NHS Devon

NICE Update Bulletin: December 2025

This bulletin includes details of the following new and updated NICE guidance – click on the titles below for further details:

1. **Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with microsatellite stability or mismatch repair proficiency TA1117**
2. **Obecabtagene autoleucel for treating relapsed or refractory B-cell precursor acute lymphoblastic leukaemia TA1116**
3. **Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy TA1115**
4. **Talquetamab for treating relapsed and refractory multiple myeloma after 3 or more treatments TA1114**
5. **Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma TA1113**
6. **Child maltreatment: when to suspect maltreatment in under 18s CG89 (UPDATE)**
7. **VA ECMO for postcardiotomy cardiogenic shock in adults IPG810**
8. **Digital platforms to support cardiac rehabilitation: early value assessment HTG764**
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Technology Appraisals (TAs)

Dostarlimab with platinum-containing chemotherapy for treating primary advanced or recurrent endometrial cancer with microsatellite stability or mismatch repair proficiency TA1117

Recommendation

Dostarlimab plus platinum-containing chemotherapy **can be used** as an option to treat primary advanced or recurrent endometrial cancer with microsatellite stability (MSS) or mismatch repair proficiency (MMRp) in adults when systemic treatment is suitable.

The Technology

Endometrial cancer is a cancer of the lining of the womb (uterus), known as the endometrium. Over 95% of womb cancers are endometrial cancer. The most common symptom of endometrial cancer is abnormal vaginal bleeding, especially in people who have stopped having periods (post-menopausal). When diagnosed, endometrial cancer is categorised between stage 1 and 4. In stages 1 and 2, the cancer is contained within the uterus and cervix. In stage 3, the spread of cancer is contained within the pelvis. Once the cancer has spread into another area of the body, it is classed as stage 4 or metastatic. Advanced endometrial cancer is defined as stages 3 or 4. The majority of endometrial cancer is diagnosed at stage 1. Recurrent endometrial cancer is when the cancer returns after primary treatment. The cancer can recur anywhere, commonly in the abdominal cavity, lymph nodes, lungs and vagina. Primary endometrial cancer means that the lining of the uterus is the first place in the body where the cancer began to grow.

The mismatch repair (MMR) system recognises and repairs genetic mismatches generated during DNA replication in cells. Around 26% of endometrial tumours have a defect in the MMR system. Tumours with MMR deficiency can develop microsatellite instability, which is a change in the length of repetitive sequences in tumour DNA compared with normal DNA. Tumours with MMR deficiency may be associated with a higher risk of local and distant recurrence. Conversely, tumours with MMR proficiency do not have a defect in the MMR system and do not usually have microsatellite instability.

In 2021, there were 8,264 new cases of endometrial cancer in England. It is most common in older women, with only 3% of cases occurring in women under 45 years of age. Diagnosis at an early stage of the cancer's development leads to improved survival chances. About 92% of people diagnosed with stage 1 endometrial cancer survive for 5 or more years. This decreases to 15% for people diagnosed with stage 4 endometrial cancer. Around 2,000 people die from uterine cancer in England each year.

The first treatment for endometrial cancer is usually to remove the womb (hysterectomy) and the fallopian tubes and ovaries (bilateral-salpingo-oophorectomy). In advanced endometrial cancer, debulking surgery may be carried out to remove as much of the cancer as possible.7 Radiotherapy may be used alongside surgical treatment, or for people who cannot have surgery. In addition, chemotherapy, usually consisting of carboplatin and paclitaxel, can be used adjunct

to surgery. For cancer that has metastasised or relapsed, treatment options include hormone therapy, immunotherapy, targeted therapy and chemotherapy.

Dostarlimab is indicated in combination with platinum-containing chemotherapy for the treatment of adult patients with primary advanced or recurrent endometrial cancer (EC) and who are candidates for systemic therapy.

Financial Factors

This technology is commissioned by NHS England.

The company has a commercial arrangement. This makes dostarlimab available to the NHS with a discount. The size of the discount is commercial-in-confidence.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

NICE estimate that in year 3, 44 people in Devon (MMRd and MMRp population) will be eligible for treatment.

