Frequency of blood tests for inflammatory conditions

Introduction

The aim of the HTA Programme is to ensure that high quality research information on the effectiveness, costs and broader impact of health technology is produced in the most efficient way for those who use, manage, provide care in or develop policy for the NHS. Topics for research are identified and prioritised to meet the needs of the NHS. Health technology assessment forms a substantial portfolio of work within the National Institute for Health Research and each year about fifty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include both primary research and evidence synthesis.

Research Question:

In the routine monitoring of adults with common inflammatory conditions who are taking long-term immunosuppressive medications, what is the optimum frequency of blood testing?

1. Intervention: Strategy for the frequency of routine blood testing.
2. Patient group: Adults with common inflammatory conditions (applicants to specify and justify) on established treatment with long-term immunosuppressive medications.
3. Setting: Any appropriate setting.
4. Study design:
   i) Evidence synthesis of blood testing strategies used for adults with common inflammatory conditions taking long-term immunosuppressive medications (applicants to define and justify the most appropriate evidence synthesis methodology).
   ii) Modelling of different strategies for the frequency of routine blood testing and their implications for patient outcomes, costs and cost-effectiveness. Modelling strategy should consider and stratify for, but not be limited by:
      - patient history
      - severity and type of condition
      - drug combinations
      - differences between medical specialities
   iii) Qualitative study to determine patients’ and clinicians’ views and experiences of different frequencies of testing.
5. Outputs: Models of different strategies of routine blood testing to identify the optimum strategy in terms of costs, outcomes and acceptability to patients.
Making an application

If you wish to submit a Stage 1 application against this topic, the on-line application form can be found along with the details for this brief at www.nihr.ac.uk/funding-and-support/current-funding-opportunities/. The HTA Programme can be selected using the filters and the application should be submitted on-line no later than 1pm on the 25th September 2019. Applications will be considered by the HTA Funding Committee at its meeting in November 2019.

The guidance notes for this call can be found at: www.nihr.ac.uk/hta_st1_guidancenotes. The supporting information can be found at: www.nihr.ac.uk/hta_supportinfo.

IMPORTANT: For Stage 1 applications, if shortlisted, investigators will be given a minimum of eight weeks to submit a Stage 2 proposal. The Stage 2 proposal will be considered at the Funding Committee in March 2020.

Applications received electronically after 1300 hours on the due date will not be considered.

Should you have any queries please contact us:
Email: htagb@nihr.ac.uk
Telephone: General Funding Committee 02380 595630

Rationale:

Common inflammatory conditions including rheumatoid arthritis, inflammatory bowel disease and the spondyloarthritides, are commonly treated with immunosuppressive drugs, such as disease-modifying anti-rheumatic drugs (DMARDs).

Many of these disease-modifying drugs carry a risk of adverse events (e.g. hepatotoxicity) and thus require careful monitoring with the use of blood tests such as full blood count, liver function tests and urea and electrolyte tests. For this patient group there is uncertainty as to the optimum frequency of monitoring. Evidence suggests that for a large majority of people using these drugs, adverse events are very unlikely and the monitoring regimen itself may represent a greater burden. Testing too often is costly and places significant burden on the patient and the healthcare system, but not testing often enough could increase the risk of adverse events occurring. In recent years, this routine testing has moved into primary care. Drug manufacturers and medical guidelines provide advice on the frequency of testing (NICE guidance recommends regular blood monitoring, generally every 3 months) but these may not be strictly followed.

Therefore, the HTA programme wishes to commission research to determine the optimum strategy for the frequency of routine blood testing for patients with inflammatory conditions taking long-term immunosuppressive medication.