Making a suggestion for HTA research

Making a suggestion for HTA research requires some planning. Many suggestions are received each year so your suggestion will stand a much better chance of being prioritised if it contains the following information:

1. The health technology or topic you are suggesting

The term 'health technology' covers a range of methods used to promote health, prevent and treat disease and improve rehabilitation and long term care including:
Drugs: such as antidepressants, contraceptives, antibiotics
Devices: such as pacemakers, dialysis machines, hearing aids
Procedures: such as surgical techniques, acupuncture, counselling
Settings of care: such as general practice, hospitals, care homes
Screening: for cancer, sexually transmitted diseases, stroke
Your suggestion should be as specific as you can make it.

For example: "treatment for foot ulcers" is too vague, whereas "pressure-relieving interventions for preventing and treating diabetic foot ulcers" is much more focused.

2. The patient group and clinical setting

Give a brief description of the patient group(s) that may benefit from the technology and the patient setting(s) where the technology will be used.

For example: "Patients with diabetic foot ulcers. Hospital and community settings."

3. Importance to the NHS

This information is VERY INFLUENTIAL. Suggested topics are prioritised based on their importance to the NHS. This includes factors such as clinical indication for the intervention, severity of the condition, epidemiology (incidence, prevalence) and the cost of the technology. So, the more information you provide on this, the better.

For example: "Foot ulceration is thought to affect 15% of all people with diabetes at some time during their life, and is a major contribution to the morbidity and mortality of the disease, and a significant cost burden to the NHS".

4. The current evidence base (if known)

Prioritisation decisions are also informed by existing evidence (or lack of evidence), so any details that you can provide of important (recent) studies or systematic reviews would be helpful.

For example: *"4 RCTs were included in a recent Cochrane systematic review, but more primary research evidence is required"*

The Process

- All suggestions are checked and an initial decision is made whether each suggestion should be considered further.
- Selected suggestions are then considered by panels of experts and lay representatives.
- A shortlist of topics is produced and for these topics further work is undertaken to clarify the scope and importance of the question.
- This information is then used in subsequent meetings to decide which topics should be recommended for research funding by the HTA programme.

Examples of successful research suggestions considered by the four HTA advisory panels

We regret that, as we receive so many suggestions, we do not have the resources to make them available to enquirers, or to acknowledge receipt of individual suggestions. All suggestions that we receive are considered. Please find to follow some examples of well-formulated suggestions for research:

Disease Prevention Panel

Suggested research: What is the likely effectiveness and cost-effectiveness of anti-HPV vaccines in preventing cervical cancer and how do these differ in different age and social groups?

Patient group: Women

Why important: Despite the successes of the NHS cervical cancer screening programme, cervical cancer remains an important cause of death and disease in women. Gardasil is the first vaccine against HPV. Gardasil is the trade name for Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine, manufactured by Merck. The vaccine protects against HPV strains that are precursors to 70% of cervical cancers and most cases of genital warts. It has been licensed by the FDA in the USA in girls and women between the ages of 9 and 26. A 6/12 course is expected to cost about £200. Another vaccine, Cerverix, manufactured by GlaxoSmithKline, may win European approval in spring 2007. It also protects against the two main cervical cancer strains, and may guard against two more, amounting to 80% of such cancers.

Previous research: The manufacturers of Gardasil, Merck, have funded a large randomised phase III trial that is said to show a high degree of efficacy.

Therapeutic Procedures Panel

Suggested research: What is the clinical and cost-effectiveness of Enhanced External Counterpulsation in patients with angina or heart failure?

Patient group: Patients with angina. Patients with heart failure in an outpatient setting.

