

1,21

ROUND UP OF OUR HTA
**REPORTS,
REVIEWS AND
ADVICE**

October - December 2023

Our updates



Welcome to our last HTA and evidence synthesis Bulletin of 2023. For the previous two years, we have been sharing our recent reports through our bulletin to give readers an accessible overview of the work our Health Technology Assessment Directorate has completed. This holiday season, our bulletin is looking back at projects we have completed over the last three months, conferences we have attended and academic articles we have published.

It is a privilege to work on these projects for the betterment of the health of the Irish public and we are looking forward to a busy 2024, where we will continue to provide the Minister for Health, the HSE, healthcare professionals, patients and the public with accessible, high quality and evidence-based assessments.

In this issue of our bulletin, we are sharing more of our work on generic justification for medical exposures to ionising radiation. We opened for applications regarding generic justification decisions at the beginning of 2023 and it has been a nonstop year for the team as we have built the regulatory process from the ground up with help from our Medical Exposure to Ionising Radiation Expert Advisory Group, chaired by Prof Mary Coffey. Generic justification is a new process in Ireland, and we have worked with stakeholders to ensure that the process works well for the public and the health services.

Keep an eye out for our bulletins in the New Year, as we will be sharing more of our upcoming projects, including a deeper dive into our health technology assessment of shingles vaccination for adults which we just started recently.

All of our publications are available to read in full on our website, www.hiqa.ie.

As the New Year beckons for us all, we want to say thank you for your continued support of our work, a special thank you to the members of each of our Expert Advisory Groups and a very happy Christmas and a peaceful New Year to all.

A handwritten signature in black ink, appearing to read 'Mairin Ryan'.

Dr Máirín Ryan
Director of Health Technology Assessment

A review of public health emergency stockpiling in European countries.

What is stockpiling?

Stockpiling involves storing a large supply of items in case they are needed in the future.



What did we review?

HIQA looked at stockpiling for public health emergencies (such as a pandemic) in five countries: France, Latvia, Lithuania, the Netherlands and Norway.

Physical stockpiles...

Are items stored in warehouses, quick to access if needed. All five countries used this type of stockpile as it was cheaper and quicker than a virtual stockpile. Virtual stockpiles are where companies store a certain amount of stock that the government can buy if needed in an emergency.



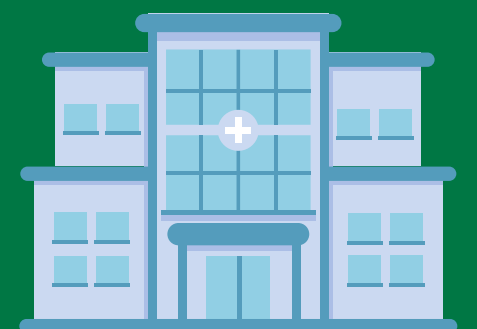
COVID-19...

Changed what countries stockpiled, adding facemasks, gloves and ventilators during the pandemic. Due to high costs, it is not certain this should continue.



Challenges

Unused expired stock poses a large challenge. To manage this, some countries rotate stock. Rotating stock means that when items are close to their expiry date they are either sold or given away to hospitals or charities.



The information in this report will be used to help develop a stockpiling strategy for Ireland.



Generic justification

HIQA generically justifies the use of ^{18}F -prostate-specific membrane antigen (PSMA) PET/CT imaging for the staging of high-risk or recurrent prostate cancer.

Why did we perform this review?

New practices involving patients' exposure to ionising radiation must be justified by the Health Information and Quality Authority.

What is it?

^{18}F -PSMA PET/CT is a type of scan which works by detecting a protein called PSMA on the surface of most prostate cancer cells. The ^{18}F -PSMA radiopharmaceuticals are used in combination with a low dose CT scan and can be used as part of the care of people with prostate cancer.

