NHS Devon

NICE Update Bulletin: July 2024

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

1. **Trastuzumab deruxtecan for treating HER2-low metastatic or unresectable breast cancer after chemotherapy TA992**
2. **Tenecteplase for treating acute ischaemic stroke TA990**
3. **Etranacogene dezaparvovec for treating moderately severe or severe haemophilia B TA989**
4. **Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis TA988**
5. **Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma TA987 (terminated appraisal)**
6. **Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over TA986**
7. **Selective internal radiation therapy with QuiremSpheres for treating unresectable advanced hepatocellular carcinoma TA985**
8. **Selective internal radiation therapies for treating hepatocellular carcinoma TA688 (UPDATE)**
9. **CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack DG59**
10. **Anaphylaxis QS119 (UPDATE)**
11. **Current NICE Consultations**

Technology Appraisals (TAs)

Trastuzumab deruxtecan for treating HER2-low metastatic or unresectable breast cancer after chemotherapy TA992

Recommendations

Trastuzumab deruxtecan is **not recommended**, within its marketing authorisation, for treating HER2-low metastatic or unresectable breast cancer in adults after:

- chemotherapy in the metastatic setting or
- recurrence during adjuvant chemotherapy or within 6 months after finishing it.

This recommendation is not intended to affect treatment with trastuzumab deruxtecan that was started in the NHS before this guidance was published. People having treatment outside of 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

Breast cancer arises from the tissues of the ducts or lobules of the breast. The cancer is said to be metastatic if it has spread beyond the breast and nearby lymph nodes to other organs in the body such as the bones, liver and lungs. Unresectable means that the cancer cannot be removed by surgery. Human epidermal growth factor receptor 2 (HER2) is a receptor for a growth factor which occurs naturally in the body. When human epidermal growth factor attaches itself to HER2 receptors on breast cancer cells, it can stimulate the cells to divide and grow. HER2 status is defined according to the immunohistochemistry (IHC) and in situ hybridisation (ISH) criteria.

Current treatments for advanced breast cancer aim to relieve symptoms, prolong survival and maintain a good quality of life with minimal adverse events. Treatment depends on whether the cancer cells have particular receptors (hormone receptor and HER2 status), the extent of the disease, and previous treatments.

Financial Factors

This technology is commissioned by NHS England.

Clinical trial evidence shows that trastuzumab deruxtecan increases how long people live and how long they have before their cancer gets worse compared with chemotherapy treatments used for HER2-negative breast cancer. Because of lack of evidence, it is not possible to reliably compare trastuzumab deruxtecan with sacituzumab govitecan.

Despite accounting for the condition's severity, by applying a severity modifier and accounting for innovation and uncaptured benefits, the most likely cost-effectiveness estimates are above the

upper end of the range NICE considers an acceptable use of NHS resources. Therefore, deruxtecan is not recommended.

Tenecteplase for treating acute ischaemic stroke TA990

Recommendations

Tenecteplase is **recommended**, within its marketing authorisation, as an option for the thrombolytic treatment of an acute ischaemic stroke in adults:

- within 4.5 hours of the onset of stroke symptoms, and
- when intracranial haemorrhage has been excluded

Use the least expensive option of available treatments (including tenecteplase and alteplase). Take account of administration costs, dosages, price per dose and commercial arrangements. If the least expensive option is unsuitable, people with the condition, their family or carers and their healthcare professional should discuss the advantages and disadvantages of other treatments.

The Technology

A stroke is a type of cerebrovascular disease that happens when the blood supply to part of the brain is cut off, or when there is bleeding in or around the brain. Transient ischaemic attack is when stroke symptoms last for a short time and it is an indicator of future risk of strokes. Broadly, strokes are classified as either haemorrhagic or ischaemic. A haemorrhagic stroke occurs when a blood vessel in or around the brain ruptures causing blood to leak out. An ischaemic stroke arises when there is a blockage in a blood vessel serving the brain caused by a blood clot. Acute ischaemic stroke is characterised by the sudden loss of blood circulation to an area of the brain and a corresponding loss of neurological function. This may lead to symptoms such as numbness or weakness of the face, arm or leg on 1 side of the body and often problems with speech and swallowing.

Treatment of acute ischaemic stroke aims to restore blood flow to the brain and includes thrombolysis with alteplase, which dissolves blood clots. If acute stroke is suspected, **NG128** recommends brain imaging immediately to inform diagnosis and treatment options. Early initiation of treatment for ischaemic stroke is associated with improved functional outcomes.

Financial Factors

This technology is commissioned by ICBs.

