NIHR

Everolimus, lutetium-177 DOTATATE and sunitinib for advanced, unresectable or metastatic neuroendocrine tumours with disease progression: a systematic review and cost-effectiveness analysis
In indirect comparisons, only sunitinib met the cost-effectiveness threshold.
Health Technology Assessment
Systematic search: Yes
September 2018
https://www.journalslibrary.nihr.ac.uk/hta/hta22490/#/abstract

Risk scores to guide referral decisions for people with suspected ovarian cancer in secondary care: a systematic review and cost-effectiveness analysis
The Risk of Ovarian Malignancy Algorithm (ROMA) score did not offer any advantage over the Risk of Malignancy Index 1 (RMI 1). Both the Assessment of Different NEoplasias in the adneXa (ADNEX) model and the International Ovarian Tumour Analysis (IOTA) group's simple ultrasound rules may offer increased sensitivity relative to current practice (RMI 1). The cost-effectiveness model supports prioritisation of sensitivity over specificity.
Health Technology Assessment
Systematic search: Yes
September 2018
https://www.journalslibrary.nihr.ac.uk/hta/hta22440/#/abstract

KINGS FUND

Nil

Scottish Medicines Consortium

tocilizumab (RoActemra)
tocilizumab is accepted for restricted use within NHSScotland for the treatment of Giant Cell Arteritis (GCA) in adult patients. Treatment with tocilizumab is subject to a 12 month clinical stopping rule.
SMC advice
Systematic search: No
September 2018

dupilumab (Dupixent)
dupilumab is accepted for restricted use within NHSScotland for the treatment of moderate-to-severe atopic dermatitis in adult patients who are candidates for systemic therapy. Dupilumab is restricted to patients who have had an inadequate response to existing systemic immunosuppressants such as ciclosporin, or in whom such treatment is considered unsuitable.
dolutegravir / rilpivirine film-coated tablet (Juluca)
dolutegravir / rilpivirine film-coated tablet is accepted for use within NHSScotland for the treatment of HIV-1 infection in adults who are virologically-suppressed (HIV-1 RNA <50 copies/mL), on a stable antiretroviral regimen for at least six months with no history of virological failure, and no known or suspected resistance to any non-nucleoside reverse transcriptase inhibitor (NNRTI) or integrase inhibitor.

bictegravir / emtricitabine / tenofovir alafenamide (Biktarvy)
bictegravir / emtricitabine / tenofovir alafenamide is accepted for use within NHSScotland for the treatment of adults infected with HIV-1 without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir.

pembrolizumab (Keytruda)
pembrolizumab is not recommended for use within NHSScotland as monotherapy for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy and whose tumours express PD-L1 with a combined positive score (CPS) ≥ 10.

obinutuzumab (Gazyvaro)
obinutuzumab is not recommended for use within NHSScotland, either in combination with chemotherapy or as maintenance therapy in patients achieving a response, for the treatment of patients with previously untreated advanced follicular lymphoma.
SGHD

**Child and Adolescent Health and Wellbeing in Scotland – Evidence Review**
The evidence review maps available national data on child health and wellbeing against the SHANNARI domains, to produce a full and detailed picture of ‘where we are now’ on child health and wellbeing in Scotland.
Scottish Government report
Systematic search: No
September 2018

SIGN

**SIGN 152 Cardiac arrhythmias in coronary heart disease**
This guideline provides evidence-based recommendations for the management of cardiac arrest and the arrhythmias associated with ACS, chronic CHD and cardiac surgery. This guideline will be of interest to healthcare professionals involved at any stage of the management of patients with cardiac arrhythmias as well as patients, carers, and voluntary organisations.
SIGN Guideline
Systematic search: Yes
September 2018
[https://www.sign.ac.uk/sign-152-arrhythmias.html](https://www.sign.ac.uk/sign-152-arrhythmias.html)

HEALTH SCOTLAND

**Working and hurting**
This is the third report in a series looking at developments in income, employment and social security alongside trends in health and health inequalities in Scotland.
Since the last report, ‘Pulling in different directions?’ (2016), there has been positive change in a number of economic indicators associated with population health and health inequalities. However, this has also been accompanied by a lack of progress on working-age poverty (including among those groups targeted by welfare reform) and rising child poverty, reflecting, in part, persistent in-work poverty.
Health Scotland report
Systematic search: No
September 2018

NICE

**NG104 Pancreatitis**
This guideline covers managing acute and chronic pancreatitis in children, young people and adults. It aims to improve quality of life by ensuring that people have the right treatment and follow-up, and get timely information and support after diagnosis.
NICE Guideline
NG105 Preventing suicide in community and custodial settings
This guideline covers ways to reduce suicide and help people bereaved or affected by suicides. It aims to help local services work more effectively together to prevent suicide, identify and help people at risk, and prevent suicide in places where it is currently more likely. It does not cover national strategies, general mental wellbeing, or areas covered by other NICE guidance such as self-harm or mental health conditions.
NICE Guideline
Systematic search: Yes
September 2018
https://www.nice.org.uk/guidance/ng105

