NHS Devon

NICE Update Bulletin: July 2023

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

1. **Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer TA911**
2. **Semaglutide for managing overweight and obesity in young people aged 12 to 17 years *(terminated appraisal)* TA910**
3. **Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer TA909**
4. **Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy TA908**
5. **Rimegepant for preventing migraine TA906**
6. **Afamelanotide for treating erythropoietic protoporphyria HST27**
7. **Lung cancer: diagnosis and management NG122 (UPDATE)**
8. **Oesophago-gastric cancer: assessment and management in adults NG83 (UPDATE)**
9. **Obesity: identification, assessment and management CG189 (UPDATE)**
10. **Irreversible electroporation for treating prostate cancer IPG768**
11. **KardiaMobile for detecting atrial fibrillation MTG64 (UPDATE)**
12. **AI-derived computer-aided detection (CAD) software for detecting and measuring lung nodules in CT scan images DG55**
13. **Alcohol-use disorders: diagnosis and management QS11 (UPDATE)**
14. **Current NICE Consultations**

Technology Appraisals (TAs)

Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer TA911

Recommendations

Selpercatinib is **recommended** with **managed access** as an option for treating RET fusion-positive advanced non-small-cell lung cancer (NSCLC) in adults, only if:

- it is untreated
- the conditions in the managed access agreement for selpercatinib are followed.

This recommendation is not intended to affect treatment with selpercatinib 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 clinician consider it appropriate to stop.

The Technology

Lung cancer falls into two main histological categories: around 85 – 90% are non-small-cell lung cancers (NSCLC) and the remainder are small-cell lung cancers. NSCLC can be further classified into squamous cell carcinoma and non-squamous cell carcinoma. Approximately 70% of NSCLC are of non-squamous histology and can be either large-cell undifferentiated carcinoma or adenocarcinoma.

Most lung cancers are diagnosed at an advanced stage when the cancer has spread to lymph nodes and other organs in the chest (locally advanced disease; stage III) or to other parts of the body (metastatic disease; stage IV).

Rearranged during transfection (RET) fusion-positive tumours occur in 1-2% of NSCLC and are more commonly found in people who are younger than 60 years, former light smokers or those who have never smoked.

At advanced stage (III and IV) NSCLC, treatment aims to control the cancer for as long as possible and help with symptoms. Treatment generally includes chemotherapy, targeted drugs, radiotherapy and symptom control treatment. Treatment choices are influenced by the presence of biological markers, histology and previous treatment experience.

Testing for RET fusion status is not routinely carried out as standard of care in the UK. People with unconfirmed RET fusion-positive advanced NSCLC would therefore follow the standard NSCLC treatment pathway.

Financial Factors

This technology is commissioned by NHS England.

Selpercatinib will be available to the NHS in line with the managed access agreement with NHS England. As part of this, NHS England and the company have a commercial access agreement that makes selpercatinib available to the NHS at a reduced cost.

NICE estimated that around 160 adults per year in England with untreated RET fusion-positive advanced NSCLC are eligible for treatment with selpercatinib.

Since selpercatinib is administered orally, there will be a capacity benefit for providers if it is used instead of comparators that are administered by intravenous (IV) infusion.

The resource impact of selpercatinib will be covered by the Cancer Drugs Fund budget. More evidence on selpercatinib is being collected until further data from LIBRETTO-001 and LIBRETTO-431 is available. After this, NICE will decide whether or not to recommend it for use on the NHS and update the guidance. It will be available through the Cancer Drugs Fund until then.

Semaglutide for managing overweight and obesity in young people aged 12 to 17 years *(terminated appraisal)* TA910

NICE is **unable to make a recommendation** on semaglutide for managing overweight and obesity in young people aged 12 to 17 years because the company did not provide an evidence submission. We will review this decision if the company decides to make a submission.

Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer TA909

Recommendations

Lorlatinib is **not recommended**, within its marketing authorisation, for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults who have not had an ALK inhibitor.

This recommendation is not intended to affect treatment with lorlatinib 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 clinician consider it appropriate to stop.

The Technology

Lung cancer falls into two main groups: around 80 to 85% are non-small-cell lung cancers (NSCLC) and the remainder are small cell lung cancers. NSCLC can be further classified into squamous cell carcinoma and non-squamous cell carcinoma. Approximately 70% of NSCLC are

of non-squamous histology and can be either large-cell undifferentiated carcinoma or adenocarcinoma.