Tenecteplase is an alternative to alteplase. Based on clinical trial evidence, tenecteplase is at least as effective as alteplase for the thrombolytic treatment of an acute ischaemic stroke. The evidence includes preliminary results from a large ongoing UK trial and published results from completed trials.

A cost comparison of Tenecteplase with alteplase suggests that it costs less. Administration, adverse event and other resource-use costs are expected to be similar for the two treatments. Therefore, Tenecteplase is recommended.

NICE estimate that in Devon, 228 people will be eligible for treatment with tenecteplase at year 5.

Etranacogene dezaparvovec for treating moderately severe or severe haemophilia B TA989

Recommendations

Etranacogene dezaparvovec is **recommended with managed access** as an option for treating moderately severe or severe haemophilia B (congenital factor IX [FIX] deficiency) in adults without anti-FIX antibodies. It is only recommended if the conditions in the managed access agreement for etranacogene dezaparvovec are followed.

The Technology

Haemophilia is a rare, lifelong genetic condition that affects the ability of blood to clot. This is caused by the inability or reduced ability of the body to produce substances called clotting factors which are needed for clotting. In haemophilia B, the factor affected is called factor IX (nine). Haemophilia B is normally an inherited condition found in males, but some people can have haemophilia B without family history of the disease. Instances of moderately severe or severe haemophilia B in females are rare.

The main symptom of haemophilia is prolonged bleeding but other complications include bleeding into joints and muscles without having had an injury. Severity of haemophilia is classed according to how much clotting factor is missing compared to normal expected levels of clotting factor. Severe haemophilia is classed as less than 1% of normal clotting factor and moderate haemophilia is classed as between 1% and 5% of normal clotting factor. Moderately severe haemophilia does not have a standard definition but is generally considered to be less than 2% of normal clotting factor.

Current clinical management involves replacing the missing clotting factor IX in the blood through an intravenous infusion of clotting factor concentrate. For more severe haemophilia, this involves regular injections of clotting factor that are used to prevent bleeding.

Financial Factors

This technology is commissioned by NHS England.

Etranacogene dezaparvovec has the potential to be cost effective compared with FIX prophylaxis. But the cost-effectiveness estimates are highly uncertain because of the uncertainty in how long the treatment effect will last. Therefore, etranacogene dezaparvovec is not recommended for routine use in the NHS.

Collecting more data through a managed access agreement may resolve the uncertainty in the evidence. Therefore, etranacogene dezaparvovec is recommended for use with managed access.

NICE estimate that in Devon, six people will be eligible for treatment.

Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis TA988

This guidance updates and replaces TA398 (published July 2026)

Recommendations

Ivacaftor-tezacaftor-elexacaftor (IVA-TEZ-ELX) plus ivacaftor (IVA) alone is **recommended** within its marketing authorisation, as an option for treating cystic fibrosis in people 2 years and over who have at least 1 F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

Tezacaftor-ivacaftor (TEZ-IVA) plus IVA alone is **recommended**, within its marketing authorisation, for treating cystic fibrosis in people 6 years and over who have:

- 2 copies of the CFTR gene with F508del mutations, or
- a copy of the CFTR gene with an F508del mutation and a copy of the CFTR gene with 1 of the mutations listed.

Lumacaftor-ivacaftor (LUM-IVA) is **recommended**, within its marketing authorisation, for treating cystic fibrosis in people 1 year and over who have 2 copies of the CFTR gene and F508del mutations.

IVA-TEZ-ELX, TEZ-IVA and LUM-IVA are only recommended if the company provides them according to the commercial arrangement.

The Technology

Cystic fibrosis is an inherited disease caused by genetic mutations. The cystic fibrosis transmembrane conductance regulator (*CFTR*) gene normally creates a protein that regulates levels of sodium and chloride in cells. If the CFTR gene is faulty, cells are unable to make functioning versions of this protein, leading to a build-up of thick, sticky mucus in the body's tubes and passageways. These blockages damage the lungs, digestive system and other organs, resulting in persistent cough, recurring chest and lung infections and poor weight gain. Cystic fibrosis is a progressive condition that limits life expectancy.

Current treatments for cystic fibrosis manage the symptoms and complications rather than the cause of the disease. Treatments can be broadly classified as nutritional repletion, relief of airway obstruction, treatment of acute infections, suppression of chronic infection, suppression of inflammation and organ transplantation, including lung, liver or pancreas.

NICE has published other recommended technology appraisals for cystic fibrosis: **TA266** and **TA276**.

