NHS Devon

NICE Update Bulletin: November 2025

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 hormone receptor-positive HER2-low metastatic breast cancer after 2 or more endocrine treatments (terminated appraisal) TA1112**
2. **Nintedanib for treating fibrosing interstitial lung disease in people 6 to 17 years (terminated appraisal) TA1111**
3. **Abiraterone (originator and generics) for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer TA1110**
4. **Darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer TA1109**
5. **Cemiplimab with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer TA1108**
6. **Delgocitinib for treating moderate to severe chronic hand eczema TA1107**
7. **Cabotegravir for preventing HIV-1 in adults and young people TA1106**
8. **Suspected sepsis in pregnant or recently pregnant people: recognition, diagnosis and early management NG255**
9. **Suspected sepsis in under 16s: recognition, diagnosis and early management NG254**
10. **Suspected sepsis in people aged 16 or over: recognition, assessment and early management NG253**
11. **Intrapartum care NG235 (UPDATE)**
12. **Fetal monitoring in labour NG229 (UPDATE)**
13. **Low-energy contact X-ray brachytherapy for rectal cancer IPG809**
14. **Suspected sepsis in over 16s QS213**
15. **Current NICE Consultations**

Technology Appraisals (TAs)

Trastuzumab deruxtecan for treating hormone receptor-positive HER2-low metastatic breast cancer after 2 or more endocrine treatments (terminated appraisal) TA1112

NICE is **unable to make a recommendation** on trastuzumab deruxtecan (Enhertu) for treating hormone receptor-positive HER2-low metastatic breast cancer in adults after 2 or more endocrine treatments. This is because the company did not provide an evidence submission.

Nintedanib for treating fibrosing interstitial lung disease in people 6 to 17 years (terminated appraisal) TA1111

NICE is **unable to make a recommendation** on nintedanib (Ofev) for treating fibrosing interstitial lung disease in people 6 to 17 years. This is because the company did not provide an evidence submission.

Abiraterone (originator and generics) for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer TA1110

This guidance updates and replaces TA721 on abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer.

Recommendation

Abiraterone plus androgen deprivation therapy (ADT), with prednisolone or prednisone **can be used**, within its marketing authorisation, as an option to treat newly diagnosed high-risk hormone-sensitive metastatic prostate cancer in adults.

The Technology

Prostate cancer is a condition in which tumours develop in the prostate, a gland in the male reproductive system. The exact cause is unknown but environmental and genetic factors are associated with an increased risk of developing prostate cancer.

The incidence of prostate cancer increases with age and is higher in people of black African-Caribbean family origin and people with a family history of the condition. 54,628 people were diagnosed with prostate cancer in England during 2023. Between 2020 to 2021, 19% of people diagnosed in England had metastatic disease, that is, disease that has spread to other parts of the body (for example, the bones).

Abiraterone is indicated with prednisone or prednisolone for the treatment of newly diagnosed high risk metastatic hormone sensitive prostate cancer (mHSPC) in adult men in combination with androgen deprivation therapy (ADT).

Financial Factors

This technology is commissioned by NHS England.

The list price of abiraterone varies by pack size or dose and costs may vary in different settings because of negotiated procurement discounts.
The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.

The comparator treatments for newly diagnosed high-risk hormone-sensitive metastatic prostate cancer include apalutamide and enzalutamide. Abiraterone plus ADT, with prednisolone or prednisone, works in a similar way to these treatments and would be offered to the same population.

Abiraterone plus ADT and prednisolone has been commissioned since December 2024 through the specialised commissioning interim policy. The current uptake is based on Blueteq data from NHS England.

NICE estimate that in year 5, 191 people in Devon will be eligible for treatment.

Darolutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer TA1109

Recommendation

Darolutamide with androgen deprivation therapy (ADT) **can be used** as an option to treat hormone-sensitive metastatic prostate cancer in adults, only if:

- docetaxel is not suitable
- the company provides darolutamide according to the commercial arrangement.