Most lung cancers are diagnosed at an advanced stage, when the cancer has spread to lymph nodes and other organs in the chest (locally advanced disease; stage III) or to other parts of the body (metastatic disease; stage IV).

Anaplastic lymphoma kinase (ALK) fusion genes are chromosomal alterations that occur between the tyrosine kinase portion of the ALK gene and other genes. They are believed to be involved in the growth of tumours. ALK translocation can occur in NSCLC of any histology, although it is thought to be most common (almost exclusively) in tumours with adenocarcinoma histology. Approximately 3–7% of all lung tumours contain ALK mutations.

For the majority of people with NSCLC, the aims of treatment are to prolong survival and improve quality of life. Treatment choices are influenced by the presence of biological markers, histology and previous treatment experience.

People with confirmed ALK-positive NSCLC are likely to be offered initial treatment with ALK-targeted treatment. NICE recommends crizotinib (TA406), ceritinib (TA500), alectinib (TA536) and brigatinib (TA670) as treatment options for adults with untreated ALK-positive advanced NSCLC.

People with NSCLC of an unknown ALK status may be offered initial treatment with platinum-doublet chemotherapy.

Lorlatinib inhibits the ALK and ROS1 receptor tyrosine kinases, acting against a range of ALK resistant mutations. By inhibiting ALK phosphorylation and ROS1 activity, lorlatinib inhibits the downstream signalling, inducing cell death, which results in the inhibition of tumour cell growth. It is taken orally.

Financial Factors

This technology would be commissioned by NHS England.

Clinical trial evidence suggests that lorlatinib improves the amount of time people have before their condition progresses compared with crizotinib. But crizotinib is not usually used as a first treatment for this condition, so the trial results are not generalisable to the NHS. An indirect comparison suggests that lorlatinib may increase how long people live before their condition gets worse compared with alectinib and brigatinib, but this is uncertain. Also, because the clinical trial is ongoing, it is not possible to conclude whether this difference will continue and whether lorlatinib will increase how long people live.

Because there are many uncertainties in the clinical evidence, the company's economic analyses are also uncertain. The cost-effectiveness estimates are also all above the range NICE considers an acceptable use of NHS resources. Therefore, lorlatinib is not recommended for routine use in the NHS.

Collecting more data through managed access may resolve some of the uncertainties in the clinical evidence. But, because all the cost-effectiveness estimates are above the range NICE considers an acceptable use of NHS resources, lorlatinib does not have the likely possibility to be cost effective at its current price at the end of the managed access period. Lorlatinib cannot therefore be recommended for use with managed access.

Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy TA908

This guidance updates and replaces TA620 (published January 2020)

Recommendations

Olaparib is **recommended** as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer in adults whose cancer has responded to platinum-based chemotherapy, only if:

- they have a BRCA1 or BRCA2 mutation
- they have had 2 or more courses of platinum-based chemotherapy
- the company provides olaparib according to the commercial arrangement.

This recommendation is not intended to affect treatment with olaparib 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 clinician consider it appropriate to stop.

The Technology

Ovarian cancer is a cancerous growth that occurs in the ovary or fallopian tubes. The most common type of ovarian cancer, high-grade serous type, is thought to arise from the peritoneum or fallopian tube and presents after it has spread to the ovary. Advanced ovarian cancer falls within stages 2 to 4. In stage 2 the disease has grown outside the ovaries but is still within the pelvic area, stage 3 denotes disease that is locally advanced and has spread outside the pelvis into the abdominal cavity, and stage 4 denotes disease that has spread to other body organs, such as the liver or lungs. Most people are diagnosed with advanced stage disease. Some people have gene mutations that may increase the risk of ovarian cancer. Mutated inherited genes that increase the risk of ovarian cancer include BRCA 1 and 2.

Ovarian cancer may be categorised according to the response to initial platinum chemotherapy as follows:

- platinum-sensitive: disease responds to platinum-based therapy but relapses after 6 months or more
- platinum resistant: disease which relapses within 6 months of completion of platinum-based chemotherapy
- platinum-refractory: disease does not respond to initial platinum based chemotherapy

Although a significant percentage of people have disease that responds to initial chemotherapy, between 55% and 75% of people whose tumours respond to initial therapy relapse within 2 years of completing treatment.