Ivacaftor, tezacaftor and elexacaftor combination therapy is a systemic protein modulator. Tezacaftor and ivacaftor combination therapy is a systemic protein modulator. The combination is administered orally. Lumacaftor and ivacaftor combination therapy is a systemic protein modulator. The combination is administered orally as tablets or granules.

Financial Factors

This technology is commissioned by NHS England.

Clinical trial evidence shows that IVA-TEZ-ELX improves lung function, growth and weight gain and reduces the number of lung infections more than standard treatment. It is likely that these benefits last while people are having treatment.

Clinical trial evidence shows that TEZ-IVA and LUM-IVA also improve lung function, growth and weight gain and reduce the number pf lung infections more than standard treatment. But the short- and long-term improvements are smaller than with IVA-TEZ-ELX.

When considering the condition's severity and its effect on quality and length of life, the most likely cost-effectiveness estimates for IVA-TEZ-ELX, LUM-IVA and TEZ-IVA are within what NICE considers an acceptable use of NHS resources. Therefore, they are recommended.

NICE estimate that in Devon, the eligible population for treatment is 188 people.

Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma TA987 (terminated appraisal)

NICE is **unable to make a recommendation** about the use in the NHS of lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma in adults. This is because the company did not provide an evidence submission. NICE will review this decision if the company decides to make a submission.

Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over TA986

Recommendations

Lebrikizumab is **recommended** as an option for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in people 12 years and over with a body weight of 40 kg or more, only if:

- the atopic dermatitis has not responded to at least 1 systemic immunosuppressant or these treatments are not suitable and
- dupilumab or tralokinumab would otherwise be offered and

- the company provides it according to the commercial arrangement

Stop lebrikizumab after 16 weeks if the atopic dermatitis has not responded adequately. An adequate response is:

- At least a 50% reduction in the Eczema Area and Severity Index score (EASI 50) from when treatment started and
- At least a 4-point reduction in the Dermatology Life Quality Index (DLQI) from when treatment started.

Take into account how skin colour could affect the EASI score and make any clinical adjustments needed.

Take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI and make any clinical adjustments needed.

If people with the condition and their healthcare professionals consider lebrikizumab to be 1 of a range of suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive should be used. Administration costs, dosage, price per dose and commercial arrangements should be taken into account.

These recommendations are not intended to affect treatment with lebrikizumab 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 healthcare professional consider it appropriate to stip. For young people this decision should be made jointly by the healthcare professional, the young person and their parents and carers.

The Technology

Atopic dermatitis (also known as atopic eczema) is a long-term condition that affects the skin. It is characterised by a blotchy rash, dry, itchy and inflamed skin. The skin can also ooze and weep. Constant scratching can cause the skin to split and belled, which can cause skin infections. Severe dermatitis can be physically disabling or incapacitating and can cause anxiety or depression.

Atopic dermatitis is more common in childhood. Of the people who need treatment, 7% will have moderate to severe disease and around 60% of these will need a systemic treatment rather than an ointment.

Atopic dermatitis is usually managed in primary care. Treatment strategies include advice on the avoidance of factors that can provoke dermatitis, such as soap and the use of emollients to moisturise or relieve symptoms. For flares, or dermatitis that does not respond to these measures, topical corticosteroids are normally prescribed once or twice daily in conjunction with continued use of emollients as recommended in **TA81.**

People with moderate or severe atopic dermatitis not responding to topical treatments may be referred to secondary care and treated with stronger oral medications such as oral steroids, systemic immunosuppressant. NICE has recommended the following treatment options:

- abrocitinib, upadicitinib, tralokinumab **TA814**
- dupilumab **TA534**
- baricitinib **TA681**

Financial Factors

This technology is commissioned by ICBs and NHS England.

NICE do not expect this guidance to have a significant impact on resources. This is because the technology is a further treatment option and the overall cost of treatment will be similar for this patient group. However, across all of the treatment options, there may be a larger resource impact because of the expected increase in use of treatments rather than standard care.

The cost-effectiveness estimates for lebrikizumab are within the range that NICE normally considers an acceptable use of NHS when compared with other biological medicines (dupilumab or tralokinumab), but not when compared with JAK inhibitors. Therefore, lebrikizumab is only recommended when dupilumab or tralokinumab would otherwise be offered.

NICE estimate that for Devon, the current eligible population is 6,901 (986 adults and 5,915 12–17-year-olds) rising to 7,325 (1,034 adults and 6,291 12–17-year-olds) at year 5. NICE estimate that the uptake rate of lebrikizumab will represent 10% of the market share.

