in the UK for treating active psoriatic arthritis in adults when the response to previous disease-modifying antirheumatic drug (DMARD) therapy has been inadequate, either in combination with methotrexate or as monotherapy, if methotrexate cannot be tolerated or when continued treatment with methotrexate is inappropriate.</p> <p>Secukinumab has a marketing authorisation in the UK for treating active psoriatic arthritis in adults when the response to previous DMARD therapy has been inadequate, either in combination with methotrexate or as monotherapy.</p> <p><u>Financial factors</u></p> <p>These technologies are commissioned by CCGs. Certolizumab pegol and secukinumab are further options for the treatment of active psoriatic arthritis after inadequate response to disease-modifying anti-rheumatic drugs (DMARDs). Therefore no significant change in resource impact is anticipated. There are patient access schemes for certolizumab pegol and secukinumab which provide discounts to the list price.</p> <p><u>Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy TA444 (terminated appraisal)</u></p> <p>NICE is unable to make a recommendation about the use in the NHS of afatinib for treating locally advanced or metastatic squamous non-small-cell lung cancer after platinum-based chemotherapy because no evidence submission was received from Boehringer Ingelheim.</p>
<p>Highly specialised technology guidance (HSTs)</p>	<p>None published so far this month.</p>
<p>NICE Guidelines (NGs)</p>	<p><u>Eating disorders: recognition and treatment NG69</u></p> <p>This guideline covers assessment, treatment, monitoring and inpatient care for children, young people and adults with eating disorders. It aims to improve the care people receive by detailing the most effective treatments for anorexia nervosa, binge eating disorder and bulimia nervosa.</p> <p>This guideline includes recommendations on:</p> <ul style="list-style-type: none"> • identifying eating disorders • treating anorexia nervosa • treating binge eating disorder • treating bulimia nervosa • physical and mental health comorbidities • assessing, monitoring and managing physical health • inpatient and day patient care <p><u>Type 2 diabetes in adults: management NG28 (update)</u></p> <p>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</p>

	<p>cardiovascular risk, managing blood glucose levels, and identifying and managing long-term complications.</p> <p>May 2017: NICE added text on sodium–glucose cotransporter 2 (SGLT-2) inhibitors to the section on initial drug treatment. They also updated the algorithm for blood glucose lowering therapy in adults with type 2 diabetes to revise footnote b with links to relevant NICE guidance on SGLT-2 inhibitors, and added new information on SGLT-2 inhibitors to the box on action to take if metformin is contraindicated or not tolerated.</p> <p><u>Intravenous fluid therapy in adults in hospital CG174 (update)</u></p> <p>This guideline covers the general principles for managing intravenous (IV) fluid therapy in hospital inpatients aged 16 and over with a range of conditions. It aims to help prescribers understand the optimal amount and composition of IV fluids to be administered and the best rate at which to give them, to improve fluid prescribing and outcomes among people in hospital. It does not cover pregnant women, and those with severe liver or renal disease, diabetes or burns.</p> <p>May 2017: Some research recommendations that had become outdated since original publication were stood down and deleted.</p> <p><u>Idiopathic pulmonary fibrosis in adults: diagnosis and management CG163 (update)</u></p> <p>This guideline covers diagnosing and managing idiopathic pulmonary fibrosis in people aged 18 and over. It aims to improve the quality of life for people with idiopathic pulmonary fibrosis by helping healthcare professionals to diagnose the condition and provide effective symptom management.</p> <p>May 2017: Recommendation 1.5.11 was amended to add a link to the NICE technology appraisal on <u>nintedanib for the treatment of idiopathic pulmonary fibrosis</u>, and two outdated research recommendations were removed.</p> <p><u>Hip fracture: management CG124 (update)</u></p> <p>This guideline covers managing hip fracture in adults. It aims to improve care from the time people aged 18 and over are admitted to hospital through to when they return to the community. Recommendations emphasise the importance of early surgery and coordinating care through a multidisciplinary hip fracture programme to help people recover faster and regain their mobility.</p> <p>May 2017: NICE reviewed the evidence for the management of intracapsular hip fracture and changed recommendations 1.6.2 and 1.6.3 to emphasise the role of total hip replacement.</p>
<p>NICE Medicines Practice Guidelines (MPGs)</p>	<p>None published so far this month.</p>
<p>Interventional Procedures Guidance (IPGs)</p>	<p><u>Endoscopic full thickness removal of non-lifting colonic polyps IPG580</u></p> <p>Recommendations</p> <p>1.1 The evidence on endoscopic full thickness removal of non-lifting colonic polyps raises some major safety concerns. Current evidence on efficacy is inadequate in quantity and quality. Therefore, this procedure should not be used unless there are special arrangements for clinical governance, consent, and audit or research.</p> <p>1.2 Clinicians wishing to do endoscopic full thickness removal of non-lifting colonic polyps should:</p> <ul style="list-style-type: none"> • Inform the clinical governance leads in their NHS trusts.

