PREVENTION OF NON-STEROIDAL ANTI INFLAMMATORY DRUG (NSAID) INDUCED GASTRO-INTESTINAL TOXICITY

Introduction

The aim of the HTA programme is to ensure that high quality research information on the costs, effectiveness and broader impact of health technologies is produced in the most efficient way for those who use, manage and work in the NHS. Health technology assessment forms the largest portfolio of work in the NHS Research and Development Programme and each year about forty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include primary and secondary research and cost about £10 million a year. Questions are identified and prioritised to meet the needs of the NHS and its patients.

Question

What is the most cost-effective strategy for the protection of the stomach in using NSAIDs?

The topic

Research is required to compare the different strategies available to protect the stomach in the use of NSAIDs including; 1) older NSAIDs plus H2Ras; 2) older NSAIDs plus PPIs; 3) older NSAIDs plus Misoprostol; 4) or the new Cox II inhibitors. It is important to examine the cost-effectiveness of interventions in this area, using outcome data including adverse events, patient preference, effects on morbidity, acceptability and compliance.

Research may focus on a particular high risk group, such as the elderly.

Methods

Secondary research is required in the form of a systematic review, with economic modelling, to assess the cost-effectiveness of different strategies for the protection of the stomach in using NSAIDs. This should identify the key questions for primary research.

Making an application

If you wish to submit a proposal on this topic, complete the electronic application form and return it to the Commissioning Manager at the National Coordinating Centre for Health Technology Assessment, Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX by 5th October 2001. Applications will be reviewed by the HTA Commissioning Board at its meeting in December 2001.

Applications received after 1700 hours on the due date will not be considered.

Guidance on applications

Methods

Applicants should demonstrate knowledge of current research in the field and of systematic review methods and state how these would apply to the question posed. Valid and reliable methods should be proposed for identifying and selecting relevant material, assessing its quality and synthesising the results. Guidance on choice of appropriate methods is contained in NHS CRD Report 4 *Undertaking systematic reviews of research or effectiveness* (www.york.ac.uk/inst/crd/report4.htm). Where policy implications are considered, the emphasis should be on assessing the likely effects of a range of policy options open to decision makers rather than a judgement on any single strategy. Where epidemiological modelling or economic evaluation is required, the range of uncertainty associated with the results should be assessed. In the assessment of cost-effectiveness, further data collection may be required to estimate resource use and costs. If there is evidence that the ratio of costs and benefits may differ between readily identifiable groups, applicants are encouraged to state how they will identify these differences.

Updating

In order to inform decisions on whether and when to update the review, researchers will be expected to give some indication of how fast the evidence base is changing in the field concerned, based on the nature and volume of ongoing work known at the time the review is completed. Applicants should note that they will not be expected to carry out updating as part of the contract to complete the review.

Communication

Communication of the results of research to decision makers in the NHS is central to the HTA Programme. Applicants will be required to communicate their work through peer-reviewed journals and may also be asked to support the NCCHTA in further efforts to ensure that results are readily available to all relevant parties in the NHS. Where findings demonstrate continuing uncertainty, these should be highlighted as areas for further research.

Timescale

There are no fixed limits on the duration of projects or funding. However, there is a pressing need within the NHS for the information and so the research would normally be expected to be completed within 12 months.

Cochrane

Applicants are encouraged to consider producing and maintaining a Cochrane systematic review from HTA commissioned systematic reviews concerned with evaluation of interventions for prevention, treatment or rehabilitation. Discussion with the relevant Cochrane Review Group (see www.cochrane.org) may be helpful. Any additional costs associated with the initial preparation of a Cochrane review should be included in your project proposal.