NG106 Chronic heart failure in adults: diagnosis and management
This guideline covers diagnosing and managing chronic heart failure in people aged 18 and over. It aims to improve diagnosis and treatment to increase the length and quality of life for people with heart failure. NICE has also produced a guideline on acute heart failure [https://www.nice.org.uk/guidance/cg187]
NICE Guideline
Systematic search: Yes
September 2018
https://www.nice.org.uk/guidance/ng106

TA540 Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma
Pembrolizumab is not recommended for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had autologous stem cell transplant and brentuximab vedotin.
Pembrolizumab is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had brentuximab vedotin and cannot have autologous stem cell transplant.
NICE Technology Appraisal
Systematic search: Yes
September 2018
https://www.nice.org.uk/guidance/ta540

TA541 Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia
Inotuzumab ozogamicin is recommended as an option for treating relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukaemia in adults.
People with relapsed or refractory Philadelphia-chromosome-positive disease should have had at least 1 tyrosine kinase inhibitor.
NICE Technology Appraisal
Systematic search: Yes
September 2018
https://www.nice.org.uk/guidance/ta541
Benzydamine for Acute Sore Throat: A Review of Clinical Effectiveness and Guidelines
No evidence was identified for the clinical effectiveness of benzydamine oral rinse (0.15%) for pain relief in acute sore throat. The SIGN guideline on the pain management for acute sore throat makes no recommendation for the use of benzydamine due to the insufficiency of evidence to support a recommendation.
CADTH Rapid Response Report
Systematic search: Limited
September 2018
https://www.cadth.ca/benzydamine-acute-sore-throat-review-clinical-effectiveness-and-guidelines-0

Probiotics for Antibiotic-Associated Diarrhea and Clostridium difficile Infection: A Review of Clinical Effectiveness
No clear patterns have emerged regarding the impact of probiotics on preventing Antibiotic-Associated Diarrhea (AAD), C. difficile-associated diarrhea (CDAD), or Clostridium difficile Infection (CDI). Some evidence suggests a reduced risk of AAD but it depended on the conditions of the trial. The findings on the effectiveness of probiotics at preventing CDAD were mixed. The evidence for probiotics preventing CDI was similarly mixed.
CADTH Rapid Response Report
Systematic search: Limited
September 2018
https://www.cadth.ca/probiotics-antibiotic-associated-diarrhea-and-clostridium-difficile-infection-review-clinical

Probiotics for Antibiotic-Associated Diarrhea and Clostridium difficile Infection: A Review of Guidelines
One guideline recommended the use of probiotics for treatment of antibiotic associated diarrhea (varying strength of recommendation depending on the product). Four guidelines did not recommend the use of probiotics for prevention of C. difficile infection; and two of these guidelines also did not recommend use of probiotics for
treatment of C. difficile infection. One guideline mentioned that probiotics may be considered for prevention and treatment of C. difficile (weak recommendation)

Curosurf (poractant alfa) for the Treatment of Infants At Risk For or Experiencing Respiratory Distress Syndrome: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines
Good evidence found poractant alfa to be similarly or more clinically effective for outcomes such as broncho-pulmonary dysplasia, and retinopathy of prematurity, compared to bovine lung extract surfactants (BLES). However, there is uncertainty over whether poractant alfa is associated with higher mortality rates than BLES and whether poractant alfa is associated with more risks in pulmonary hemorrhage and bronchopulmonary dysplasia than surfactant TA.

Patients’ Experiences with Cardiac Monitors for Stroke, Atrial Fibrillation, and Heart Failure: A Rapid Qualitative Review
Overall, patients had more positive than negative experiences using cardiac monitors, and as patients engaged with cardiac monitors over time the benefits to using cardiac devices outweighed the disadvantages. Most negative experiences stemmed from uncertainty in how to use the device, treatment options while using a cardiac monitor, available community supports, and the perceived accuracy and reliability of cardiac monitors; these concerns could often be addressed by providing appropriate information.

Hyperbaric Oxygen Therapy for the Treatment of Chronic Pain: A Review of Clinical Effectiveness and Cost-Effectiveness
Limited evidence suggests that two months of hyperbaric oxygen therapy (HBOT) improved clinical and QOL outcomes female patients with Fibromyalgia Syndrome (FMS). Further evidence suggests that two weeks of HBOT similarly improved clinical and QOL outcomes in patients with myofascial pain syndrome (MPS) at three months post-treatment.