Selective internal radiation therapy with QuiremSpheres for treating unresectable advanced hepatocellular carcinoma TA985

This guidance partially updates TA688 (published March 2021).

Recommendations

The selective internal radiation therapy (SIRT) QuiremSpheres is **recommended** as an option for treating unresectable advanced hepatocellular carcinoma (HCC) in adults, only if it is:

- used for people with Child-Pugh grade A liver impairment when conventional transarterial therapies are inappropriate and
- the company provides it according to the commercial arrangement

This recommendation is not intended to affect treatment with QuiremSpheres 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 healthcare professional consider it appropriate to stop.

The Technology

Hepatocellular carcinoma (HCC) is the most common form of liver cancer in England. It is commonly associated with cirrhosis, which can be caused by viral infections such as hepatitis B or C, excessive alcohol intake, or other diseases that result in chronic inflammation of the liver.

Treatment for HCC depends on the location and stage of the cancer and how well the liver function is preserved. Treatment options include surgical resection and liver transplantation, radiotherapy, ablation, locoregional transarterial therapies and systemic treatments.

For people with advanced disease, NICE recommends selective internal radiation therapy (SIRT), a locoregional transarterial therapy (**TA688**). NICE also recommends systemic treatments for advanced disease, **TA849**, **TA666**, **TA555** **TA551** and **TA474**.

Financial Factors

This technology is commissioned by NHS England.

NICE do not expect this guidance to have a significant impact on resources. This is because the technology is a further treatment option and the overall cost of treatment will be similar for this patient group.

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

Selective internal radiation therapies for treating hepatocellular carcinoma TA688 (UPDATE)

July 2024: NICE updated and replaced recommendation 1.3 by TA985.

Recommendations

The selective internal radiation therapy (SIRT) QuiremSpheres is **recommended** as an option for treating unresectable advanced hepatocellular carcinoma (HCC) in adults, only if it is:

- Used for people with Child-Pugh grade A liver impairment when conventional transarterial therapies are inappropriate and
- The company provides it according to the commercial arrangement.

This recommendation is not intended to affect treatment with QuiremSpheres 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

Hepatocellular carcinoma (HCC) is the most common form of liver cancer in England. It is commonly associated with cirrhosis, which can be caused by viral infections such as hepatitis B or C, excessive alcohol intake, or other diseases that result in chronic inflammation of the liver.

Treatment for HCC is dependent on liver function, the distribution and volume of tumours within the liver, portal vein involvement and extra-hepatic metastases. Several staging systems are used including the Barcelona Clinic Liver Cancer (BCLC) system, which incorporates the Child-Pugh assessment of liver impairment, tumour characteristics and performance status (eastern Cooperative Oncology Group [ECOG] score). The stage at which HCC is detected has a significant impact on survival; people with advanced HCC have a poorer prognosis than people with early-stage HCC.

Treatment options for unresectable early (BCLC stage A), intermediate-stage (BCLC stage B) and advanced (BCLC stage C) HCC include interventional procedures such as transarterial embolisation (TAE), transarterial chemoembolization using lipiodol (TACE), transarterial chemoembolization using drug-eluting beads with doxorubicin or cisplatin (DEB-TACE). Some of the interventional procedures (such as DEB-TACE) may be used as a treatment for downstaging unresectable intermediate HCC to potentially curative therapy, such as liver resection or transplantation or as a bridge to transplantation.

People for whom the above treatments are not suitable, can have targeted chemotherapy. NICE recommends the following technologies: **TA474**, **TA551** and **TA555**. Best supportive care is offered if targeted chemotherapy or TACE is not available or appropriate.

Selective internal radiation therapies (SIRT) deliver radiation to tumours within the liver via microspheres that are injected into the hepatic artery via a catheter from the femoral artery.

Financial Factors

This technology is commissioned by NHS England.

NICE do not expect this guidance to have a significant impact on resources. This is because the technology is a further treatment option and the overall cost of treatment will be similar for this patient group.

Clinical trial evidence for QuiremSpheres is limited. It has not been directly compared with SIR-Spheres and TheraSphere, but the results from an indirect comparison suggest that QuiremSpheres is as effective as SIR-Spheres and TheraSphere. Additionally, the administration procedures are assumed to be the same and there is no anticipated capacity impact.

