ENDOCUFF VISION™

Medical Technologies Guidance [MTG45]^3

ENDOCUFF VISION™ for Assisting Visualization during Colonoscopy
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Summary
The National Institute for Health and Care Excellence (NICE) has produced guidance on ENDOCUFF VISION™ for assisting visualization during colonoscopy in the NHS in England. Evidence supports the case for adopting ENDOCUFF VISION™ in the NHS because it improves the adenoma detection rate during colonoscopy, particularly for people having a colonoscopy as part of the NHS bowel cancer screening program.

Target Population
The scope of this evaluation includes patients undergoing colonoscopy as part of the NHS bowel cancer screening program (BCSP).

Technology and Innovation
ENDOCUFF VISION™ is a disposable sleeve designed to improve visualization of the bowel during colonoscopy. The row of flexible arms is designed to increase the diagnostic sensitivity of colonoscopy investigation by increasing the total surface area of the visual field. ENDOCUFF VISION™ does not increase the overall procedure time for a colonoscopy.

Implementation
ENDOCUFF VISION™ was selected for the 2018/19 NHS Innovation and Technology Payment (ITP) scheme which has been extended for a further 12 months effective 1 April 2019.

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Clinical Evidence
ADENOMA was a UK-based multicenter, single-blind randomized controlled trial (n=1,772) that compared ENOCUFF VISION™-assisted colonoscopy with standard colonoscopy (Ngu et al. 2018). The primary outcome of the study was the detection of a difference in the adenoma detection rate (ADR). The study showed a 10.8% improvement in ADR within the screening population (about 45% of the total study population). Secondary outcomes from ADENOMA included a statistically significant increase in the number of detected cancers with ENOCUFF VISION™ which the committee considered to be promising.

Why ADR?
The adenoma detection rate is the most widely used quality indicator for diagnostic colonoscopy. It is used by the UK Joint Advisory Group on gastrointestinal endoscopy (JAG) and the bowel cancer screening program to monitor colonoscopy standards. Better detection of adenomas is likely to reduce the incidence of subsequent cancers. Better adenoma detection and resection rates are also associated with a reduced risk of interval cancers.

Economic Evidence
A cost model estimates a per patient saving over a ten-year period for patients undergoing colonoscopy as a result of a positive FOBT test. The UK-based model estimates a saving of £53 (£59) per patient in the bowel cancer screening population where baseline ADR was 51%. The cost saving is mainly driven by how much ENOCUFF VISION™ improves the ADR and is sensitive to the extent of the improvement. Any improvement over 3% is cost saving. A further scenario analysis was carried out to consider the impact of when FIT is used instead of FOBT for initial screening. In this scenario the estimated cost saving per patient with ENOCUFF VISION™ increased to around £58 (£64.6) in 2019.

Key Facts and Statistics

Cost savings increased from £53 to £58 (£59 to €64.6) per patient when FIT was adopted for initial screening.

An increase in the adenoma detection rate of 1% resulted in a decrease in the risk of developing interval cancers of 3%.

ADR increase is greatest with ENOCUFF VISION® for operators with a low-to-moderate baseline ADR (<35%).

Learning curve of only 20 to 30 procedures with ENOCUFF VISION™ to ensure competency.

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References

6 Bank of England exchange rate July 19, 2019 “www.bankofengland.co.uk”

Read the full article:

https://www.nice.org.uk/guidance/mtg45