Olaparib is a poly-ADP-ribose polymerase (PARP) inhibitor which inhibits PARP proteins involved in DNA repair. It is administered orally.

Financial Factors

This technology is commissioned by NHS England.

Olaparib is currently available through the Cancer Drugs Fund. It is also recommended for people who have had 3 or more courses of platinum-based chemotherapy in routine commissioning. This partial review specifically updates and replaces the Cancer Drugs Fund recommendation for people who have had 2 courses of platinum-based chemotherapy in TA620.

NICE do not anticipate this guidance to have a significant impact on resources. This is because the population size is small (50 per year in England).

The company has a commercial arrangement. This makes olaparib available to the NHS with a discount.

Rimegepant for preventing migraine TA906

Recommendations

Rimegepant is **recommended** as an option for preventing episodic migraine in adults who have at least 4 and fewer than 15 migraine attacks per month, only if at least 3 preventative treatments have not worked.

Stop rimegepant after 12 weeks of treatment if the frequency of migraine attacks does not reduce by at least 50%.

If people with the condition and their clinicians consider rimegepant to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, use the least expensive. Take account of administration costs, dosage, price per dose and commercial arrangements.

These recommendations are not intended to affect treatment with rimegepant 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

Migraine is primarily a headache disorder manifesting as recurring attacks usually lasting between 4 and 72 hours involving throbbing head pain of moderate to severe intensity. It is often accompanied by nausea, sometimes vomiting, sensitivity to light, sensitivity to sounds, and/or other sensory stimuli. Migraine can have significant impacts on quality of life and ability to carry out normal activities. Some people can have warning symptoms called an aura before the start of a headache. Factors that can trigger attacks in people susceptible to migraines include stress, change in sleep pattern, overtiredness, menstruation, consumption of caffeine or alcohol, climatic conditions and use of visual display units.

Migraine can also be classified based on the frequency of headaches, as episodic or chronic. Episodic migraine is defined as fewer than 15 headache days a month. Chronic migraine is defined as 15 or more headache days a month with at least 8 of those having features of migraine. Acute migraine attacks can happen to people with either episodic or chronic migraine.

Treatments for acute migraine attacks include analgesics, triptans and anti-emetics. CG150 and the NICE pathway on the management of migraine (with or without aura) recommend an oral triptan with either a nonsteroidal anti-inflammatory drug (NSAID) or paracetamol, taking into account patient preferences, comorbidities and the risk of adverse events. For people who prefer to take only one drug, monotherapy with an oral triptan, NSAID, high-dose aspirin or paracetamol should be considered. Anti-emetics should be considered in addition to other acute migraine treatment even in the absence of nausea and vomiting.

Preventive treatment of migraines can take many forms including nutritional supplements, lifestyle alterations such as increased exercise and avoidance of migraine triggers. It can also include medications, which are generally considered for people depending on their disease burden and frequency of attacks. CG150 recommends offering topiramate or propranolol and considering amitriptyline, for preventing migraine according to the person's preference, comorbidities and risk of adverse events.

Rimegepant would usually be offered after 3 preventative oral treatments had not worked, or if the person cannot tolerate them. Available fourth-line treatments on the NHS are the injectable monoclonal antibodies erenumab, fremanezumab and galcanezumab. NICE has also recently published a technology appraisal guidance on eptinezumab for preventing migraine (TA871).

Rimegepant is a calcitonin gene-related peptide receptor antagonist. It inhibits the action of calcitonin gene related peptide, which is believed to transmit signals that can cause severe pain. Rimegepant is administered orally.

Financial Factors

This technology is commissioned by ICBs.

NICE do not expect this guidance to have a significant on resources. This is because rimegepant is a further treatment option. Uptake of rimegepant would displace other calcitonin gene-related peptide (CGRP) receptor antagonists and the overall cost of treatment for this patient group will be similar.

Rimegepant is an oral tablet which may be preferrable when compared with other CGRP receptor antagonists which are administered by subcutaneous injection. There are likely to be resource benefits for the NHS because no training is required to administer the treatment and injection site reactions would be avoided. As there are no commercial arrangements in place for rimegepant, the medicine can be procured and dispensed in primary care and reimbursed at the Drug Tariff price.

