# Supplementary Table 1. Summary of NICE Medical Technology Guidance

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| **Title of technology** | **Main recommendation** | **Clinical considerations** | **Estimates from cost modelling** |
| MTG1 SeQuent Please balloon catheter for in-stent coronary restenosis | Adopt for in-stent restenosis in bare metal stents. Further research for other uses | Reduced re-intervention for stenosis and reduced duration of clopidogrel therapy | Cost saving 497 GBP per patient compared with paclitaxel-eluting stent |
| MTG2 moorLDI2-BI: a laser doppler blood flow imager for burn wound assessment | Adopt for intermediate depth burns to guide treatment decisions | Enables earlier decisions and avoidance of surgery in some patients | Cost saving of 1248 -1232 GBP per patient (assuming 17% fewer skin grafts) |
| MTG3 CardioQ-odm oesphageal doppler monior | Adopt for patients having major or high-risk surgery | Reduced post-operative complications, central venous catheter use, and hospital stay | Cost saving around 1100 GBP per patient assuming 7.5-day hospital stay |
| MTG4 BRAHMS copeptin assay to rule out myocardial infarction in acute chest pain | Research to compare this assay plus cardiac troponin against sequential cardiac troponin testing | Potential to reduce the time taken to rule out myocardial infarction | Not applicable – needs clinical utility research |
| MTG5 MIST therapy for the promotion of wound healing | Research on outcomes compared with standard wound care. | Potential to enhance healing of chronic, 'hard-to-heal', complex wounds | Not applicable – needs clinical research |
| MTG6 Ambulight PDT for treating non-melanoma skin cancer | Case for routine use not supported by the evidence | Ambulatory photodynamic therapy (PDT): pain may be less than conventional PDT. | Estimates ranged from saving 195 GBP to cost increase of 536 GBP per patient |
| MTG7 Inditherm warming mattress for preventing inadvertent hypothermia | Adopt for operations that carry a risk of inadvertent hypothermia | Similar effectiveness to forced air warming. Practical advantages related to ease of use | Annual saving of 9800 GBP per operating theatre |
| MTG8 VeriQ system for assessing flow during coronary artery bypass grafting (CABG) | Adopt for patients having CABG surgery. | Detects imperfections correctable by revision: may reduce occlusion, morbidity and mortality. | Saving of 115 GBP per patient |
| MTG9 PleurX system for vacuum-assisted drainage of recurrent malignant ascites | Adopt for use in patients with treatment-resistant, recurrent malignant ascites. | Clinically effective, low complication rate and can improve quality of life. Enables treatment in the community | Saving of 679 GBP per patient |
| MTG10 Pipleline embolisation device for complex intracranial aneurysms | Adopt for complex giant or large aneurysms unsuitable for surgery where many coils would be needed | Submit details of all patients to a national database to guide future use | Saves 492 GBP per procedure (for 2 devices versus using 32 coils) |
| MTG11 Megasoft patient return electrode for monopolar electrosurgery | Advantages for selected patients such as those with fragile or damaged skin | May reduce risk of burns related to patient return electrode of diathermy | Near equivalent resource use to current practice |
| MTG12 Exogen ultrasound system for long bone fractures with non-union or delayed healing | Adopt for non-union fractures | Avoidance of further surgery | Annual saving 1164 GBP per patient |
| MTG13 WatchBP Home A to detect atrial fibrillation when diagnosing/monitoring hypertension | Adopt for screening or monitoring hypertension in primary care. | Reliably detects atrial fibrillation and may increase the rate of detection in primary care | Savings estimated from 2.98 GBP (age 65 - 74 years) to 4.26 GBP (age >74) |
| MTG14 Ambu aScope2 for use in unexpected difficult airways | Adopt for emergency intubation in unexpected difficult airways | When fibre optic endoscope is unavailable. Also for replacing dislodged tracheostomy tubes | Savings depend on the numbers of intubations and availability of multiple-use fibre optic endoscopes |
| MTG15 Vision Amniotic Leak Detector for unexplained vaginal wetness in pregnancy | Adopt for use in pregnant women with unexplained vaginal wetness | Could prevent unnecessary referrals to secondary care | 15.25 to 24.01 GBP saving per woman |