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

Highly Specialised Technology Guidance (HSTs)

None published this month

NICE Guidelines (NGs)

None published this month

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)

None published this month

Medical Technologies Guidance (MTGs)

None published this month

Diagnostics Guidance (DGs)

CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack DG59

Recommendations

Use CYP2C19 genotype testing to assess if clopidogrel is a suitable antiplatelet drug for people who have just had an ischaemic stroke or transient ischaemic attack (TIA). CYP2C19 genotype testing is **only recommended** if:

- quality-assurance processes and arrangements are in place for point-of-care tests.
- shared decision making for doing the test is established (see NICE guidance on shared decision making [NG197])

When interpreting test results, healthcare professionals should take into account that the prevalence of different CYP2C19 genotypes may vary between ethnic groups.

Laboratory-based testing

Use laboratory-based testing for CYP2C19 genotype testing.

Point-of-care testing

Use the Genedrive CYP2C19 ID Kit point-of-care test for CYP2C19 genotype testing when laboratory-based testing is not available.

Use the Genomadix Cube point-of-care test when laboratory-based testing and the Genedrive CYP2C19 ID Kit point-of-care test are not available.

The Technology

People who have had a stroke are at increased risk of further occlusive vascular events, such as recurrent stroke or myocardial infarction. For people who have had a non-cardioembolic ischaemic stroke or a transient ischaemic attack (TIA), the antiplatelet drug clopidogrel can be used to reduce this risk.

People with non-minor ischaemic stroke are normally offered clopidogrel after taking aspirin for 2 weeks. People with TIA or minor stroke may start clopidogrel immediately.

Clopidogrel is metabolised into its active form by an enzyme encoded by a gene called CYP2C19. In some people CYP2C19 has variations that reduce the enzyme's function (known as 'loss-of-function' variants or alleles). This means clopidogrel does not work as well in these people. Testing for these alleles is known as CYP2C19 genotype testing. It aims to identify people with CYP2C19 loss-of-function (LOF) alleles so they can be offered alternative antiplatelet drugs to lower their risk of blood clots. Testing can be done in a laboratory or at the point of care (for

example, on a stroke ward). LOF alleles are more common in certain ethnic groups, such as people with an Asian ethnic background.

Financial Factors

This diagnostic guidance is commissioned by ICBs.

Testing and changing treatment for those found to have LOF alleles delivers better outcomes, such as a reduction in the number of strokes over both short and long term. Benefits associated with a reduction in the number of strokes would include fewer hospital admissions, bed day savings, reduction in allied health professional support and social care savings.

Implementing laboratory-based CYP2C19 genotype testing for everyone who has a stroke or TIA would result in a large population being tested, which may need testing capacity to be scaled up over time. If laboratory-based testing is not available, or it will take a long time to develop capacity to provide it, then point-of-care tests could be used. Therefore, the Genedrive CYP2C19 ID Kit should be used when laboratory-based testing is not available.

There is good evidence that the Genomadix Cube point-of-care test can accurately detect 2 of the most common loss-of-function CYP2C19 alleles. But it does not detect other less-common alleles, therefore it should only be used when laboratory-based testing and the Genedrive CYP2C19 ID Kit are not available.

NICE estimate that in devon at year 5, the total number of ischaemic strokes and TIAs will be 42,352.

Health Technology Evaluations (HTE)

None published this month

NICE Quality Standards

Anaphylaxis QS119 (UPDATE)

This quality standard covers care after emergency treatment for suspected anaphylaxis, including assessment and referral to specialist allergy services. It describes high-quality care in priority areas for improvement.

July 2024: This quality standard was updated and the placeholder statement (statement 4) prioritised in 2016 was updated after the publication of guidance to support it. Quality statements 1 and 2 were swapped over and quality statement 1 was updated to ensure measurability and provide further detail in the definitions on training people with anaphylaxis on when and how to use an adrenalin auto-injector.

Current NICE Consultations

Title/link	End date of consultation
Heart failure algorithms for remote monitoring in people with cardiac implantable electronic devices	07/08/2024
Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments [ID4026]	09/08/2024
Teclistamab for treating relapsed and refractory multiple myeloma after 3 or more treatments (Review of TA869) [ID6333]	13/08/2024
Durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer [ID6220]	20/08/2024
Maralixibat for treating cholestatic pruritus in Alagille syndrome [ID3941]	21/08/2024
Transperineal laser ablation for treating lower urinary tract symptoms of benign prostatic hyperplasia	21/08/2024
MRI-guided focused ultrasound subthalamotomy for treating Parkinson's	21/08/2024
MRI-guided focused ultrasound thalamotomy for treating moderate to severe tremor in Parkinson's	21/08/2024
Maternal and child nutrition	11/09/2024
12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (review of TA834) [ID6280]	16/09/2024