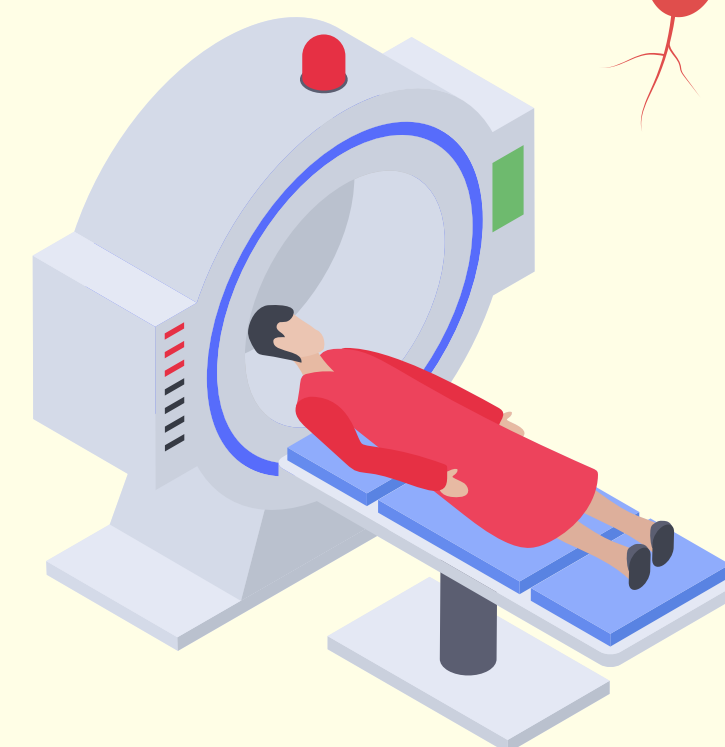


^{18}F -PSMA PET/CT scans can be used for two reasons.

Firstly, to find out whether prostate cancer has spread to lymph nodes and other parts of the body before treatment is started. Secondly, to find out if prostate cancer has returned in men whose prostate specific antigen (PSA) levels (a blood test) are rising, after they have finished treatment.

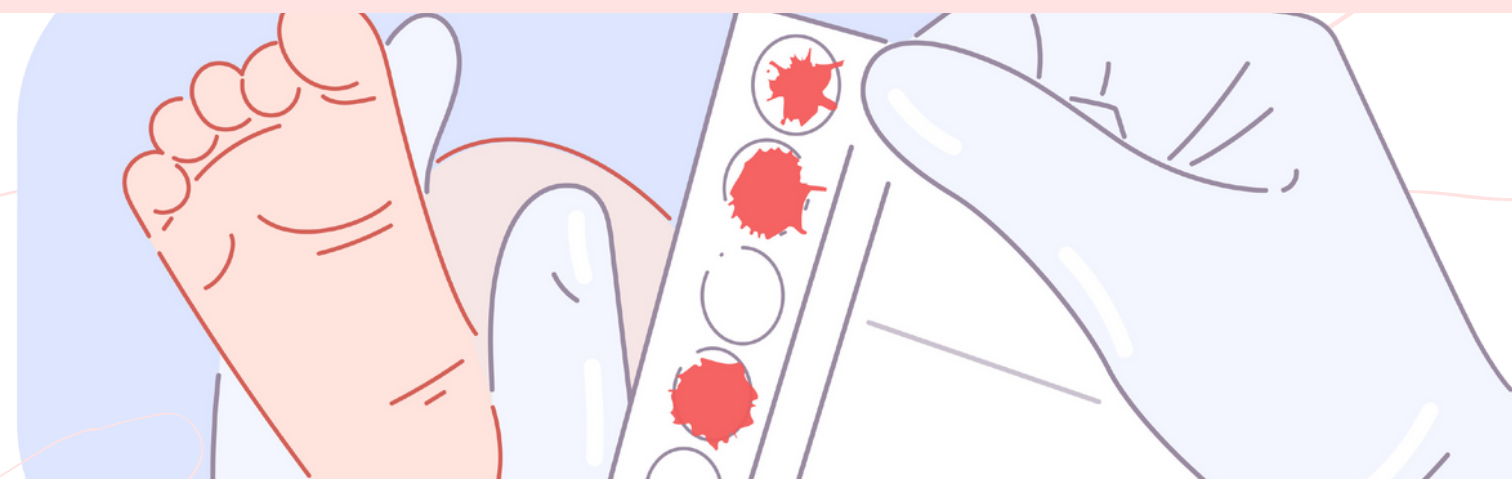
We found that...

The available evidence indicates that ^{18}F -PSMA PET/CT scans are a safe and effective imaging tool, as part of the care of some patients with prostate cancer.