Obecabtagene autoleucel for treating relapsed or refractory B-cell precursor acute lymphoblastic leukaemia TA1116

Recommendation

Obecabtagene autoleucel (obe-cel) **can be used** as an option to treat relapsed or refractory B-cell precursor acute lymphoblastic leukaemia in people aged 26 years and over. Obe-cel can only be used if the company provides it according to the commercial arrangement.

The Technology

Acute lymphoblastic leukaemia (ALL) is a rare and rapidly progressing blood cancer. It happens when the bone marrow produces too many immature white blood cells, called lymphoblasts, which accumulate and interfere with normal blood cell production. This overproduction leads to an abnormal increase in B- or T-lymphocytes, impairing the bone marrow's ability to produce healthy blood cells.

ALL develops rapidly and in around 45% of adults with the condition it comes back after a period of remission (relapses) or it stops responding to treatment (becomes refractory). ALL is categorised based on the type of lymphoblast affected (B- or T-cells) and the presence or absence of the Philadelphia chromosome. When B-lymphoblasts are overproduced, the condition is sometimes referred to as B-cell precursor ALL, but this evaluation uses B-cell ALL from here. Philadelphia-chromosome-positive B-cell ALL is more common in adults and carries a higher risk of relapsing or becoming refractory. The committee concluded that relapsed or refractory B-cell ALL has a high disease burden and is a severe condition that substantially affects people's lives.

Obecabtagene autoleucel is indicated for the treatment of adult patients (≥ 18 years) with relapsed or refractory B-cell precursor acute lymphoblastic leukaemia.

Financial Factors

This technology is commissioned by NHS England.

The company has a commercial arrangement. This makes obe-cel available to the NHS with a discount. The size of the discount is commercial in confidence.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

The drug price of obe-cel is in routine commissioning and it is expected to displace rexucabtagene autoleucel, which is currently funded in the Cancer Drug Fund.

Obe-cel is less likely to cause serious side effects like grade 3+ cytokine release syndrome or immune effector cell-associated neurotoxicity syndrome. This may reduce the associated length of hospital stay.

Vutrisiran for treating transthyretin amyloidosis with cardiomyopathy TA1115

Recommendation

Vutrisiran **can be used**, within its marketing authorisation, as an option to treat wild-type or hereditary transthyretin amyloidosis with cardiomyopathy in adults. Vutrisiran can only be used if the company provides it according to the commercial arrangement.

The Technology

Transthyretin amyloidosis (ATTR) is caused by abnormal transthyretin (TTR) proteins being produced by the liver and accumulating as deposits in tissues of the body (amyloidosis). Transthyretin amyloidosis with cardiomyopathy (ATTR-CM) is a type of ATTR in which most deposits accumulate in the heart. People with ATTR-CM may also have amyloid deposits in other systems of the body.

There are 2 types of ATTR-CM, both of which are more common in men than women:

- Wild-type ATTR-CM, which is more common. Symptoms usually start in people aged 70 and over.
- Hereditary ATTR-CM, which affects people born with inherited mutations in the TTR gene. Symptoms usually start in people aged 60 and over.

ATTR-CM is a progressive, life-limiting and debilitating condition. It can cause shortness of breath, palpitations, abnormal heart rhythms such as atrial fibrillation or atrial flutter, ankle swelling, fatigue and chest pain. The clinical experts explained that the rate of progression is highly

variable. They said ATTR-CM progresses more quickly and is fatal without disease-modifying therapy.

Vutrisiran is indicated for the treatment of wild-type or hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM).

The comparator treatment for the eligible population is tafamidis, which is an oral treatment. Vutrisiran is administered subcutaneously.

Financial Factors

This technology is commissioned by NHS England.

The company has a commercial arrangement. This makes vutrisiran available to the NHS with a discount. The size of the discount is commercial in confidence.

The payment mechanism for the technology is determined by the responsible commissioner and depends on whether the technology is classified as high cost.