NICE estimate that in Devon, 106 people with episodic migraine will be eligible for treatment.

Highly Specialised Technology Guidance (HSTs)

Afamelanotide for treating erythropoietic protoporphyria HST27

Recommendations

Afamelanotide is **not recommended**, within its marketing authorisation, for preventing phototoxicity in adults with erythropoietic protoporphyria (EPP).

This recommendation is not intended to affect treatment with afamelanotide 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 clinician consider it appropriate to stop.

The Technology

Erythropoietic protoporphyria (EPP) is a genetic disorder. It results from mutations in genes involved in the haem production pathway, such as ferrochelatase and delta-aminolevulinate synthase 2.

The condition results in excessive amounts of protoporphyrin IX in the skin, bone marrow, blood plasma and red blood cells. EPP is a cutaneous porphyria. The major symptom is phototoxicity caused by sunlight and artificial light emitted along the visible spectrum above 400 nanometres. The skin can rapidly become severely painful, swollen, itchy and red and skin erosions can also occur. A phototoxic reaction typically lasts between 2 and 3 days, but it can last 10 or more days, with severe pain and loss of sleep. These symptoms, along with persisting anxiety and social isolation because of sun and light avoidance, can have a profound effect on quality of life. Over

time, light exposure can cause thickening of the skin on the knuckles and scarring on the face. A small proportion of people with EPP may have important complications related to liver and gallbladder function.

Afamelanotide activates the synthesis of eumelanin mediated by the melanocortin 1 receptor. It is administered as a subcutaneous dissolving implant. One implant is administered every 2 months before expected and during increased sunlight exposure, for example, from spring to early autumn.

Financial Factors

This technology would be commissioned by NHS England.

The cost-effectiveness analyses for afamelanotide are very challenging. Based on the available evidence provided by the company, the cost-effectiveness estimates are all substantially higher than the range normally considered acceptable for highly specialised technologies. Also, the benefits of afamelanotide may not have been captured adequately in the formal analysis.

Even when considering the scenario based on additional evidence from stakeholders, the most optimistic estimates of cost effectiveness are still higher than those considered acceptable for highly specialised technologies. Therefore, it is not possible to conclude that afamelanotide provides appropriate value for money.

Taking into account all of the evidence and factors affecting the decision, afamelanotide is not recommended for use in the NHS.

NICE Guidelines (NGs)

Lung cancer: diagnosis and management NG122 (UPDATE)

This guideline covers diagnosing and managing non-small-cell and small-cell lung cancer. It aims to improve outcomes for patients by ensuring that the most effective tests and treatments are used, and that people have access to suitable palliative care and follow-up.

July 2023: NICE have added the following technology appraisals to the systemic anti-cancer therapy treatment pathways for advanced non-small-cell lung cancer; TA898, TA855 and TA911.

Oesophago-gastric cancer: assessment and management in adults NG83 (UPDATE)

This guideline covers assessing and managing oesophago-gastric cancer in adults, including radical and palliative treatment and nutritional support. It aims to reduce variation in practice through better organisation of care and support and improve quality of life and survival by giving advice on the most suitable treatments depending on cancer type, stage and location.

July 2023: NICE reviewed the evidence and made new recommendations on palliative management of luminal obstruction with no curative intent for adults with oesophageal or oesophago-gastric junctional cancer

Obesity: identification, assessment and management CG189 (UPDATE)

This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults.

July 2023: NICE have reviewed the evidence and made new recommendations on bariatric surgery for people living with overweight and obesity. NICE have also made some changes without an evidence review.

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)

Irreversible electroporation for treating prostate cancer IPG768

This guidance replaces IPG572 (published December 2016)

Recommendations

Irreversible electroporation for treating prostate cancer should only be used with **special arrangements** for clinical governance, consent, and audit or research.

Clinicians wanting to do irreversible electroporation for treating prostate cancer should:

- Inform the clinical governance leads in their healthcare organisation.
- Ensure that people (and their families and carers as appropriate) understand the procedure's safety and efficacy, and any uncertainties about these.

- Take account of NICE's advice on shared decision making, including NICE's information for the public.
- Audit and review clinical outcomes of everyone having the procedure. The main efficacy and safety outcomes identified in this guidance can be entered into NICE's interventional procedure outcomes audit tool (for use at local discretion).
- Discuss the outcomes of the procedure during their annual appraisal to reflect, learn and improve.