	<ul style="list-style-type: none"> • Ensure that patients understand the uncertainty about the procedure's safety and efficacy, and provide them with clear written information. In addition, the use of NICE's information for the public is recommended. • Audit and review clinical outcomes of all patients having endoscopic full thickness removal of non-lifting colonic polyps. <p>1.3 Patient selection should be done by a polyp and early colorectal cancer multidisciplinary team. Only clinicians with specific training should do this procedure.</p> <p>1.4 NICE encourages further research and data collection on endoscopic full thickness removal of non-lifting colonic polyps and may update the guidance on publication of further evidence. This should include safety and efficacy outcomes such as perforation, bleeding, the need for immediate re-intervention, inadequate resection and longer-term follow-up of patients found to have malignant disease.</p> <p><u>The procedure</u></p> <p>Colonic polyps are small growths in the wall of the large bowel. Non-lifting polyps are deeper in the wall, so are difficult to remove, and are more likely to become cancerous if left untreated. In endoscopic full thickness removal, a special device is passed through a colonoscope (a thin, flexible tube with a camera on the end that is inserted through the anus into the large bowel), and used to remove the polyp and seal the bowel wall closed afterwards. The aim is to remove polyps in deeper layers of the bowel without leaving a hole in the bowel.</p> <p><u>Irreversible electroporation for treating pancreatic cancer IPG579</u></p> <p><u>Recommendations</u></p> <p>1.1 Current evidence on the safety and efficacy of irreversible electroporation for treating pancreatic cancer is inadequate in quantity and quality. Therefore, this procedure should only be used in the context of research.</p> <p>1.2 Further research, preferably in the form of randomised controlled trials, should assess the effect of the procedure on local tumour control, patient survival, pain control and quality of life.</p> <p><u>The procedure</u></p> <p>Pancreatic cancer is when abnormal cells grow in the pancreas, a large gland that lies behind the stomach. In this procedure, special needles are inserted into the cancer in the pancreas. Short electrical pulses of a high-voltage current are then passed through the needles. The aim is to destroy the cancer cells.</p>
Medical Technologies Guidance	None published so far this month.
Diagnostics Guidance	<p><u>Virtual chromoendoscopy to assess colorectal polyps during colonoscopy DG28</u></p> <p><u>Recommendations</u></p> <p>1.1 Virtual chromoendoscopy using NBI, FICE or i-scan is recommended to assess polyps of 5 mm or less during colonoscopy, instead of histopathology, to determine whether they are adenomatous or hyperplastic, only if:</p> <ul style="list-style-type: none"> • high-definition enabled virtual chromoendoscopy equipment is used • the endoscopist has been trained to use virtual chromoendoscopy, and accredited to use the technique under a national accreditation scheme • the endoscopy service includes systems to audit endoscopists and provide ongoing feedback on their performance and

	<ul style="list-style-type: none"> the assessment is made with high confidence. <p><u>The technology</u></p> <p>NICE has recommended virtual chromoendoscopy (VCE) using NBI, FICE or i-scan to assess colorectal polyps of 5 mm or less during colonoscopy in the NHS.</p> <p>Some polyps in the bowel can become cancerous if they are not treated. Currently, all polyps are removed during colonoscopy and sent to a laboratory to assess if they could become cancerous. But, it can take 3 weeks to get a result. Endoscopists trained in using VCE can identify and remove small polyps with the potential to become cancerous, during colonoscopy, providing a quicker result. They can also identify polyps that will not develop into cancer, and therefore do not need to be removed. This can prevent unnecessary removal of polyps, help make decisions about ongoing surveillance and reduce laboratory workload.</p> <p><u>Financial factors</u></p> <p>These technology is commissioned by CCGs. NICE has said that the guidance could be cost saving for the NHS and may improve patient experience. The level of savings depends on avoiding unnecessary histopathology assessments when assessing colorectal polyps.</p> <p>Using virtual chromoendoscopy may also change the surveillance intervals recommended for people at risk of bowel cancer who have had adenomas resected.</p>
<p>NICE Quality Standards</p>	<p><u>Hip fracture in adults QS16 (update)</u></p> <p>This quality standard covers diagnosing and managing hip fracture in adults (aged 18 and over). It describes high-quality care in priority areas for improvement.</p> <p>It does not cover the prevention of hip fracture, which is covered in NICE’s quality standard for osteoporosis and falls in older people.</p> <p><u>May 2017:</u> Statement 3 on intracapsular fracture was updated to reflect changes to the NICE guideline on hip fracture.</p>

Current NICE consultations with links and end dates for stakeholders to contribute

Title / link	End date of consultation
Obesity, overweight with risk factors - naltrexone-bupropion (prolonged release) [ID757]	30/05/2017
Faltering growth - recognition and management of faltering growth in children	01/06/2017
Venetoclax for chronic lymphocytic leukaemia [ID944]	02/06/2017
Cerebral palsy in children and young people	08/06/2017
Advanced Breast Cancer (standing committee update)	09/06/2017
Familial hypercholesterolaemia (standing committee update)	09/06/2017
Cystic fibrosis: diagnosis and management	16/06/2017
Type 2 diabetes prevention in people at high risk (PH38) (Standing committee C update)	23/06/2017
Cataracts in adults: management	23/06/2017

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