Use the least expensive option of the suitable treatments (including darolutamide with ADT and apalutamide with ADT), having discussed the advantages and disadvantages of the available treatments with the person with the condition. Take account of administration costs, dosages, price per dose and commercial arrangements.

These recommendations are not intended to affect treatment with darolutamide with ADT 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 stop.

The Technology

Prostate cancer is a condition in which tumours develop in the prostate, a gland in the male reproductive system. The exact cause is unknown but environmental and genetic factors are associated with an increased risk of developing prostate cancer.

The incidence of prostate cancer increases with age and is higher in people of black African-Caribbean family origin and people with a family history of the condition. 54,628 people were

diagnosed with prostate cancer in England during 2023. Between 2020 to 2021, 19% of people diagnosed in England had metastatic disease, that is, disease that has spread to other parts of the body (for example, the bones).

Darolutamide is indicated for the treatment of adult men with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy.

Financial Factors

This technology is commissioned by NHS England.

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

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

The comparator treatments for the eligible population include ADT. ADT may be given alone, or with apalutamide, darolutamide plus docetaxel, docetaxel or enzalutamide.

A cost comparison suggests that the costs for darolutamide plus androgen deprivation therapy (ADT) are similar to or lower than those for apalutamide plus ADT.

Darolutamide plus ADT works in a similar way to enzalutamide plus ADT and apalutamide plus ADT.

Another possible treatment option for hormone-sensitive metastatic prostate cancer is abiraterone plus ADT and prednisolone, which has been commissioned since December 2024 through the specialised commissioning interim policy. The current uptake is based on Blueteq data from NHS England.

NICE estimate that in year 5, 191 people in Devon will be eligible for treatment.

Cemiplimab with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer TA1108

Recommendation

Cemiplimab with platinum-based chemotherapy **should not be used** for untreated non-small-cell lung cancer (NSCLC) in adults when the cancer:

- is locally advanced and not suitable for definitive chemoradiation, or metastatic
- has PD-L1 in 1% or more of the tumour cells, and
- has no EGFR, ALK or ROS-1 aberrations.

This recommendation is not intended to affect treatment with cemiplimab with platinum-based chemotherapy 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

Lung cancer is the third most common cancer and the most common cause of cancer death in the UK, accounting for 13% of all new cancer cases and 21% of all cancer deaths between 2017 and 2019. 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 3) or to other parts of the body (metastatic disease; stage 4). Around 30% of lung cancers are diagnosed at an early stage (stage 1 or 2).

In 2021, 91% (around 31,000) of people diagnosed with lung cancer in England had NSCLC. Of these people, 17% (5,333) had surgical treatment for their cancer. Despite the curative intent of treatment for early-stage lung cancer, survival is poor, with only about 57% people with stage 1, 34% with stage 2 and 13% with stage 3 surviving for 5 years after diagnosis. It is estimated that over half of all NSCLCs express the programmed cell death ligand-1 (PD-L1) biomarker. Cancer cells expressing PD-L1 are believed to suppress certain immune responses which results in a weaker anti-tumour response.

The treatment pathway for NSCLC can be divided into interconnected decision points based on the number staging system and line of therapy. Treatment choices are influenced by the presence of biological markers (including programmed cell death 1 ligand PD-L1 status), oncogenic driver genetic alterations, histology (squamous or non-squamous) and previous treatment.

Cemiplimab with platinum-based chemotherapy is indicated for the first-line treatment of adult patients with non-small-cell lung cancer (NSCLC) expressing PD-L1 (in ≥1% of tumour cells), with no EGFR, ALK or ROS1 aberrations, who have:

- locally advanced NSCLC who are not candidates for definitive chemoradiation, or
- metastatic NSCLC.

Financial Factors

This technology is commissioned by NHS England.

NICE has said that because of the uncertainties in the economic model, it is not possible to determine the most likely cost-effectiveness estimates for cemiplimab plus chemotherapy. Also, the cost-effectiveness estimates preferred by the company and the external assessment group are above the range normally considered an acceptable use of NHS resources. There it should not be used.