| MTG16 E‑vita open plus for complex aneurysms and dissections of the thoracic aorta | Adopt for carefully selected people with complex aneurysms and dissections | May remove need for a second procedure and associated risk of complications | Savings of 9850 to 13,500 GBP per patient at 5 years |
| MTG17 Debrisoft monofilament debridement pad for acute or chronic wounds | Adopt for adults and children with acute or chronic wounds. | Quicker debridement with fewer nurse visits: easy to use and well tolerated | Estimated savings of 99-484 GBP in community clinics and 222-469 GBP in the home. |
| MTG18 MAGEC system for spinal lengthening in children with scoliosis | Consider for children with scoliosis aged > 2 years needing surgery to correct their spinal curvature | Avoids repeated surgical procedures for growth rod lengthening | Estimated saving per child after 6 years around 12,077 GBP |
| MTG19 The geko device for reducing the risk of venous thromboembolism (VTE) | Adopt for people with a high VTE risk when other prophylaxis methods are impractical or contraindicated. | May reduce the high risk of VTE | Estimated saving of 197 GBP per patient |
| MTG20 Parafricta Bootees and Undergarments for people with or at risk of pressure ulcers | Research is recommended for uncertainties about claimed patient and system benefits | Potential to reduce skin damage caused by friction and shear in people with, or at risk of, pressure ulcers. | Not applicable – needs clinical utility research |
| MTG21 ReCell Spray‑On Skin system for skin loss, scarring and depigmentation after burns | Research is recommended for uncertainties about claimed patient and system benefits | Potential to improve healing in acute burns | Not applicable – needs clinical utility research |
| MTG22 VibraTip for vibration perception to detect diabetic peripheral neuropathy | Research is recommended for uncertainties about claimed patient and system benefits | Potential to improve detection of diabetic peripheral neuropathy | Not applicable – needs clinical utility research |
| MTG23 TURis system for transurethral resection of the prostate | Adopt for people who need surgery for prostatic enlargement. | Avoids TUR syndrome and reduces blood transfusions. May reduce hospital stay and readmissions. | Estimated saving 71 GBP per patient for hospitals already using Olympus monopolar system |
| MTG24 Sherlock 3CG Tip Confirmation System for placing peripherally inserted central catheters | Adopt for adults who need placement of a peripherally inserted central catheters | Avoids need for a confirmatory chest X‑ray in patients and increases staff confidence | Saving of 41 GBP per patient in intensive care setting: cost neutral elsewhere |
| MTG25 3M Tegaderm CHG IV dressing for central venous and arterial catheter insertion sites | Adopt for adults with central venous or arterial catheters in intensive or high dependency units | Allows observation of catheter insertion site and provides antiseptic coverage | Saves 73 GBP per patient compared with standard transparent semipermeable dressing |
| MTG26 UroLift for lower urinary tract symptoms of benign prostatic hyperplasia | Adopt as an alternative to current surgical procedures for use in a day‑case setting in men with lower urinary tract symptoms of benign prostatic hyperplasia who are aged 50 years and older and who have a prostate of less than 100 ml without an obstructing middle lobe. | Avoids the risk to sexual function associated with transurethral resection of the prostate (TURP) and holmium laser enucleation of the prostate (HoLEP). Using the system reduces the length of a person's stay in hospital. It can also be used in a day‑surgery unit. | Saves around 286 and 159 GBP per patient |
| MTG27 Virtual touch quantification (VTq) to diagnose and monitor liver fibrosis | Adopt for people with chronic hepatitis B or C who need assessment of liver fibrosis. | May offer other benefits in terms of imaging the liver and sampling selected areas to assess fibrosis and identify associated pathologies. By avoiding liver biopsies, it may also benefit people whose liver fibrosis needs monitoring. | Compared with transient elastography, the estimated overall cost saving for VTq is around 53 GBP per person. This saving assumes that 10% of the ultrasound machine capacity would be used for VTq measurements, leaving 90% to be applied to other uses. Compared with liver biopsy, the corresponding saving is around 434 GBP per person. |