Why important: Heart disease is a major public health problem in the UK and a significant burden on the NHS. Figures from the 2003 Health Survey for England suggest that overall about 5% of men and 3% of women in the UK have, or have had, angina. From these prevalence rates, it is estimated that there are over 1 million men and over 840,000 women, giving a total of just under 2 million people in the UK. Incidence rates (using data from

Morbidity Statistics from General Practice) are estimated at about 183,000 new cases of angina in men and about 161,000 in women, giving a total of about 345,000. According to the Heart of England screening study, over 2% of patients (3% of men and 1.7% of women) screened had definite heart failure. Probable heart failure was seen in around a further 1% of patients, which suggests that more than 3% of people aged 45 and over in the UK (about 912,000) have definite or probable heart failure. There are about 36,000 new cases of heart failure in men in the UK each year and about 30,000 in women, giving a total of about 66,000. EECP is a non-invasive technique to increase oxygen-rich blood flow to the heart and to reduce the heart's workload. It is performed over a series of several weeks, with each session lasting from one to two hours. Pressure cuffs on the legs are inflated in sequences. As a result, the blood vessels in the legs are gently compressed and the blood is forced back to the heart.

This procedure is apparently currently publicly funded within the USA. Within our PCT we have received several requests for funding. It was accepted into the NICE Interventional Procedure programme in 2005 with a provisional publication date of Winter 2005/06. This review by NICE has now been suspended pending further clarification by the Department of Health that it should be classified as an interventional procedure. Both angina and heart failure are common chronic diseases and so this technology should not be introduced without robust evidence especially in the current NHS where funding is a problem. However this may in fact be a really useful procedure

Previous research: I briefly reviewed the literature last year - there was only one small RCT (The MUST - EECP trial 1999) the findings of which appear inconclusive. Observational studies continue to be reported and now for indications other than angina (e.g. heart failure). A colleague from Maidstone Weald PCT requested that this be considered by the HTA ~ April 2005. A large trial seems necessary.

Diagnostic Technologies and Screening Panel

Suggested research: Diagnosis of appendicitis in adults by ultrasonography or computed tomography.

Patient group: Adults with suspected acute appendicitis.

Why important: This topic comes from a systematic review that was abstracted in DARE. Ultrasound has only modest ability to detect patients with acute appendicitis. Evidence suggests that CT is a sensitive and specific diagnostic test for appendicitis, but the cost and availability of CT need to be taken into account before the routine use of CT can be supported. Further research is required.

The incidence of acute appendicitis is falling, although the reason for this is unclear. There are about 60 000 cases reported annually in England and Wales. Appendicitis is the most common surgical emergency requiring operation.

The mortality from acute appendicitis is less than 0.3%, rising to 1.7% after perforation. The most common complication of appendicectomy is wound infection, occurring in 5-33% of cases.

Previous research: This topic comes from a systematic review that was abstracted in DARE in Mar 2006: Diagnosis of appendicitis in adults by ultrasonography or computed tomography: a systematic review and meta-analysis Weston A R, Jackson T J, Blamey S. International Journal of Technology Assessment in Health Care 2005; 21(3): 368-379.

Pharmaceutical Panel

Suggested research: What is the clinical and cost-effectiveness of ACE inhibitors in reducing the risk of aortic aneurysm rupture?

Patient group: Patients with abdominal aortic aneurysm

Why important: Abdominal aortic aneurysm is a potentially fatal disorder, defined as a focal dilatation exceeding 150% of the normal arterial diameter, with the risk for rupture increasing as maximum diameter increases. The prevalence of the disorder is estimated at 3% in individuals over the age of 50 years, with male dominance. 2·1% of all men over 65 years of age die from aortic aneurysm rupture, the tenth leading cause of death in this group. However, no drug treatments are effective in prevention. It seems that patients and doctors are still waiting for aneurysms to rupture or to become large enough to justify surgical or endovascular repair

Previous research: In the Lancet (The Lancet 2006; 368:622-623), Daniel Hackam and colleagues present clinically relevant data from a large population-based case-control study about the influence of ACE inhibitors on the risk of aortic rupture. Analysing 15326 patients hospitalised with a primary diagnosis of abdominal aortic aneurysm in Canada, the researchers found that patients receiving ACE inhibitors before admission were significantly less likely to present with aortic rupture.

The beneficial effect of such drugs is independent from their antihypertensive properties, the study indirectly concludes, because intake of other antihypertensive agents was not associated with a lower risk of abdominal aortic aneurysm rupture. Furthermore, and in accordance with work in animal models, the beneficial effect of ACE inhibitors was not seen in patients treated with ATII-receptor blockers.