The costs for vutrisiran are similar to or lower than those for tafamidis.

Vutrisiran treatment may be started in hospital or at home and subsequent administration would be at home with the availability of company-funded home care. Tafamidis is an oral medicine so can also be taken at home and can be supplied through company-funded home care.

NICE expect that the resource impact of implementing the recommendations in England will be less than £5 million per year (or about £8,700 per 100,000 people in the population, based on a population in England of 57.7 million people).

NICE estimate that in year 3, 31 people in Devon will be eligible for treatment, with 7 receiving vutrisiran.

Talquetamab for treating relapsed and refractory multiple myeloma after 3 or more treatments TA1114

Recommendation

Talquetamab can be used as an option to treat relapsed and refractory multiple myeloma in adults when:

- they have had 3 or more lines of treatment including:
    - an immunomodulatory drug
    - a proteasome inhibitor, and
    - an anti-CD38 antibody, and
- the myeloma has progressed on the last treatment.

The Technology

Multiple myeloma is a form of cancer that arises from plasma cells (a type of white blood cell) in the bone marrow. Myeloma cells produce large quantities of an abnormal antibody, known as paraprotein. Unlike normal antibodies, paraprotein has no useful function and lacks the capacity to fight infection. Myeloma cells supress the development of normal blood cells that are responsible for fighting infection (white blood cells), carrying oxygen around the body (red blood cells) and blood clotting (platelets). The term multiple myeloma refers to the presence of more than one site of affected bone at the time of diagnosis. People with multiple myeloma can experience bone pain, bone fractures, tiredness (due to anaemia), infections, hypercalcaemia (too much calcium in the blood) and kidney problems.

Approximately 5,300 people are diagnosed with multiple myeloma in England each year (2017 to 2019 data). Five-year prevalence of multiple myeloma in the UK is 28 per 100,000. It is most frequently diagnosed in older people, with 43% of new cases of multiple myeloma in England in people aged 75 years or older. The 5-year survival rate for adults with multiple myeloma in England and Wales is estimated to be 52%. Multiple myeloma is more common in men than in women. The incidence rates are also reported to be lower in the Asian ethnic group, higher in the Black ethnic group, and similar in people of mixed or multiple ethnicity, compared with the white ethnic group, in England.

The main aims of treatment are to prolong survival and maintain a good quality of life by controlling the disease and relieving symptoms. If the disease progresses after initial treatment, the choice of subsequent treatment is influenced by previous treatment and response to it, duration of remission, comorbidities and patient preference.

Talquetamab is indicated as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least 3 prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.

The comparator treatments for the eligible population are teclistamab, elranatamab pomalidomide plus dexamethasone, daratumumab, panobinostat with bortezomib and dexamethasone, and selinexor with dexamethasone.

Financial Factors

This technology is commissioned by NHS England.

The company has a commercial arrangement. This makes talquetamab available to the NHS at a discount.

The payment mechanism for the technology is determined by the responsible commissioner and depends on whether the technology is classified as high cost.

The list price for talquetamab is £326.41 per 3-mg vial and £4,352.00 per 40-mg vial (excluding VAT, BNF online accessed October 2025).

NICE estimate that in year 3, 31 people in Devon will be eligible for treatment.

Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma TA1113

Recommendation

Glofitamab plus gemcitabine and oxaliplatin **can be used** as an option to treat relapsed or refractory diffuse large B-cell lymphoma not otherwise specified in adults when:

- they have had 1 line of treatment only, and
- they are not eligible for an autologous stem cell transplant.

Glofitamab plus gemcitabine and oxaliplatin can only be used if the company provides it according to the commercial arrangement.

This recommendation is not intended to affect treatment with glofitamab plus gemcitabine and oxaliplatin that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS healthcare professional consider it appropriate to stop.

The Technology

Diffuse large B-cell lymphoma (DLBCL) is a type of fast-growing blood cancer that affects white blood cells called B lymphocytes (B cells). There are subtypes of DLBCL. But most people will not have a specific type, so have DLBCL not otherwise specified (DLBCL-NOS). Symptoms such as fever, night sweats, weight loss and local effects of lymph node enlargement can have a substantial impact on quality of life.