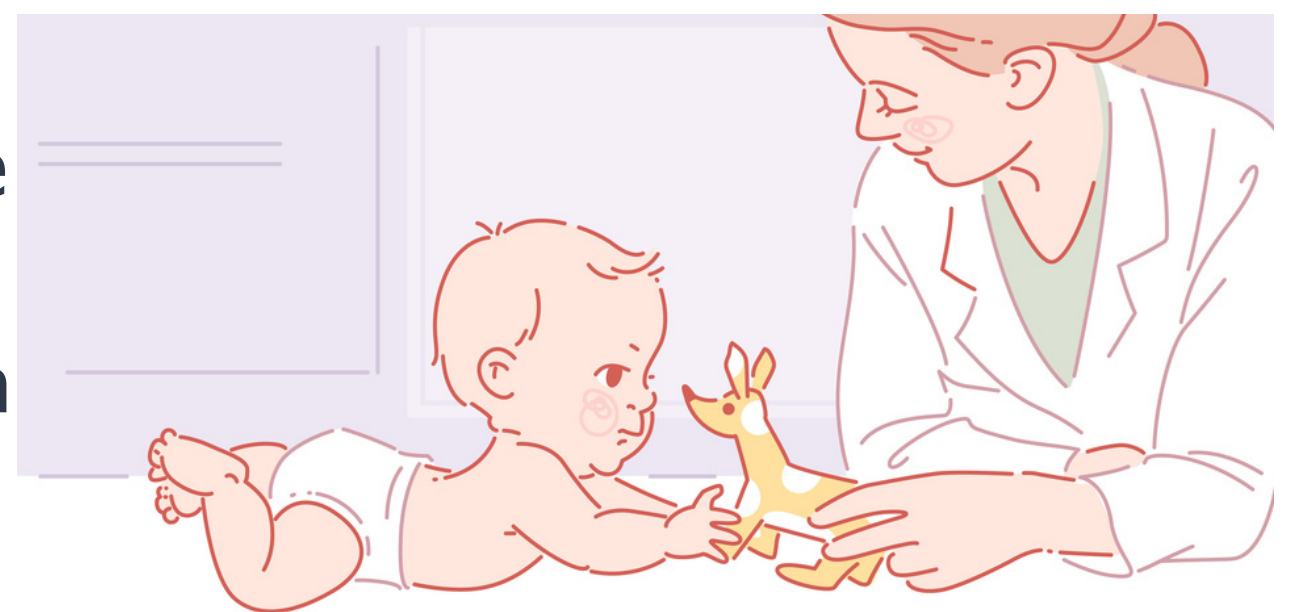
ADVICE ON ADDING new CONDITION TO HEEL PRICK TEST

HIQA has provided advice on the addition of spinal muscular atrophy (SMA) to the National Newborn Bloodspot Screening Programme.



Newborn bloodspot screening, known as 'the heel prick test', happens within the first 72 to 120 hours of life.

SMA is a rare, genetic condition associated with permanent damage to the motor nerves causing them to become weaker over time. While SMA can result in serious disability or death, some people have milder symptoms with onset later in childhood or as an adult.



New drug treatments have become available for SMA. A potential benefit of screening is that babies with SMA can be identified and treated sooner, preventing or reducing muscle damage. HIQA's review found that several countries have implemented or are in the process of implementing screening for SMA.

It is estimated that introducing screening for SMA may cost the HSE in the region of €17.7 million over the first five years. The majority of expenditure will be associated with the cost of drug treatment.

It is expected that, on average, around seven children with SMA will be identified through the programme each year.



