NIHR

Brain and spinal stimulation therapies for phantom limb pain: a systematic review
Currently available studies of the efficacy, effectiveness and safety of neurostimulation treatments (repetitive transcranial magnetic stimulation and transcranial direct current stimulation) do not provide robust, reliable results. No RCTs of invasive therapies were identified therefore it is uncertain which treatments are best for chronic PLP.
Health Technology Assessment
Systematic search: Yes
November 2018
https://www.journalslibrary.nihr.ac.uk/hta/hta22620/#/abstract

KINGS FUND
Nil

Scottish Medicines Consortium

fosaprepitant
fosaprepitant (Ivemend 150mg) is accepted for use within NHSScotland for the prevention of nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in paediatric patients aged 6 months to 17 years.
SMC advice
Systematic search: No
November 2018

dinutuximab beta
dinutuximab beta (Qarziba) is accepted for use within NHSScotland for the treatment of high-risk neuroblastoma in patients aged 12 months and above, who have previously received induction chemotherapy and achieved at least a partial response, followed by myeloablative therapy and stem cell transplantation, as well as patients with history of relapsed or refractory neuroblastoma, with or without residual disease.
SMC advice
Systematic search: No
November 2018

fampridine
fampridine (Fampyra) is not recommended for use within NHSScotland for the improvement of walking in adult patients with multiple sclerosis with walking disability (Expanded Disability Status Scale 4-7).
atezolizumab

atezolizumab (Tecentriq) is not recommended for use within NHSScotland as monotherapy for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma after prior platinum-containing chemotherapy.

HEALTH SCOTLAND

Case studies of local practice to reduce child poverty

Nine case studies are included in this resource to identify and share good practice of how to reduce child poverty locally. These are designed to provide a brief overview of the local context, the aims of the practice, how it is delivered, its reach, and the evidence of its impact.

NICE

NG88 Heavy menstrual bleeding: assessment and management

This guideline covers assessing and managing heavy menstrual bleeding (menorrhagia). It aims to help healthcare professionals investigate the cause of heavy periods that are affecting a woman’s quality of life and to offer the right treatments, taking into account the woman’s priorities and preferences. In November 2018 the recommendations on ulipristal acetate (Esmya) were reinstated; information on shared decision making and monitoring for side effects was also added.
NG113 Urinary tract infection (catheter-associated): antimicrobial prescribing
This guideline sets out an antimicrobial prescribing strategy for catheter-associated urinary tract infection in children, young people and adults. It aims to optimise antibiotic use and reduce antibiotic resistance.

TA545 Gemtuzumab ozogamicin for untreated acute myeloid leukaemia
Gemtuzumab ozogamicin, with daunorubicin and cytarabine, is recommended as an option for untreated de novo CD33-positive acute myeloid leukaemia (AML), except acute promyelocytic leukaemia, in people 15 years and over, only if they start induction therapy when either the cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (that is, because the test was unsuccessful) or when their cytogenetic test results are not yet available and they start consolidation therapy when their cytogenetic test confirms that the disease has favourable, intermediate or unknown cytogenetics (because the test was unsuccessful).

TA546 Padeliporfin for untreated localised prostate cancer
Padeliporfin is not recommended for untreated, unilateral, low-risk prostate cancer in adults.

EPPI Centre
Nil

AHRQ (Agency for Healthcare Research and Quality - USA)
Nil

Health Foundation

This report looks at progress in cancer care over two decades. It finds that progress has been made on reducing mortality, and improving the chances of survival and the experience of care, for people in England diagnosed with cancer. However, despite persistent ambitions to be the best in Europe and the world, the gap in survival rates has not been closed. The report sets out recommendations to help close the gap in survival between England and other comparable countries.

Health Foundation report
Systematic search: No
November 2018
https://www.health.org.uk/publications/unfinished-business

Canadian Agency for Drugs and Technologies in Health (CADTH)

Internet-Based Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder: A Review of Clinical Effectiveness

Good evidence suggests that treatment with internet-delivered cognitive behavioural therapy resulted in improvement in severity of post-traumatic stress disorder symptoms compared to treatment with wait-list, though the patients, the features of the programmes, and the assessment scales were heterogeneous. There were generally no statistically significant differences between treatment with internet-delivered cognitive behavioural therapy and access to a psycho-educational website, internet-based supportive counselling, or optimized usual care for post-traumatic stress disorder symptom severity.

CADTH Rapid Response Report
Systematic search: Limited
November 2018

Misoprostol for Cervical Ripening and Induction of Labour: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines

Strong evidence suggests that misoprostol is likely effective and safe for induction of labour and cervical ripening, though there was little standardisation in the administration methods and dosages of induction regimes. Economic trials indicate that titrated oral low-dose misoprostol and buccal/sublingual misoprostol are cost-effective methods for induction of labour when compared to other pharmacological interventions.