People can have anxiety or insomnia, which can increase if their lymphoma has relapsed or treatment has not worked. Treatment aims to cure DLBCL-NOS but in many people it is refractory to treatment or relapses after a period of remission. Patient experts noted that having to wait for multiple relapses to access the newest treatments made a chance of cure smaller and could result in more side effects.

Some people are not eligible for an autologous stem cell transplant (ASCT). These people are generally older and frailer than people who are eligible for an ASCT. So, having another treatment option available after the first relapse or treatment failure would be an advantage.

Glofitamab in combination with gemcitabine and oxaliplatin is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma not otherwise specified (DLBCL NOS) who are ineligible for autologous stem cell transplant (ASCT).

The comparator treatments for the eligible population are rituximab plus gemcitabine and oxaliplatin (R-GemOx) or polatuzumab vedotin plus rituximab and bendamustine (Pola-BR).

Glofit-GemOx, R-GemOx and Pola-BR are all administered as an intravenous infusion.

Financial Factors

This technology is commissioned by NHS England.

The company has a commercial arrangement. This makes glofitamab available to the NHS at a discount.

The payment mechanism for the technology is determined by the responsible commissioner and depends on whether the technology is classified as high cost.

NICE estimate that in year 3, 11 people in Devon will be eligible for treatment, with 8 receiving glofitamab plus gemcitabine and oxaliplatin.

Highly Specialised Technology Guidance (HSTs)

None published this month.

NICE Guidelines (NGs)

Child maltreatment: when to suspect maltreatment in under 18s CG89 (UPDATE)

Update December 2025: NICE have added a definition of independently mobile in the context of recommendations 1.1.2, 1.1.5 and 1.1.6.

This guideline covers the signs of possible child maltreatment in children and young people aged under 18 years. It aims to raise awareness and help health professionals who are not child protection specialists to identify the features of physical, sexual and emotional abuse, neglect and fabricated or induced illness.

NICE Rapid COVID-19 Guidelines

None published this month.

Public Health Guidelines

None published this month.

Antimicrobial Prescribing Guidelines

None published this month.

Social Care Guidelines

None published this month.

Interventional Procedures Guidance (IPGs)

VA ECMO for postcardiotomy cardiogenic shock in adults IPG810

This guidance, along with NICE IPG807 on VA ECMO for severe acute heart failure and IPG808 on VA ECMO for extracorporeal cardiopulmonary resuscitation (ECPR) in adults with refractory cardiac arrest, replaces NICE IPG482 on extracorporeal membrane oxygenation (ECMO) for acute heart failure in adults.

Recommendations

Venoarterial extracorporeal membrane oxygenation (VA ECMO) **can be used** in the NHS during the evidence generation period as an option to manage postcardiotomy cardiogenic shock (PCS) in adults. There must be enhanced informed consent and auditing of outcomes.

The Condition

Postcardiotomy refers to the period immediately after open-heart surgery. Postcardiotomy cardiogenic shock (PCS) is a rare but life-threatening situation that happens when the efficiency of the heart as a pump is impaired and it is unable to meet the body's needs. This means a person may be unable to be separated from cardiopulmonary bypass after open-heart surgery. Persistent cardiogenic shock cannot be managed with medicines alone.

The Procedure

Extracorporeal membrane oxygenation (ECMO) can be used to manage postcardiotomy cardiogenic shock immediately after heart surgery, or to help separation from cardiopulmonary bypass.

In venoarterial ECMO, blood is taken from the venous system (usually from the femoral vein or the right atrium) and pumped through an oxygenator, where oxygen and carbon dioxide are exchanged. It is then returned to the arterial system, usually through the femoral or axillary artery or ascending aorta. People are usually given a continuous infusion of an anticoagulant, usually heparin, to prevent blood clotting in the extracorporeal system. For people with poor kidney function, a haemofiltration unit may be added to the circuit.