Healthcare organisations should:

- Ensure systems are in place that support clinicians to collect and report data on outcomes and safety for everyone having this procedure.
- Regularly review data on outcomes and safety for this procedure.

Further research should ideally be randomised controlled trials with an appropriate comparator. Further research could also include analysis of registry data or research databases. It should include details of patient selection, details of the procedure (including imaging) and short- and long-term outcomes.

The Condition

Prostate cancer is the most common cancer in men in the UK. Most prostate cancers are either localised or locally advanced at diagnosis. Localised prostate cancer does not usually cause any symptoms, but some people might have urinary problems or erectile dysfunction. Some people may not identify as men but may have a prostate.

Current treatments for localised prostate cancer include active surveillance, radical prostatectomy, external beam radiotherapy, brachytherapy, and ablation of the whole gland using cryotherapy or high-intensity focused ultrasound (as recommended in NG131). Hormone therapy (androgen deprivation or anti-androgens) is usually the primary treatment for metastatic prostate cancer, but is increasingly being used for locally advanced, non-metastatic disease.

The aim of irreversible electroporation is to destroy cancerous cells by subjecting them to a series of short electrical pulses using high-voltage direct current. This creates multiple holes in the cell membrane, irreversibly damaging the cell's homeostatic mechanisms and leading to cell death.

The Procedure

The procedure is done with the person under general anaesthesia. A neuromuscular blocking agent is essential to prevent uncontrolled severe muscle contractions caused by the electric current. Several electrode needles (typically 3 to 5) are introduced transperineally and inserted into and adjacent to, the tumour in the prostate using image guidance. A series of short electrical pulses is delivered over several minutes to ablate the tumour. The electrodes may then be

repositioned to extend the zone of electroporation until the entire tumour and an appropriate margin have been ablated.

Medical Technologies Guidance (MTGs)

KardiaMobile for detecting atrial fibrillation MTG64 (UPDATE)

July 2023: This guidance was withdrawn between December 2022 and July 2023. During this time the supply of KardiaMobile to the NHS was paused while the company worked towards meeting the Digital Technology Assessment Criteria (DTAC). This criteria has now been met and accepted by NHS England and supply has resumed.

Diagnostics Guidance (DGs)

AI-derived computer-aided detection (CAD) software for detecting and measuring lung nodules in CT scan images DG55

Recommendations

For people having a chest CT scan because of *signs or symptoms that suggest lung cancer*, there is **not enough evidence to recommend** artificial intelligence (AI)-derived computer-aided detection (CAD) software alongside clinician review of CT scan images. For these people, the following AI-derived CAD software should **only be used in research** to help detect, measure and assess the growth of lung nodules:

- AI-Rad Companion Chest CT (Siemens Healthineers)
- AVIEW LCS+ (Coreline Soft)
- ClearRead CT (Riverain Technologies)
- contextflow SEARCH Lung CT (contextflow)
- InferRead CT Lung (Infervision)
- Lung AI (Arterys)
- qCT-Lung (Qure.ai)
- SenseCare-Lung Pro (SenseTime)
- Veolity (MeVis)
- Veye Lung Nodules (Aidence)
- VUNO Med-LungCT AI (VUNO).

For people having a chest CT scan for reasons *not related to suspicion of lung cancer*, there is **not enough evidence to recommend** AI-derived CAD software alongside clinician review of CT scan images. For these people, the following AI-derived CAD software should **only be used in research** to help detect, measure and assess the growth of lung nodules:

- AI-Rad Companion Chest CT (Siemens Healthineers)
- AVIEW LCS+ (Coreline Soft)
- ClearRead CT (Riverain Technologies)
- contextflow SEARCH Lung CT (contextflow)
- InferRead CT Lung (Infervision)
- Lung AI (Arterys)
- qCT-Lung (Qure.ai)
- SenseCare-Lung Pro (SenseTime)
- Veolity (MeVis)
- Veye Lung Nodules (Aidence)
- VUNO Med-LungCT AI (VUNO).

For people having a chest CT scan as part of targeted lung cancer screening, AI-derived CAD software technologies have the potential to be cost effective. But there is not enough evidence to determine which of them are the most clinically and cost effective. Centres using AI-derived CAD software alongside clinician review as part of targeted lung cancer screening should generate further evidence. This is to make sure the potential benefits are realised in practice for people having screening and for clinicians using the software, and to allow comparisons between the different software.

