

Meeting Minutes
Incontinence in Neurological Disease - GDG Meeting 9
Location: National Clinical Guidelines Centre - Boardroom
29th July, 2011

GDG		NCGC	
Alun Williams	AW	Ebenezer Tetteh	ET
Christine Anderson	CA	Gill Ritchie	GR
Doreen Mc Clurg	DM	Sharon Swain	SS
Judith Jesky	JJ	Tamara Diaz	TD
Julie Vickerman	JV		
Keith MacDermott	KM	Apologies	
Noreen Barker	NB	Clare Fowler	CF
Simon Harrison (Chair)	SH	Amelia Denny	AD
Susie Orme	SO	Paul Tophill	PT
Sue Woodward	SW	Laura Graham	LGr
		Ralph Hughes	RH
NICE Observer		Mark Perry	MP
Laura Briton (Student)	LB		
Clifford Middleton	CM	Resignation	
		Alison Bardsley	AB

1. Welcome and Apologies

- 1.1. The Chair (SH) welcomed attendees to the Incontinence in Neurological Disease (IND) guideline development group (GDG) meeting 9 and apologies were heard for: GDG members Paul Tophill, Laura Graham, Clare Fowler, Amelia Denny and NCGC health economist, Ralph Hughes.
- 1.2. The Chair announced the resignation of GDG member Alison Bardsley. It was agreed that the nursing compliment of the group could adequately address the clinical review questions for the remaining four meetings. In the event that expert opinion is needed a cooptee will be selected from the pool of applicants who originally expressed an interest in membership on the guideline.
- 1.3. The observers of the day's meeting included: Clifford Middleton, the NICE guideline commissioning manager and Laura Biron currently on academic assignment to the NICE clinical standards department.

2. Declarations of Interest

- 2.1. The following personal non-pecuniary interests was declared to the group by AW:
 - 2.1.1. Attended a meeting hosted by Pfizer during July, 2011.
There were no further declarations relevant to the day's meeting topics.

3. Minutes of GDG 8

4. The Minutes of GDG 8 were reviewed and agreed by the GDG pending the following changes:
 - 4.1. Page 1, meeting date to be changed to 24th June, 2011.

5. Matters arising from the Minutes of GDG 8

- 5.1. **Official naming of Botulinum Toxin.**

SH liaised with drug information service and has found out that although recent material shows Botulinum toxin as referred to as ONA Botulinum Toxin the FDA has adopted the use of this title in the US. In the UK however, we still rely on BNF terminology and will therefore continue to use Botulinum toxin A.

5.2. Cooptee Microbiologist

It was announced that Anne Pallett has agreed to join the GDG as a Cooptee Microbiologist, she is expected to participate in GDG meeting 10.

6. The Chair presented an overview of the agenda.

7. Review of Clinical and Health Economic Evidence:

7.1. What is the safety and efficacy of artificial urinary sphincter compared with usual care in neurological disease?

7.1.1. Introduction: artificial urinary sphincter

SH provided an introduction to artificial urinary sphincters. This introduction covered how the sphincters work and the surgical techniques used to install the implants.

7.1.2. Clinical Evidence:

24 observational studies were included in the review, the outcomes assessed were: incontinence and adverse events. The implantation devices and prostheses used across the studies varied. The data presented in these studies only provided pre and post operative test comparisons. There was no comparison group for 23 out of 24 studies.

7.1.3. Health Economic Evidence:

No relevant economic evaluations comparing artificial urinary sphincters with usual care were identified. In the absence of recent UK cost-effectiveness analysis, relevant costs related to the use of artificial urinary sphincters were presented to the group and discussed.

7.2. What is the safety and efficacy of the ileal conduit diversion compared with usual care in neurological disease?

7.2.1. Introduction: ileal conduit diversion

SH presented an introduction which covered a description of ileal conduits and the other complimentary equipment to be used after surgery and an explanation of the surgical procedures involved in creating the urinary diversion.

7.2.2. Clinical Evidence: 5 observational studies were included in the review, looking at the following outcomes: quality of life, patient or carers' perception of symptoms and adverse events. All studies were pre and post operative test comparisons so the evidence was found to be of overall low quality due to the absence of a comparator.

1.1.1. Health Economic Evidence:

No relevant economic evaluations comparing ileal conduit diversions with usual care were identified. In the absence of recent UK cost-effectiveness analysis, relevant costs related to the use of ileal conduit diversions were presented to the group and discussed.

2. Plan for remaining meeting topics

A draft outline of the guideline was presented to the group and GR explained the final editing process and the need for the GDG's assistance with finalising drafts for submission to NICE pre-consultation.

3. Any other business and close of meeting

3.1. There being no further business the meeting ended at 3:00 p.m.

The next GDG meeting will be held on 9th September, 2011 from 10:30 – 16:30 and take place at the NCGC's offices located at 180 Great Portland Street, London, W1W 5QZ.