

Date and Time:	11th May 2012, 10.00 – 16.00 hrs
-----------------------	---

Minutes:	
7th Guideline Development Group Meeting	
Place:	Linacre Room, Royal College of Physicians, St Andrew's Place
Present:	<p>Nik Hirani (Chair) Angela Key Ann Millar (am) Annette Duck Geraldine Burge Malcolm Weallans Melissa Hippard Nicholas Kim Harrison Nick Screamon Patrick Wilson (am) Richard Hubbard Sue Copley Tessa Lewis</p> <p>Zahra Naqvi, Research Fellow Vicki Pollit, Acting Senior Health Economist Nina Balachander, Senior Research Fellow and Project Manager Vanessa Delgado Nunes, Guideline Lead</p>
Apologies: Clifford Middleton, Guideline Commissioning Manager	

Notes

- Nik Hirani welcomed the group to the seventh GDG meeting. Apologies were received from Clifford Middleton, the Guideline Commissioning Manager at NICE. The Chair asked all GDG members to declare any relevant conflicts of interest.

NH declared a non-personal pecuniary interest. NH is the principal investigator for an MRC funded molecular imaging study in pulmonary fibrosis in partnership with AstraZeneca, which is due to commence in July 2013. Funding is paid directly to the University of Edinburgh: NH was been Approached in the last month by Intermune to sit on an advisory board for the Passport study, which is a patient named surveillance study of those on Pirfenidone, which he declined.

GB declared non-personal pecuniary interests. GB attended an ERS school meeting on the 4th May, for which she received travel and accommodation expenses. GB also attended a non-IPF related ARS conference funded by GlaxoSmithKlein, for which she received £300 to attend. GB also declared a personal non-pecuniary interest. GB attended an IPF support group meeting on the 10th March 2012, for which no funding was received.

Notes

AD declared a personal pecuniary interest. AD acted as a freelance trainer on the ARNS End of Life course in Swansea 19th and 20th April 2012, for which she received £300.00 per day. AD also declared personal non-pecuniary interests. AD was a speaker at the North-West BLF ILD/IPF networking patient support group meeting on the 25th April. Ad also presented at the International Primary Care Respiratory Society Conference in Edinburgh on the 28th April. No financial re-numerations were received for either of these days.

No actions were taken following these declarations and none of the GDG members withdrew as none of the declarations conflicted with clinical areas to be discussed during the GDG meeting.

There were no changes in any of the other GDG members' and NCGC staff's DOIs since the last meeting.

Presentations:

Each of the following presentations were given:

1. DOIs – reminder of policy and what to declare
 2. HE model update and IPF disease progression
 3. Clinical evidence for predicting prognosis for:
 - a. PFTs
 - b. Sub-maximal exercise testing
 - c. Echocardiography
 - d. HRCT scoring
 4. HE unit costs for prognosis (PFTs, sub-maximal exercise testing, echocardiography & HRCT scoring)
 5. Research recommendations: overview of areas and examples
 6. Further clarification on clinical questions
-
1. VN gave a presentation on declarations of interest; why declaring potential conflicts are important; what constitutes a conflict; and the action taken when a declaration is identified as a conflict.
 2. VP presented an update of the progress with the health economic model. VP covered; what a model is; what we hope to achieve using the model; proposed structure, methods and sources to model the natural progression of IPF.
 3. The clinical evidence review for prognosis in patients with IPF was presented to the GDG. NB presented a recap of the clinical prognostic evidence for PFTs (FVC, DLCO/TLCO and oxygen saturation) and sub-maximal exercise testing, which was also presented at the GDG 6. ZN presented the clinical prognostic evidence for echocardiography (pulmonary arterial systolic pressure) and HRCT scoring.
 4. VP presented a recap of the unit costs for all the prognostic tests discussed in the clinical evidence review.
 5. NB gave a presentation on research recommendations, with an overview of areas highlighted suitable for research recommendations from the IPF guideline so far and guidance on how research recommendations should be written.
 6. Further clarification on clinical questions was not presented, as it was felt the time would be better spent showing the GDG how to use Claromentis. Further clarifications on clinical

Notes

questions will be presented closer to the time when the technical team are due to search the evidence for these questions.

Any other business:

The Pirfenidone TA meeting was cancelled due to reasons which cannot be divulged. The GDG were informed that this cancellation will not delay the development of the IPF guideline, but that the IPF guideline will go out to consultation as scheduled early in 2013 with a note explaining that results of the TA will be incorporated when they have been finalised. .

Date, time and venue of the next meeting:

GDG 8: 21st June 2012, NCGC Boardroom, 180 Great Portland Street.