Further evidence generation is recommended to assess:

- the prevalence of nodules in people who have a chest CT scan because of signs or symptoms that suggest lung cancer
- how using AI-derived CAD software alongside clinician review of CT scan images affects the accuracy of detecting, measuring and assessing the growth of lung nodules, including in people with underlying lung conditions and people whose family background means they are more likely to have subsolid nodules
- how using AI-derived CAD software alongside clinician review affects clinical decision making
- how using AI-derived CAD software alongside clinician review affects scan review and reporting time.

The Tests

Lung cancer is one of the most common types of cancer in the UK. It causes symptoms such as persistent cough, coughing up blood, and feeling short of breath. People in the early stages of the disease may not have symptoms, so lung cancer is often diagnosed late. The NHS Long Term Plan sets out the NHS's ambition to diagnose 75% of all cancers at stages 1 or 2 by 2028.

Detecting lung nodules help find lung cancer early. Lung nodules can be seen on a chest CT scan. The scan may be done because of signs and symptoms that suggest lung cancer, or as part of targeted lung health checks. Lung nodules can also be detected incidentally on CT scans done for reasons unrelated to lung cancer, such as trauma or heart problems.

Computer-aided detection (CAD) software with artificial intelligence (AI)-derived algorithms can be used to automatically detect and measure lung nodules on chest CT scan images. This could help radiologists or other healthcare professionals review scan images and support clinical decisions about the need for CT surveillance or further investigation.

The CAD software included in this guidance has AI-derived automated nodule detection and volume measurement capability. All software technologies in clinical settings use fixed algorithms. They cannot adapt in real time using data from the clinical practice setting in which they are used. In the NHS, AI-based technologies are only used alongside healthcare professionals, not as standalone interventions. The healthcare professional who reviews the CT scan using the software makes the final reporting decision.

The comparator is a chest CT scan review by a radiologist or other healthcare professional without assistance from AI-derived CAD software. The healthcare professional reviewing the scan may or may not be specialised in reviewing chest CT images. In NHS England's Targeted Lung Health Checks programme, the healthcare professionals reviewing scans are radiologists specialised in reviewing chest CT images. In other CT scan settings, levels of specialisation and experience vary.

Financial Factors

Radiology Services are commissioned by ICBs.

When used in people having a CT scan because of suspected lung cancer or for reasons not related to lung cancer, using the software could lead to more people being identified with lung nodules that are not likely to be cancer. This could lead to people having CT surveillance they do not need, which may cause unnecessary anxiety. This is uncertain because there is not much evidence, so more research is needed.

Although there is more evidence in targeted lung cancer screening, it is too limited to show which technologies are the most clinically and cost effective. But the model results suggest that using the software alongside clinician review has the potential to be cost effective. So, although there is not yet enough evidence to recommend the software, centres may use it as part of targeted lung cancer screening. But they should generate evidence to make sure the potential benefits of using the software are realised in practice and to allow comparisons of the different technologies.

Health Technology Evaluations (HTE)

None published this month.

NICE Quality Standards

Alcohol-use disorders: diagnosis and management QS11 (UPDATE)

This quality standard covers identifying and supporting adults and young people (aged 10 and over) who may have an alcohol-use disorder and caring for people with alcohol-related health problems, as well as support for their families and carers. It describes high-quality care in priority areas for improvement.

July 2023: NICE updated and replaced the previous quality standard published in 2011. The topic was identified for update following the annual review of quality standards.

Current NICE Consultations

Title/link	End date of consultation
Transfemoral carotid artery stent placement for asymptomatic extracranial carotid stenosis	02/08/2023
Skin cancer update	10/08/2023
Lymphovenous anastomosis at the time of axillary/inguinal lymph node dissection for the prevention of secondary lymphoedema	16/08/2023
Talazoparib for treating HER2-negative advanced breast cancer with germline BRCA mutations [ID1342]	18/08/2023
Vitamin B12 deficiency in over 16s: diagnosis and management	22/08/2023
Intravascular lithotripsy for calcified arteries in peripheral arterial disease	23/08/2023
Neonatal infection update	24/08/2023