Medical Technologies Guidance (MTGs)

None published this month.

HealthTech guidance (HTG)

Digital platforms to support cardiac rehabilitation: early value assessment HTG764

Recommendations

Seven digital technologies **can be used** in the NHS during the evidence generation period as options to support cardiac rehabilitation for adults with cardiovascular disease (CVD). The technologies are:

- Activate Your Heart
- D REACH-HF
- Digital Heart Manual
- Gro Health HeartBuddy
- KiActiv
- myHeart
- Pumping Marvellous Cardiac Rehab Platform

These technologies can only be used:

- after a trained healthcare professional has assessed that the technology is suitable for the person having cardiac rehabilitation
- if the evidence outlined in the evidence generation plan for these technologies is being generated
- as long as they have appropriate regulatory approval including NHS England's Digital Technology Assessment Criteria (DTAC) approval.

The companies must confirm that agreements are in place to generate the evidence. NICE will contact the companies annually to confirm that evidence is being generated and analysed as planned. NICE may revise or withdraw the guidance if these conditions are not met.

At the end of the evidence generation period (3 years), the companies should submit the evidence to NICE in a format that can be used for decision making. NICE will review the evidence and assess if the technology can be routinely adopted in the NHS.

More research is needed on 5 digital technologies to support cardiac rehabilitation for adults with CVD before they can be funded by the NHS. The technologies are:

- Beat Better
- Datos Health

- Get Ready
- Luscii vitals
- R Plus Health.

The Technologies

Digital technologies to support cardiac rehabilitation are a possible treatment option for people with cardiovascular disease (CVD). They can be used on mobile phones, tablets or computers. They are intended to be offered as an option to support cardiac rehabilitation programmes remotely. This would enable people with CVD to self-manage their care at a time and location that is convenient to them. These digital platforms are not intended to replace the initial assessments in a cardiac rehabilitation programme, which is when prescribing decisions would usually be made.

Thirteen technologies were included in the scope and external assessment report. Many of the technologies are in use in the NHS. Some of the technologies are indicated for a specific CVD population.

The technologies typically include most or all of the standard components of conventional cardiac rehabilitation (see the BACPR Standards and Core Components 2023). These include:

- health behaviour change and education
- lifestyle risk factor management
- medical risk management
- psychosocial health
- long-term strategies.

Digital platforms for cardiac rehabilitation vary in terms of:

- the mode of delivery (through websites [web] or applications [apps])
- the components of cardiac rehabilitation that are offered
- target populations
- programme duration
- the frequency and level of support by healthcare professionals
- other features.

The comparator for the eligible population is conventional cardiac rehabilitation, which may consist of face-to-face sessions, or a hybrid programme of in-person group-based and home-based programmes.

Financial Factors

This technology is commissioned by ICBs.

Digital technologies have the potential to improve access, uptake and adherence to cardiac rehabilitation programmes, which could reduce unplanned hospital admissions and acute events resulting from deterioration of the condition.

NICE estimate there are currently 2,826 people in Devon who are eligible to access cardiac rehabilitation services

NICE Quality Standards

None published this month.

Current NICE Consultations

Title/link	End date of consultation
Middle meningeal artery embolisation for chronic subdural haematomas	07/01/2026
Port Delivery platform with ranibizumab for treating wet age-related macular degeneration [ID3983]	08/01/2026
Pixantrone monotherapy for treating multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma	09/01/2026
Pharmalgen for the treatment of bee and wasp venom allergy	09/01/2026
Denecimig (Mim8) for preventing bleeding episodes in haemophilia A in people 1 year and over ID6400	15/01/2026
Guidance on the use of electroconvulsive therapy	16/01/2026
Setmelanotide for treating acquired hypothalamic obesity in people 4 years and over ID6542	16/01/2026
Filgotinib for treating axial spondyloarthritis ID6594	21/01/2026
Lifileucel for previously treated unresectable or metastatic melanoma ID3863	22/01/2026
Domestic Abuse	27/01/2026