CADTH Rapid Response Report
Systematic search: Limited
September 2018
https://www.cadth.ca/probiotics-antibiotic-associated-diarrhea-and-clostridium-difficile-infection-review-guidelines

https://www.cadth.ca/curosurf-poractant-alfa-treatment-infants-risk-or-experiencing-respiratory-distress-syndrome-review

https://www.cadth.ca/patients-experiences-cardiac-monitors-stroke-atrial-fibrillation-and-heart-failure-rapid-qualitative

https://www.cadth.ca/hyperbaric-oxygen-therapy-treatment-chronic-pain-review-clinical-effectiveness-and-cost
Substance Use in Breastfeeding Parents: A Review of Safety and Guidelines
Weak evidences suggests that parental postnatal alcohol consumption by the breastfeeding parent may adversely affect some developmental markers. For children with identified FASD, postnatal alcohol consumption by the breastfeeding parent appeared to be associated with total dysmorphology score but not other markers. No evidence was identified regarding the effects on breastfed infants of using other substances. One high quality guideline recommends breastfeeding (including for those on opioid maintenance treatment) unless the risks clearly outweigh the benefits, and supporting breastfeeding parents to cease substance abuse.

Guanfacine Hydrochloride Extended-Release for the Treatment of Attention Deficit Hyperactivity Disorder in Adults: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines
Limited evidence suggested that guanfacine hydrochloride extended-release (GXR) was safe and well-tolerated when added to an existing psychostimulant treatment for adults with ADHD. However, GXR did not differ from placebo with respect to clinical effectiveness. Based on predominantly low- to moderate-quality evidence, one UK guideline provides a strong recommendation against the use of guanfacine (immediate or extended-release preparation not specified) in adults without advice from a tertiary ADHD service.

Programs for the Reduction or Discontinuation of Opioids or Opioid Substitution Therapy: A Review of the Clinical Effectiveness
Though extensive evidence was available on the use of buprenorphine, tapered doses of methadone, and alpha2-adrenergic agonists in the management of opioid withdrawal, there was insufficient evidence to favor any specific pharmacological approach. Among pharmacotherapy programs in opioid maintenance treatment, methadone and buprenorphine appeared to be equally effective, naltrexone implants may be offered as an alternative option, and supervised injectable heroin may be effective but less safe than methadone. The addition of certain psychosocial interventions to methadone or buprenorphine appeared to provide additional benefits in the maintenance treatment of opioid dependence. Cognitive behavioral therapy did not seem to have any additional effect.
Magnetic Resonance Imaging for Prostate Assessment: A Review of Clinical and Cost-Effectiveness

There was no evidence that there was a significant difference in overall prostate cancer detection rate between a diagnostic strategy employing magnetic resonance imaging (MRI) followed by targeted transrectal US-guided (TRUS-guided) biopsy and a diagnostic strategy consisting of TRUS-guided biopsy alone. MRI-US fusion targeted TRUS-guided biopsy had higher detection rates of patients with clinically significant prostate cancer versus standard TRUS-guided biopsy. The economic evaluations suggested that including MRI before TRUS-guided biopsy was more cost-effective than standard TRUS-guided biopsy alone.

CADTH Rapid Response Report
Systematic search: Limited
September 2018
https://www.cadth.ca/magnetic-resonance-imaging-prostate-assessment-review-clinical-and-cost-effectiveness-0

McGill University Health Centre (Canada)
Nil

Health Information & Quality Authority (Ireland)
Nil

Campbell Collaboration
Nil

Glasgow Centre for Population Health

The potential impact of a 20mph speed limit on urban roads in Scotland
This paper was developed to provide evidence in relation to the forthcoming Scottish Parliament Member’s Bill proposing the introduction of a 20mph limit in urban settings across Scotland. In the paper estimates are made of the likely reductions in casualties associated with the introduction of a 20mph speed limit on urban roads based on evidence of speed reductions from existing schemes. Reducing road speed is likely to save lives and reduce road injuries, particularly among more vulnerable road users like pedestrians and cyclists. A lower speed road environment will help encourage more people to walk and cycle in our towns and cities.

GCPH Policy Briefing
Systematic search: No
September 2018
https://www.gcph.co.uk/publications/856_the_potential_impact_of_a_20mph_speed_limit_on_urban_roads_in_scotland
NICE FORWARD PLANNING – Publications due October 2018

Abiraterone for treating newly diagnosed metastatic hormone-naive prostate cancer
Single Technology Appraisal

Cabozantinib for untreated locally advanced or metastatic renal cell carcinoma
Single Technology Appraisal

Renal replacement therapy
Clinical Guideline

Decision making and mental capacity
Clinical Guideline

Tumour profiling tests to guide adjuvant chemotherapy decisions in people with breast cancer (update of DG10)
Diagnostic Technology

Prostate cancer (localised) - padeliporfin
Single Technology Appraisal

Ocrelizumab for treating primary progressive multiple sclerosis
Single Technology Appraisal