**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

**GUIDANCE EXECUTIVE (GE)**

# Review of TA73 Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction

**This review only covers recommendation 1.2 of TA73. Recommendation 1.1 was reviewed in November 2009 and was updated and replaced by NICE clinical guideline 95 "Chest pain of recent onset: assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin" which was published in March 2010. "**

This guidance was issued in November 2003
The review date for this guidance is June 2010

## Recommendation

- Section 1.2 of the guidance should be updated, for people who remain symptomatic following myocardial infarction or reperfusion interventions because of their stable angina, n the clinical guideline on stable angina currently in development.
- Section 1.2, only in as far as it applies to those not included in the scope of the stable angina guideline, should be transferred to the 'static guidance list'.
- That we consult on the proposal.

Consideration of options for recommendation:

| **Options** | **Comment** |
|---|---|
| A review of the guidance should be planned into the appraisal work programme. | No new evidence to suggest a review is necessary |
| The decision to review the guidance should be deferred [to a specified date]. | No new evidence to suggest the guidance should be deferred |
| A review of the guidance should be combined with a review of a related technology and conducted at the scheduled time for the review of the related technology. | No appropriate related technologies have been found |
| A review of the guidance should be combined with a new appraisal that has recently been referred to the Institute. | No appropriate new appraisal have been recently referred |

| Options | Comment |
|---|---|
| **The guidance should be updated by an on-going clinical guideline.** | **A clinical guideline on the management of stable angina is ongoing, and part of the population covered by section 1.2 of TA73 will have stable angina.** |
| **The guidance should be incorporated into an on-going clinical guideline.** | **A clinical guideline on the management of stable angina is ongoing, and part of the population covered by section 1.2 of TA73 will have stable angina.** |
| **A review of the guidance should be transferred to the 'static guidance list'.** | **People not included in the scope of the clinical guideline (i.e. those that do not have stable angina) will still be covered under section 1.2 of TA73. Due to the lack of new evidence for this patient group, section 1.2 can be transferred to the static list.** |

**Original remit(s)**

To appraise the clinical and cost effectiveness of myocardial perfusion scintigraphy in the diagnosis and management of patients with suspected coronary heart disease.

**Current guidance**

This review only covers recommendation 1.2.

1.2. Myocardial perfusion scintigraphy (MPS) using SPECT is recommended as part of the investigational strategy in the management of established coronary artery disease (CAD) in people who remain symptomatic following myocardial infarction or reperfusion interventions.

NOTE: Recommendation 1.1 from TA73 has already been superseded by clinical Guideline 95. 'Chest pain of recent onset: assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin'.

**Relevant Institute work**

Clinical Guideline 95. Chest pain of recent onset: assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin. Issued: March 2010. Review date TBC.

Clinical Guideline 94. Unstable angina and NSTEMI: the early management of unstable angina and non-ST-segment-elevation myocardial infarction. Issued:March 2010. Review date: TBC

Clinical Guideline 48. Secondary prevention in primary and secondary care for patients following a myocardial infarction. Issued: May 2007 Expected review date: May 2010

Technology Appraisal 53. Guidance on the use of drugs for early thrombolysis in the treatment of acute myocardial infarction. Issued: October 2002. Reviewed January 2006 - became static guidance.

Clinical Guideline in Preparation: The management of stable angina. Expected date of publication: July 2011

[redacted]

**New technologies**

| Device (manufacturer) | Details |
|---|---|
| Cardiolite (Lantheus Medical) | Cardiolite kit for the preparation of technetium Tc99m sestamibi for injection, is a myocardial perfusion agent that is indicated for detecting coronary artery disease by localizing myocardial ischemia (reversible defects) and infarction (non-reversible defects), in evaluating myocardial function and developing information for use in patient management decisions. |

## Proposal for updating the guidance

If the guidance is to be updated as an appraisal, it would be scheduled into the work programme accordingly.

## New evidence

The search strategy from the original assessment report was re-run on the Cochrane Library, Medline, Medline(R) In-Process and Embase. References from 2007 onwards were reviewed. The results of the literature search are discussed in the 'Appraisals comment' section below.

## Implementation

No submission was received from Implementation.

## Equality and diversity issues

No equality or diversity issues were raised during the preparation of the original guidance.

## Appraisals comment

People who remain symptomatic following myocardial infarction or reperfusion interventions (the population addressed in section 1.2 of TA73) may have stable angina, and would therefore fall under the remit of the clinical guideline currently in development on the management of stable angina. In order to allow the GDG and NCC to review the treatment pathway for this population fully, it is most appropriate that section 1.2 of TA73, as far as it relates to people with stable angina, should be updated as part of that clinical guideline.

Since the publication of CG95, for the remainder of section 1.2 of TA73, very little new evidence has been published about MPS SPECT in the investigational strategy for the management of established CAD. It is unlikely that this evidence will lead to a change to recommendation 1.2 in the current guidance. Therefore, guidance for all other patients (that is, those who do not have stable angina) will remain in line with Section 1.2. Once the clinical guideline on stable angina is published, a note will be placed in the TA73 webpage explaining that this guidance applies only to people who remain symptomatic following myocardial infarction or reperfusion interventions and do not have stable angina.
This will also require changes to implementation materials, the UNG and QRG for the remainder of TA73. Furthermore, it may be necessary to provide patient information that brings together the various pieces of guidance in this area.

A new a myocardial perfusion agent, Cardiolite (Lantheus Medical) has been granted UK marketing authorisation since the publication of TA73, for detecting coronary artery disease by localising myocardial ischemia and

infarction, in evaluating myocardial function and developing information for use in patient management decisions.

**Key issues**

Neither the limited new evidence nor the marketing authorisations for a new perfusion agent would warrant a review of this appraisal. It would therefore seem appropriate to move this guidance to the static list. However, recommendations for people who remain symptomatic following myocardial infarction or reperfusion interventions because they have stable angina, should be updated as part of that clinical guideline.

It is recommended that NICE consults on this proposal.

**GE paper sign off:** Elisabeth George 24 08 10

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