Delgocitinib for treating moderate to severe chronic hand eczema TA1107

Recommendation

Delgocitinib **can be used**, within its marketing authorisation, as an option to treat moderate to severe chronic hand eczema in adults when topical corticosteroids have not worked or are not suitable. Delgocitinib can only be used if the company provides it according to the commercial arrangement.

Delgocitinib should be started and monitored by a healthcare professional with experience in diagnosing and treating chronic hand eczema in secondary care.

Consider how skin colour could affect the assessment of severity and make any adjustments needed.

The Technology

Hand eczema (also known as hand dermatitis) is an inflammatory skin condition that causes the hands to become dry, itchy, cracked and painful. Inflamed skin may appear red or darker than the surrounding skin and can present differently on people with different skin tones. Scaling, soreness, weeping and bleeding of the affected skin may also occur. Cracks in the skin from hand eczema may increase susceptibility to infection, and severe cases of hand eczema may affect mobility and use of the hands. Severe hand eczema may also impact mental well-being. One type of hand eczema is pompholyx eczema, which is where itchy, watery blisters develop, mostly on the sides of the fingers or palms of the hands.

Hand eczema may be acute or chronic depending on the cause. Chronic hand eczema is defined by the European Society of Contact Dermatitis as hand eczema with symptoms lasting for more than 3 months or with relapses more than once per year 2. The most common causes of hand eczema are atopic hand eczema, caused by genetic or endogenous factors, and irritant or allergic contact dermatitis, which is caused by exposure to irritants or allergens, respectively. The allergic cause may be identified with patch tests. Hand eczema may also be caused by a combination of these elements. Hand eczema affects around 10% of the general population and up to 30% of people in high-risk occupational groups such as healthcare workers. Between one third and one half of hand eczema cases are moderate or severe.

Treatment aims to restore normal skin, reduce symptoms and improve hand function. Current standard care for hand eczema includes regular application of emollients. Moderate to severe hand eczema is typically treated with potent topical corticosteroids or calcineurin inhibitors during an acute episode. Eczema that has not responded to topical corticosteroids may be treated with a short course of immunosuppressants (such as azathioprine, ciclosporin or methotrexate), and/or ultraviolet light therapy.

Delgocitinib is indicated for the treatment of moderate to severe chronic hand eczema (CHE) in adults for whom topical corticosteroids are inadequate or inappropriate.

Financial Factors

This technology is commissioned by ICBs.

NICE highlight the key drivers of resource impact are that:

- there are fewer administrations of delgocitinib in each cycle than of comparator treatments
- there may be fewer follow-up attendances for monitoring associated with delgocitinib than with comparator treatments.

The list price of delgocitinib cream (20mg per 1g) is £595 per 60g tube (excluding VAT, May 2025). However the company has a commercial arrangement. This makes delgocitinib available to the NHS at a discount, the size of which is commercial in confidence.

The comparator treatments for the eligible population are phototherapy (ultraviolet light therapy) or alitretinoin (only recommended for severe chronic hand eczema).

NICE estimate that in year 3, there will be 212 people receiving delgocitinib in Devon.

Cabotegravir for preventing HIV-1 in adults and young people TA1106

Recommendation

People who cannot have oral PrEP

Cabotegravir is **recommended** as an option for pre-exposure prophylaxis (PrEP) alongside safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults and young people at high risk of getting HIV and who weigh at least 35 kg, only if:

- they cannot have oral PrEP
- cabotegravir is purchased at the Medicines and Procurement Supply Chain framework price.

People who can have oral PrEP

Cabotegravir is **not recommended** for PrEP alongside safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults and young people at high risk of getting HIV and who weigh at least 35 kg, if they can have oral PrEP.

These recommendations are not intended to affect treatment with cabotegravir 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 stop. For young people, this decision should be made jointly by the healthcare professional, the young person and, when appropriate, their parents or carers.

