NHS
Devon
Clinical Commissioning Group

NICE Update Bulletin: July 2020

Hyperlinks to the relevant NICE web page are included below.

NICE rapid COVID-19 guidelines

COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services NG179

The purpose of this guideline is to help healthcare professionals deliver efficient planned care while minimising the risk of COVID-19 in the context of increasing or decreasing local prevalence. It also aims to help patients make decisions about their planned care.

It is for adults, young people and children in hospitals and diagnostic settings. Planned care covers elective surgery (day surgery and inpatient stays), interventional procedures, diagnostics and imaging. It does not include services where people have ongoing outpatient and day-case procedures such as chemotherapy, radiotherapy and dialysis.

COVID-19 rapid guideline: haematopoietic stem cell transplantation NG164 (update)

The purpose of this guideline is to maximise the safety of patients who need haemopoietic stem cell transplantation and make the best use of NHS resources, while protecting staff from infection.

July 2020: NICE amended recommendations on advice and testing for COVID-19 for patients and donors and removed recommendations on deferring treatment for some patients to reflect changes in the risk of infection and the capacity in services.

COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders NG167 (update)

The purpose of this guideline is to maximise the safety of children and adults with rheumatological autoimmune, inflammatory and metabolic bone disorders during the COVID-19 pandemic, while protecting staff from infection. It also enables services to make the best use of NHS resources.

July 2020: NICE highlighted the possible risk of adrenal crisis for patients on long-term corticosteroids.

Technology Appraisals (TAs)

Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer TA639

Recommendations

Atezolizumab with nab-paclitaxel is **recommended**, within its marketing authorisation, for treating triple-negative, unresectable, locally advanced or metastatic breast cancer in adults whose tumours express PD-L1 at a level of 1% or more and who have not had previous chemotherapy for metastatic disease. It is recommended only if the company provides atezolizumab according to the commercial arrangement.

The technology

Atezolizumab in combination with nab-paclitaxel is indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumours have PD-L1 expression ≥ 1% and who have not received prior chemotherapy for metastatic disease.

Financial factors

This technology is commissioned by NHS England.

NICE estimates that 580 people in England with untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer are eligible for treatment with atezolizumab with nab-paclitaxel. 520 people will have atezolizumab with nab-paclitaxel from year 2 onwards once uptake has reached 90%.

This equates to an estimated 13 people in Devon, with 11 people having atezolizumab with nab-paclitaxel from year 2 onwards once uptake has reached 90%.

Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer TA638

Recommendations

Atezolizumab with carboplatin and etoposide is **recommended** as an option for untreated extensive-stage small-cell lung cancer in adults, only if:

- they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, and
- the company provides atezolizumab according to the commercial arrangement.

When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate.

These recommendations are not intended to affect treatment with atezolizumab that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

The technology

Atezolizumab received a promising innovative medicine designation in November 2018 and a positive opinion from the Early Access to Medicines Scheme in June 2019.

Having received a marketing authorisation in other cancer indications in 2017, in July 2019, the Committee for Medicinal Products for Human Use (CHMP) adopted a positive opinion recommending a variation to the terms of the marketing authorisation for the medicinal product atezolizumab. The CHMP adopted a new indication as follows: Tecentriq, in combination with carboplatin and etoposide, is indicated for the first-line treatment of adult patients with extensive-stage small-cell lung cancer.

Financial factors

This technology is commissioned by NHS England.

NICE estimates that 1,370 people in England are eligible for treatment with atezolizumab with carboplatin and etoposide. 1,230 people will receive atezolizumab with carboplatin and etoposide from year 2021/22 onwards once uptake has reached 90%.

This equates to an estimated 30 people in Devon, with 27 people receiving atezolizumab with carboplatin and etoposide from year 2021/22 onwards once uptake has reached 90%.

Highly specialised technology guidance (HSTs)

None published this month.

NICE Guidelines (NGs)

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)

Artificial iris insertion for congenital aniridia IPG675

Recommendations

Evidence on the safety and efficacy of artificial iris implant insertion for congenital aniridia is inadequate in quantity and quality. Therefore, this procedure should only be used in the **context of research**.

Research could include the use of observational data from cohort studies or high-quality case series. Studies should report details of patient selection and the type of implant used. Outcomes should include quality of life and other patient-reported outcomes.

NICE may update the guidance on publication of further evidence.

