NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Centre for Clinical Practice – Surveillance Programme

Recommendation for Guidance Executive

Clinical guideline
CG157: Management of hyperphosphataemia in patients with stage 4 or 5 chronic kidney disease

Publication date
March 2013

Surveillance report for GE
December 2014 (2 year surveillance review)

Surveillance recommendation
Further to the publication of the Evidence Update on CG157: Hyperphosphataemia in chronic kidney disease, in which 2 potential impacts were identified, GE is asked to consider the proposal to not update the guideline at this time. GE is asked to note that this ‘no to update’ proposal will not be consulted on.

Key findings

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<th>Potential impact on guidance</th>
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<td>Yes</td>
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| Evidence identified from Evidence Update | Yes |
| Anti-discrimination and equalities considerations | No |

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<tr>
<th>No update</th>
<th>CGUT update</th>
<th>Standard update</th>
<th>Transfer to static list</th>
<th>Change review cycle</th>
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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Centre for Clinical Practice – Surveillance Programme

Surveillance review of CG157: Management of hyperphosphataemia in patients with stage 4 or 5 CKD

Recommendation for Guidance Executive

Background information
Guideline issue date: March 2013
NCC: Centre for Clinical Practice at NICE

Main findings of the current 2 year surveillance review

1. The Evidence Update on CG157: Hyperphosphataemia in chronic kidney disease (CKD) was used as the primary source of evidence for this surveillance decision (search dates: 1 October 2011 to 14 July 2014). A summary of the evidence is provided in the Evidence Update.

2. The Evidence Update indicates that there is currently insufficient new evidence to invalidate most of the existing guideline recommendations. However, the Evidence Update highlighted 2 potential impacts.

3. The first potential impact relates to the review question on phosphate binders for people with stage 4 and 5 CKD who are not on dialysis.
   - 1 small RCT of a new drug, ferric citrate (n=90) covers a broad population (stage 3–5 CKD). The paper did not specify the number of people in the study who had each stage of CKD. It is therefore not possible to tell how many people in the study were actually part of the population of the guideline (stage 4 and 5 CKD), which limits the applicability of the study to the guideline. Additionally, ferric citrate is not available in the UK yet although it is due to launch in Q1 2015.

4. The other potential impact relates to the review question on phosphate binders for people with stage 5 CKD who are on dialysis.
   - 1 RCT of ferric citrate is included and, as noted above, this drug is currently not available in the UK. This drug is not on the technology appraisals schedule.
5. Although no studies were identified for the Evidence Update, intelligence gathered suggests that another new drug, sucralfate oxyhydroxide is expected to launch in Q1 2015, and an MPC summary of this new drug is planned.

6. Additionally, although no potential impacts relating to sevelamer were identified in the Evidence Update, the EUAG believes that the patent is going to expire soon. However, the patent expiry date is difficult to confirm and, therefore, this is insufficient to justify an update at this time.

7. At the next surveillance review cycle in 2 years’ time, more evidence and intelligence is likely to have accumulated on the new drugs and generic sevelamer may be available. The Surveillance Programme therefore recommends no update at this time. The issues identified will be logged for future surveillance.

**Ongoing research**

8. Not considered at 2 year review point.

**Anti-discrimination and equalities considerations**

9. None identified through the Evidence Update.

**Implications for other NICE programmes**

10. None identified through the Evidence Update.

**Surveillance recommendation**

11. GE is asked to consider the proposal to not update the guideline at this time. GE is asked to note that as a 2-year surveillance decision this ‘no to update’ proposal will not be consulted on.

Mark Baker – Centre Director
Sarah Willett – Associate Director
Lynne Kincaid – Medical Writer

Centre for Clinical Practice