The Technology

HIV is a retrovirus that infects and destroys immune cells that have a key role in fighting infections. The destruction of these cells leaves people living with HIV unable to fight off infections and some other conditions. It can result in complications from advanced HIV, also known as AIDS. There are 2 main types of HIV. Most cases within the UK are from the HIV-1 type, which is considered more transmissible than HIV-2. HIV is transmitted through bodily fluids of a person living with HIV who is not on effective treatment. This can be during sexual contact, by vertical transmission (during pregnancy, birth and breastfeeding), and by sharing equipment used to inject drugs.

Cabotegravir is indicated in combination with safer sex practices for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection in high-risk adults and adolescents, weighing at least 35 kg.

Financial Factors

This technology is commissioned by Local authorities.

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

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

It is not possible to estimate the population who is eligible for cabotegravir. It is expected that there will be 3 population groups who cannot have oral PrEP. These are:

- people for whom oral PrEP is medically contraindicated
- people who cannot have oral PrEP tablets
- people who cannot have oral PrEP because of social or personal circumstances.

Highly Specialised Technology Guidance (HSTs)

None published this month.

NICE Guidelines (NGs)

Suspected sepsis in pregnant or recently pregnant people: recognition, diagnosis and early management NG255

NICE have split the original sepsis guideline, that covered all age groups, into 3 separate guidelines (including this one).

This guideline covers the recognition, diagnosis and early management of suspected sepsis in pregnant or recently pregnant people. It includes recommendations on recognition and early

assessment, initial treatment, escalating care, finding and controlling the source of infection, early monitoring, information and support, and training and education.

Suspected sepsis in under 16s: recognition, diagnosis and early management NG254

NICE have split the original sepsis guideline, that covered all age groups, into 3 separate guidelines (including this one).

This guideline covers the recognition, diagnosis and early management of suspected sepsis in under 16s (not pregnant or recently pregnant). It includes recommendations on recognition and early assessment, initial treatment, escalating care, finding and controlling the source of infection, early monitoring, information and support, and training and education.

Suspected sepsis in people aged 16 or over: recognition, assessment and early management NG253

NICE have split the original sepsis guideline, that covered all age groups, into 3 separate guidelines (including this one).

This guideline covers the recognition, diagnosis and early management of suspected sepsis in people aged 16 or over who are not and have not recently been pregnant. It includes recommendations on recognition and early assessment, initial treatment, escalating care, finding and controlling the source of infection, early monitoring, information and support, and training and education.

Intrapartum care NG235 (UPDATE)

Update November 2025: NICE have reviewed the evidence and made new and updated existing recommendations on labouring in water and water birth.

This guideline covers the care of pregnant women and pregnant trans and non-binary people and their babies during labour and immediately after birth. It focuses on women and pregnant people who give birth between 37 and 42 weeks of pregnancy (‘term’). The guideline helps women and pregnant people to make informed choices about where to have their baby and about their care in labour. It also aims to reduce variation in aspects of care.

Fetal monitoring in labour NG229 (UPDATE)

Update November 2025: NICE have deleted the reference to late decelerations from the amber category of cardiotocography traces and amended the red category (both in recommendation 1.4.24) to clarify that late decelerations are a red feature regardless of duration or whether or not they are repetitive. This is because late decelerations are associated with fetal hypoxia. NICE have corrected the definition of late deceleration to remove the reference to them being repetitive and periodic.

This guideline covers methods for monitoring the wellbeing of the baby during labour. It includes risk assessment to determine the appropriate level of fetal monitoring, using clinical assessment in addition to fetal monitoring, and interpreting and acting on monitoring findings.

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)

Low-energy contact X-ray brachytherapy for rectal cancer IPG809

This guidance replaces NICE interventional procedures guidance on low energy contact X-ray brachytherapy (the Papillon technique) for early-stage rectal cancer (IPG532) and low-energy contact X-ray brachytherapy (the Papillon technique) for locally advanced rectal cancer (IPG659).

Recommendations

Early-stage and locally advanced rectal cancer

Low-energy contact X-ray brachytherapy **can be used** as an option to treat early-stage and locally advanced rectal cancer:

- when the tumour is 3 cm or less and has not spread beyond stage T3b N1 M0 (with limited nodal involvement), and:
    - the person chooses not to have surgery, or
    - the risks of surgery are unacceptably high.

