

**Date and Time:** 24<sup>th</sup> July 2012, 10:30-16:30

**Minutes:** Confirmed

**Hepatitis B GDG Meeting 9**

**Place:** NCGC Boardroom, 180 Great Portland Street, London, W1W 5QZ

**Present:** GDG

1. Howard Thomas (Chair)	HT
2. Elizabeth Boxall	EB
3. Javier Vilar	JV
4. Angela Narbey	AN
5. Geoffrey Dusheiko	GD
6. Aftab Ala	AA
7. Alan Mitchell	AM
8. Emily Lam	EL
9. Patrick Kennedy	PK
10. Sarah Wise	SW
11. Joyeta Das (notes)	JD
12. Nadia Permalloo	NP

NCGC Technical team

13. Gill Ritchie	GR
14. Rosa Lau	RL
15. Sarah Bermingham	SB
16. Amy Kelsey	AK
17. Ralph Hughes	RH

NICE

18. Sarah Dunsdon	SD
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Apologies

19. Gareth Tudor-Williams	GTW
20. Grant Hill-Cawthorne	GHC

## Notes

1. The Chair welcomed everyone to the Hepatitis B Guideline Development Group (GDG) meeting 9. Apologies were received from Grant Hill-Cawthorne and Gareth Tudor-Williams. Apologies were received from Joyeta Das for the morning of the meeting, she arrived at 12pm. The Chair then introduced Nadia Permalloo, a co-optee midwife, to the group. The Chair then informed the group that Sarah Bermingham will be leaving the NCGC in early September, Ralph Hughes, NCGC Acting Senior Health Economist, will be taking Sarah's place on the guideline. The group thanked Sarah for her work on the guideline and wished her well.
2. The Chair asked the GDG to declare if they had any personal specific, personal non-specific, non-personal specific or non-personal non-specific interests to declare since their previous declaration (upon acceptance of their GDG role). No new conflicts of interest were declared.
3. The Chair then briefed the group on the meetings objectives.
4. The Chair introduced Rosa Lau, NCGC Research Fellow, who gave a presentation on when and how frequently surveillance testing should be offered to detect early hepatocellular carcinoma in people with chronic hepatitis B. The Chair thanked RL for her presentation.
5. The Chair then introduced Sarah Bermingham, NCGC Acting Senior Health Economist, who gave a presentation on the cost effectiveness of when and how frequently surveillance testing should be offered to detect early hepatocellular carcinoma in people with chronic hepatitis B. The Chair thanked SB for her presentation.
6. The GDG then discussed the evidence presented and drafted recommendations.
7. RL then gave a presentation on the clinical effectiveness of the use of pharmacological and/or other antiviral therapy in order to reduce risk of vertical transmission from mother to infant. The Chair thanked RL for her presentation.
8. SB then gave a presentation on the clinical effectiveness of the use of pharmacological and/or other antiviral therapy in order to reduce risk of vertical transmission from mother to infant. The Chair thanked SB for her presentation.
9. The GDG then discussed the evidence presented and drafted recommendations.
10. RL then presented the evidence surrounding the information needs of patients with chronic hepatitis B and their carers regarding the benefits and risks of treatment options. The Chair thanked RL for her presentation.
11. The GDG then discussed the evidence presented and drafted recommendations.
12. RL then presented the results of the in vitro / in vivo review that was undertaken as supplementary material for the Network Meta Analysis. The Chair thanked RL for her presentation.
13. SB then updated the GDG on the status of the decompensated cirrhosis health economic model.
14. There was no other business to discuss. The Chair closed the meeting and thanked everyone for attending.

## **Notes**

### **Date, time and venue of the next meeting**

15. Tuesday 4<sup>th</sup> September 2012, 10:30-16:30, NCGC Boardroom, 180 Great Portland Street, London, W1W 5QZ.