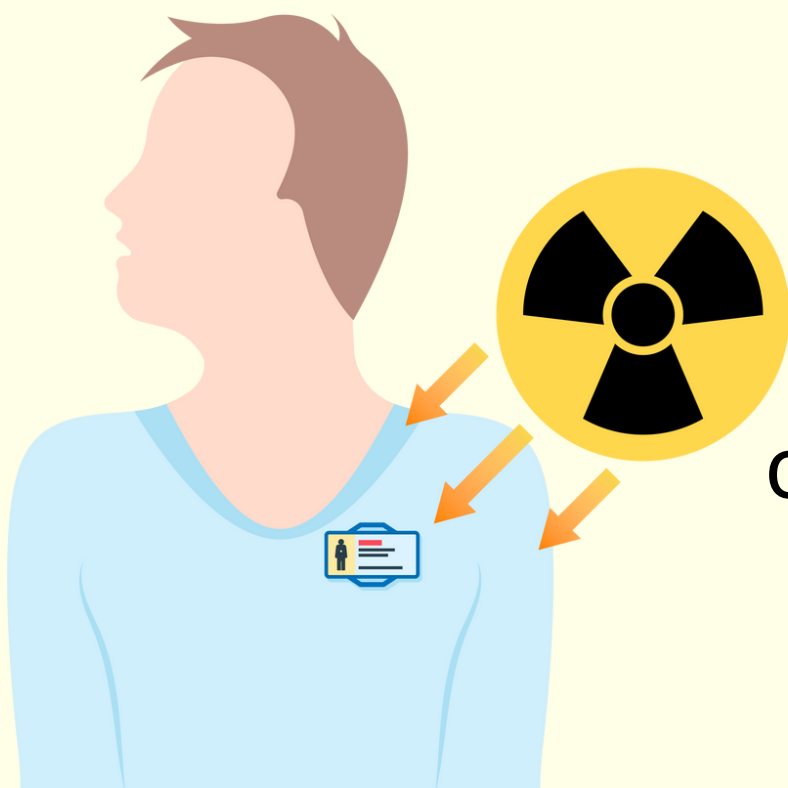
Generic justification

HIQA generically justifies short courses of radiotherapy for breast cancer.

Why did we perform this review?

Since January 2019, new practices involving patients' exposure to ionising radiation must be justified by the HIQA.

Ultra-hypofractionation is a way of delivering radiotherapy over fewer sessions and a shorter time period, such as where a full course of radiotherapy is given in five sessions over one week.



In patients with breast cancer, clinical trials have shown that short courses of radiotherapy are equally as effective and as safe as longer courses of treatment. Shorter courses of radiotherapy were first used in Ireland in response to the COVID-19 pandemic.

Advantages

An important advantage of ultra-hypofractionated radiotherapy is that patients only have to attend the hospital for five sessions over one week, rather than 15 sessions over three weeks. There are side effects associated with both long and short courses of treatment, but the available evidence indicates that there are no important differences between them.



Other publications...

Over the last quarter, we have published a number of protocols and reports. Find out more about them on this page and they can be found on our website.

Protocol for a health technology assessment of shingles vaccination for adults

We were requested by the Department of Health (DoH) to undertake a health technology assessment of vaccinating adults against herpes zoster, also known as shingles. In December, we published our protocol for this project. Once completed, this HTA will provide advice to the Minister of Health to support a decision on whether to include shingles vaccination in the adult immunisation schedule in Ireland.



Academic Publications

Systematic review finds processes used internationally, to update clinical guidelines, lack consistency and detail

Date of publication: 17 Oct 2023

Journal: Evidence & Policy

Authors: Karen Cardwell, Joan Quigley, Barbara Clyne, Barrie Tyner, Marie Carrigan, Susan M. Smith, Rosarie Lynch, Claudine Hughes, Declan Bradley, Marita Kinsella, Deirdre Holland, Máirín Ryan, and Michelle O'Neill.

Digital object identifier: 10.1332/174426421X16854447463061

Lessons learnt from the COVID-19 pandemic in selected countries to inform strengthening of public health systems: a qualitative study

Date of publication: 17 Nov 2023

Journal: Public Health

Authors: Karen Cardwell, Barbara Clyne, Natasha Broderick, Barrie Tyner, Gwinyai Masukume, Louise Larkin, Leah McManus, Marie Carrigan, Melissa Sharp, Susan Smith, Patricia Harrington, Máire Connolly, Máirín Ryan, Michelle O'Neill.

Digital object identifier: 10.1016/j.puhe.2023.10.024



Published by the Health Information and Quality Authority (HIQA).

For further information please contact:

**Health Information and Quality Authority
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y**

**Phone: +353 (0) 1 814 7400
info@hiqa.ie
www.hiqa.ie**

© Health Information and Quality Authority 2023