

**Stable Angina Guideline
Guideline Development Group (GDG) Meeting 11
10 am – 4 pm Friday 8th September 2010
Conwy Room, NICE, MidCity Place, 71 High Holborn, London WC1V 6NA**

Minutes

Present

GDG

Professor Adam Timmis	GDG Chair (Cardiologist)	AT
Dr Robert Henderson	GDG Clinical Advisor (Cardiologist)	RH
Dr Maurice Pye	Cardiologist	MP
Mr Aidan McDermott	Cardiovascular Clinician	AMD
Ms Liz Clark	Patient Member	LC
Mr Sotiris Antoniou	Clinical Pharmacist	SA
Dr Charles Peebles	Cardiac Radiologist	CP
Dr Jonathan Shribman	GP (SI Cardiology)	JS
Dr Kevin Fox	Cardiologist	KF
Ms Helen O'Leary	Clinical Nurse	HOL
Dr Leonard Jacob	GP (SI Cardiology)	LJ
Mr Christopher Blauth	Surgeon	CB

NCGC/NICE

Ms Ann Greenwood	NICE-Editorial Lead	AG
Dr Norma O'Flynn	NCGC Clinical Director	NOF
Dr Panos Kefalas	NCGC Project Manager	PK
Dr Sharangini Rajesh	NCGC Research Fellow	SR

APOLOGIES

Ms Elisabetta Fenu	NCGC Health Economist	EF
Dr Roger Till	Patient Member	RT
Ms Sue Latchem	NICE - Guidelines Commissioning Manager	SL

Introduction Formalities: AT welcomed the GDG to the 11th Stable Angina (SA) guideline development group (GDG) meeting and briefed the group on the meetings' objectives.

KF declared a new personal pecuniary interest arising from his acceptance to an invitation by Servier to comment on the recent trial of its ivabradine in heart failure at an upcoming industry sponsored meeting. As a result it was agreed that KF will be absent from the meeting room

when any further discussions on pharmacological interventions in stable angina are taking place. He left the room for the duration of these discussions.

The remaining GDG members declared that they were no changes in their personal specific, personal non-specific, non-personal specific or non-personal non-specific interests since the previous GDG meeting.

The meeting then proceeded by first agreeing the meetings of the previous meeting and then addressing the topics below in a sequential manner:

Evidence Review for “Lifestyle” and “Patient Information”: SR presented the clinical evidence available on these topics. The GDG considered all the evidence presented and proceeded with the drafting of recommendations.

Update on Ischaemic Testing: NOF explored the best diagnostic strategy (anatomical and/or functional) for patients who fail pharmacological interventions. Reference to the NICE Chest Pain Guideline CG95 was made according to which, if the pre-test probability for coronary disease is high, the optimal strategy is angiography while if the pre-test probability is intermediate testing with MPS+SPECT is the optimal strategy.

Revisiting of Recommendations: AT introduced the list of all recommendations made-so-far and revisions were agreed.

Identification of key Priorities for Implementation: PK introduced the NICE criteria for identifying key priorities for implementation. It was agreed that each GDG member would submit up to 10 priorities for implementation prior to GDG meeting 12. Cumulative results will be communicated and agreed in GDG meeting 12.

Drafting of Research Recommendations: Progress to-date with the drafting of the research recommendations was discussed and next steps were agreed.

SUMMARY AND ANY OTHER BUSINESS

The GDG agreed and signed off the minutes from the 11th GDG meeting on the 22nd of October 2010 (i.e. on the 12th GDG meeting).

CLOSE