People with larger tumours (with limited nodal involvement) may become eligible for this procedure if neoadjuvant treatment (external beam radiotherapy with or without chemotherapy) reduces the tumour to 3 cm or less and it has not spread beyond stage T3b N1 M0.

Metastatic rectal cancer

More research is needed on low-energy contact X-ray brachytherapy to treat metastatic rectal cancer before it can be used in the NHS.

This procedure should only be done as part of formal research, and a research ethics committee needs to have approved its use.

The Condition

Rectal cancer forms in the tissues of the rectum. The most common symptoms are rectal bleeding, pain and feeling like there is a lump in or around the anus. Less common symptoms include itching and changes to bowel habits. The likelihood of developing rectal cancer rises sharply with age, or if there is a familial genetic predisposition. For many people with the condition, the cancer is asymptomatic and detected through the national bowel cancer screening programme.

The Procedure

Low-energy contact X-ray brachytherapy (CXB) aims to improve local control or cure rectal cancer. The procedure (also known as the Papillon technique) involves inserting an X-ray tube through the anus and placing it in close contact with the tumour to kill cancer cells and reduce the size of the tumour. The tube emits low-energy X-rays that only penetrate a few millimetres, which minimises damage to deeper tissues.

Low-energy CXB for rectal cancer is usually delivered in an outpatient setting. The person having the procedure is given an enema before treatment to clear the bowel. During the procedure they are in a knee-to-chest, prone jackknife (lying on their front, with hips flexed at a 90-degree angle so that their head and legs are lower than their hips) or supine (lying flat on their back) position. Local anaesthetic (with or without sedation) and glyceryl trinitrate are applied to the anal sphincter to numb the area and relax the sphincter muscles. A sigmoidoscope (a rigid or flexible tube with a video camera and light that is used to look at the lower part of the large intestine, including the rectum) is inserted to check the size and position of the tumour. A rigid endorectal treatment applicator is then inserted and placed in contact with the tumour. A contact X-ray tube is placed into the applicator and treatment begins. If the tumour does not respond to low-energy CXB or recurs after treatment, surgery may be done.

Several different devices are available to do this procedure in the UK. All deliver a beam of 50-kV X-rays.

Medical Technologies Guidance (MTGs)

None published this month.

Diagnostics Guidance (DGs)

None published this month.

Health Technology Evaluations (HTE)

None published this month.

NICE Quality Standards

Suspected sepsis in over 16s QS213

This quality standard covers the recognition, diagnosis and early management of suspected sepsis in people over 16 who are not or have not recently been pregnant. It describes high-quality care in priority areas for improvement.

November 2025: Changes have been made to align this quality standard with the updated NICE guideline on suspected sepsis in people aged 16 or over: recognition, assessment and early management. This quality standard is for people aged 16 or over who are not and have not recently been pregnant. Statements, measures, definitions, and audience descriptors have been updated to reflect recommendations for this population.

Current NICE Consultations

Title/link	End date of consultation
Percutaneous insertion of a catheter-based intravascular microaxial flow pump for cardiogenic shock	01/12/2025
Surgical insertion of a catheter-based intravascular microaxial flow pump for cardiogenic shock	01/12/2025
Blood transfusion - Tranexamic acid (update)	01/12/2025
Ripretinib for treating advanced gastrointestinal stromal tumours after 3 or more treatments (review of TA881) [ID6496]	03/12/2025
Disease-specific reference case extension: Management of overweight and obesity in adults	03/12/2025
Glycopyrronium bromide cream for treating severe primary axillary hyperhidrosis [ID6487]	05/12/2025
Artificial intelligence software to help detect and characterise colorectal polyps	11/12/2025
Mirvetuximab soravtansine for treating folate receptor alpha-positive platinum-resistant advanced epithelial ovarian, fallopian tube or primary peritoneal cancer [ID6442]	17/12/2025