CADTH Rapid Response Report
Systematic search: Limited
November 2018

Foot Drop Stimulators for Foot Drop: A Review of Clinical, Cost-Effectiveness and Guidelines

In people with foot drop caused by stroke, functional electrical stimulators (FES) seems to lead to the same functional outcome (walking speed) and Body Functions &
Structures outcomes compared to ankle and foot orthosis (AFO). The combination of FES and rehabilitation seems to improve walking speed compared to rehabilitation alone. FES may significantly reduce the perceived exertion compared to AFO in those with multiple sclerosis-related foot drop.

**CADTH Rapid Response Report**
Systematic search: Limited
November 2018
[https://www.cadth.ca/foot-drop-stimulators-foot-drop-review-clinical-cost-effectiveness-and-guidelines-0](https://www.cadth.ca/foot-drop-stimulators-foot-drop-review-clinical-cost-effectiveness-and-guidelines-0)

**Tramadol for the Management of Pain in Adult Patients: A Review of Clinical Effectiveness — An Update**
Good evidence suggests greater pain reduction and more adverse events with tramadol and tramadol combination products compared with placebo. Tramadol is as effective on pain relief as NSAIDs, acetaminophen, and other opioids. However, the differences were not always statistically significant and there was significant heterogeneity across the individual studies.

**CADTH Rapid Response Report**
Systematic search: Limited
November 2018
[https://www.cadth.ca/tramadol-management-pain-adult-patients-review-clinical-effectiveness-update-0](https://www.cadth.ca/tramadol-management-pain-adult-patients-review-clinical-effectiveness-update-0)

**Preventative Foot Care for Patients with Diabetes: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines**
Three international guidelines and one low quality systematic review recommend annual examination of the feet for problems in patients with diabetes, with adequate education to improve self-care, risk stratification, and timely referral to specialist care. Health education programs were related to an improvement in foot self-care scores and foot problems, though these were different in design, setting, approach, outcome measures, and results. Subsequent follow-ups and evaluations were also significantly associated with better outcomes. There are a variety of guidelines targeting different contexts and settings, all of which recommend preventative foot care for people with diabetes.

**CADTH Rapid Response Report**
Systematic search: Limited
November 2018

**Methoxyflurane in Pre-Hospital Settings: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines**
There was low quality and incomplete evidence regarding the use of inhaled methoxyflurane as an analgesia for pain in the pre-hospital setting. A single safety study suggested it appeared to be safe and well tolerated. Other evidence suggested inhaled methoxyflurane was less effective for pain relief in this setting when compared to intravenous morphine or intranasal fentanyl. Given the limited availability and low quality of evidence, the effectiveness and use of inhaled methoxyflurane in the pre-hospital setting remains uncertain.

**CADTH Rapid Response Report**
Systematic Approaches to Rehabilitative Medical Treatment of Patients: A Review of Clinical Effectiveness and Guidelines
Good quality evidence suggested that systematic approaches to rehabilitation medicine, specifically the McKenzie Method of Mechanical diagnosis and treatment (MDT), may be effective for reducing pain and disability for patients with acute or chronic low back pain.

Nabilone for Chronic Pain Management: A Review of Clinical Effectiveness and Guidelines – An Update
There was limited evidence that nabilone may be better than placebo or known analgesics (such as amitriptyline) in relieving chronic pain. Two evidence-based guidelines recommended against the use or did not find sufficient evidence to support the use of nabilone for pain management or chronic non-cancer pain; however one of the two guidelines provided a weak recommendation for the consideration of nabilone as a third-line therapy for persistent problematic neuropathic pain (NP) or palliative (end-of-life) cancer pain. Limited evidence suggested that cannabinoids are associated with more adverse events than placebo, though the majority were non-serious.

Backboard Use during Cardiopulmonary Resuscitation: A Review of the Clinical Effectiveness and Guidelines
No relevant clinical studies were identified. The included guideline recommends that CPR should be performed on a firm surface and states that evidence for the use of backboard is equivocal.

Honey for Wound Management: A Review of Clinical Effectiveness and Guideline
Limited quality evidence suggested that honey may be of some benefit for the healing of partial thickness burns. The results were inconclusive regarding the use of honey for other indications. One guideline, with no mention of quality of evidence or strength of the recommendation, recommends against the use of honey for the management of chronic wounds, including venous leg ulcers; however, topical honey and honey impregnated dressings may be considered for the management of pressure injuries.
Anaplastic Lymphoma Kinase Inhibitors for Genetically Rearranged Non-Small Cell Lung Cancer: A Review of the Clinical Effectiveness

Good evidence suggested alectinib was associated with a longer progression free survival and lower toxicity followed by ceritinib and crizotinib. All ALK-inhibitors resulted in an improved objective response rate, disease control rate, progression free survival and toxicity, however this was from a heterogeneous group of patients. Alectinib was shown to be more clinically efficacious than crizotinib in both ALK-naive and pretreated settings, significantly improving progression free survival, delaying disease progression to the brain, and maintaining a similar or better safety profile. Ceritinib demonstrated clinical benefits in patients pretreated with ALK inhibitors. Patients refractory to crizotinib had an improvement in objective response rate following ceritinib treatment; however, no improvements were seen in progression free survival or intracranial response.

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Nil

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due December 2018

Not yet published.