The condition

Congenital aniridia is a rare condition in which the iris has not formed properly, so it is missing or underdeveloped. It affects both eyes. The amount of iris tissue missing varies from person to person. Many people with congenital aniridia also have a part of their retina that is not fully developed, and many have nystagmus.

People with congenital aniridia may be very light sensitive (photophobic) and report symptoms of glare. They may develop other eye problems such as glaucoma, cataract and corneal opacification. The degree of vision loss varies. Treatment includes contact lenses with iris prints and tinted spectacle lenses.

Surgical implantation of an artificial iris device may be an option for some people with complete or partial congenital aniridia.

The procedure

There are different devices available, including a solid acrylic ring or segment and a flexible silicone disc which can be custom-made for each patient. The implant has a defined pupil size, which offers a compromise between day and night vision.

The artificial iris implant is inserted using local or general anaesthesia.

Flexible implants are rolled up and inserted through a cut about 3 mm long at the edge of the cornea, into the posterior chamber of the eye. They are then unfolded and fixed in the eye. If sutures are needed to hold the implant in place, a larger cut may be necessary. The implant insertion can be done on its own or at the time of cataract or lens fixation surgery.

Solid ring implants are typically inserted during cataract surgery along with an intraocular lens. In some patients, an iris reconstruction lens containing both an artificial iris and a lens is implanted. Depending on the condition of the eye, the lens and iris device may need to be sutured to the sclera.

The aim of artificial iris implant insertion is to improve visual acuity, reduce photophobia and glare, and improve the eye's appearance.

Artificial iris insertion for acquired aniridia IPG674

Recommendations

Evidence on the safety and efficacy of artificial iris implant insertion for acquired aniridia is limited in quantity and quality. Therefore, this procedure should only be used with **special arrangements** for clinical governance, consent, and audit or research. Find out what special arrangements mean on the NICE website.

Clinicians wishing to do artificial iris implant insertion for acquired aniridia should:

- Inform the clinical governance leads in their NHS trusts.
- Give patients clear information to support shared decision making, including NICE's information for the public.
- Ensure that patients understand the procedure's safety and efficacy, as well as any uncertainties about these.
- Audit and review clinical outcomes of all patients having the procedure. NICE has identified relevant audit criteria and developed an audit tool (which is for use at local discretion).

The procedure should only be done by ophthalmic surgeons with appropriate experience and training.

Research could include the use of observational data from cohort studies or high-quality case series. Studies should report details of patient selection and the type of implant used. Outcomes should include quality of life and other patient-reported outcomes.

NICE may update the guidance on publication of further evidence.

The condition

Acquired aniridia means the iris is either missing or incomplete as a result of trauma, surgery or laser treatment.

People with aniridia may be very light sensitive (photophobic) and report symptoms of glare. They may develop other eye problems such as glaucoma, cataract and corneal opacification. The degree of vision loss varies. Treatment includes contact lenses with iris prints and tinted spectacle lenses.

Surgical implantation of an artificial iris device may be an option for some people with complete or partial acquired aniridia.

The procedure

There are different devices available, including a solid acrylic ring or segment and a flexible silicone disc, which can be custom-made for each patient. The implant has a defined pupil size, which offers a compromise between day and night vision.

The artificial iris implant is inserted using local or general anaesthesia.

Flexible implants are rolled up and inserted through a cut about 3 mm long at the edge of the cornea, into the posterior chamber of the eye. They are then unfolded and fixed in the eye. If sutures are needed to hold the implant in place, a larger cut may be necessary. The implant insertion can be done on its own or at the time of cataract or lens fixation surgery.

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The aim of artificial iris implant insertion is to improve visual acuity, reduce photophobia and glare, and improve the eye's appearance.

Medical Technologies Guidance (MTGs)

None published this month.

Diagnostics Guidance (DGs)

None published this month.

NICE Quality Standards

These quality standards were developed before the coronavirus pandemic and are intended to support quality improvement as services return to normal.

Renal and ureteric stones QS195

This quality standard covers assessing and managing renal and ureteric stones in children, young people and adults. It describes high-quality care in priority areas for improvement.

Specialist neonatal respiratory care for babies born preterm QS193

This quality standard covers neonatal respiratory support in hospital for babies born preterm (before 37 weeks of pregnancy). It describes high-quality care in priority areas for improvement.

Current NICE consultations

Title / link	End date of consultation
Venous thromboembolic diseases (QS update)	05/08/2020
Endo-Sponge for treating colorectal anastomotic leakage	06/08/2020
Cirrhosis in over 16s: assessment and management	07/08/2020
Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome [ID1405]	19/08/2020