

LOWER URINARY TRACT SYMPTOMS GUIDELINE

1st Guideline Development Group Meeting

**Meeting Held on Wednesday 12th December 2007 at 10.30am – 5.30pm
Ronald Raven Room at The Royal College of Surgeons of England**

12th December 2007– Minutes

**Present: GDG members:
Christopher Chapple (CC) Chair, William Turner (WT), Mark Speakman (MS), James N'Dow (JN), Jonathan Rees (JR), Julian Spinks (JS), Roy Latham (RL), Paul Joachim (PJ)**

NCC-AC:

Clare Jones (CJ), Elisabetta Fenu (EF), Jennifer Hill (JH), Caroline Lawson (CL), Kate Homer (KH), David Wonderling (DW) am only, Nicola Sloan (NS), John Browne (JB) from 2.15 – 2.45pm, Saoussen Ftouh (SF) group work only from 2.15 – 2.45pm.

NICE:

Barbara Meredith (BM) (arrived at 11.25am), Sue Latcham (SL) (arrived 11.25am)

Apologies: Adrian Wagg (AW), Angela Billington (AB), Malcolm Lucas (ML), Thomas Ladds (TL),

Agenda Item

Discussion/Outcome

1. Introductions and apologies for absence (Chris Chapple – Chair) CC introduced himself and welcomed everyone to the 1st LUTS GDG Meeting. Each person then introduced themselves to the group.

Apologies

Apologies were received from AW, AB, ML, TL.

2. Composition of Guideline Development Group (Chair)

JH gave a presentation on 'Declaring Conflicts of Interests' and explained the following:

- Acceptance form, papers on responsibilities, code of conduct and intellectual property

- Action needed for personal pecuniary interests
- Action needed for personal family interests
- Non-personal pecuniary interests
- Personal non-pecuniary interests
- Explained some answers to frequently asked questions.

-Declaration of interest

JH referred GDG members to the pink forms that were on the tables and asked them to read the information. She also explained that

Agenda Item

Discussion/Outcome

there is a declaration of interest form in their packs which they will need to complete and hand in at the end of this meeting.

GDG Members:

CC declared his interests verbally to the group and asked each person to do the same:

CC declared a personal pecuniary interest, his attendance in National and International conferences for BAUS, EAU and AUA. He declared a personal pecuniary interest of private practice. He declared that he knew of no personal family interest. He declared his non-personal pecuniary interest, consultancy and research honorarium up to 6 months ago from Pfizer, Astellas, Novartis, Allergan, AMS and UCB – this was put into the department to provide funding for a researcher. He declared a personal non-pecuniary interest, principle investigator and author on pharmaceutical sponsored papers. He is the Adjunct Secretary General of EAU and responsible for education and overseeing their guidelines. He is also a member of BAUS – female and reconstructive urology section. He has written books on the subject of BPH/LUTS. He is editor in chief of Neurourology and Urodynamics journal.

RL declared a personal pecuniary interest, he acted as a Lay Member on an Invited Service Review carried out by the Royal College of Physicians (July 07). He received a fee for this. He did not declare a personal family interest or non-personal pecuniary interest. He declared a personal non-pecuniary interest, he is personally affected by BPH/LUTS as a patient and as the relative/friend of affected people.

WT declared a personal pecuniary interest, private practice in urology. He did not declare a personal family interest. He declared a non-personal pecuniary interest, he is the principal local investigator in clinical trials with Allergan (not yet opened), Dianippo Sumuto, Yamanouchi (now Astellas), Schwarz Pharma. He is the principal local investigator in clinical trial with Novartis 2005-6. He declared a personal non-pecuniary interest, executive committee member section of female and reconstructive urology, British Association of Urological Surgeons. Author of papers, chapters and books on urology. Member of NICE Topic Selection Panel and Technology Appraisal Committee.

JR declared a personal pecuniary interest, involved in private urological practice. Past involvement in clinical trials (over 5 years

Agenda Item

Discussion/Outcome

ago). He declared that he knew of no personal family interest, non-personal pecuniary interest or personal non-pecuniary interest.

JN declared a personal pecuniary interest, principle investigator (PI) on a clinical trial with payment per patient going to the urology department. Involved in private practice. He is a member of BAUS Academic Section. He did not declare a personal family interest. He declared a non-personal pecuniary interest, PI of commissioned research with University of Aberdeen by CYTOSYSTEMS on evaluation of a urinary diagnostic marker for bladder cancer. He declared a personal non-pecuniary interest, he led HTA commissioned research on systematic review of surgical treatments of BPH (in press).

MS declared a personal pecuniary interest, he is involved in giving lectures for drug companies at national and international meetings in last 12 months (Asteltas, GSK, Boehringer Ingelheim, Pfizer). No new consulting work and new projects declined for duration of guideline. Involved in private practice. He did not declare a personal family interest. He declared a non-personal pecuniary interest, investigator in BPH trials (Astellas, Bayer, GSK, Pfizer, MSD, Allergan). None in last 12 months (sponsorship). Previous research sponsorship from Yamanouchi and MSD in last 5 years. He declared a personal non-pecuniary interest, his clear opinion - author of BAUS BPH Guideline 2004. Author of a number of peer-reviewed LUTS/BPH papers.

JS declared a personal pecuniary interest, he is a member of advisory boards on LUTS and received honoraria from Boehringer Ingelheim (March 07). He has attended advisory boards on Restless legs syndrome organised by RLS UK with payment from Boehringer Ingelheim. He has been paid for attendance at a focus group on faecal incontinence by Continence UK (Nov 07). He has been paid to speak and chair meetings by Astellas, BMS and ALK. He is a paid member of the editorial boards of Continence UK. He has received payment for attending focus meetings on child growth hormone. He did not declare a personal family interest of non-personal pecuniary interest. He declared a personal non-pecuniary interest, member of the strategy board of Incontact, Chairman of the local division of the BMA and board member of RLS UK.

PJ did not declare a personal pecuniary interest or personal family interest. He declared a non-personal pecuniary interest, trustee of Incontact, a charity that benefits from grants from the industry. He declared a personal non-pecuniary interest, trustee of Incontact (as above) Chair of the patient advisory board. He has had personal and

<u>Agenda Item</u>	<u>Discussion/Outcome</u>
	family experience of symptoms.
	NCC-AC Staff: DW, KH, NS, CL, CJ, EF all declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.
	JH declared a non-personal pecuniary interest, funding for NCC from NICE. She declared that she knew of no personal pecuniary interest, personal family interest or personal non-pecuniary interest.
3. Background to the NCC-AC, overview and working practices (Jenny Hill, NCC-AC director)	JH presented 'Introduction to the National Collaborating Centre for Acute Care (NCC-AC)'.
4. Overview of guideline development process and role of the GDG (Clare Jones, project manager NCC-AC)	CJ presented 'Management of male lower urinary tract symptoms'.
5. Relationship with NICE and the Guideline Development Process (Susan Latchem, NICE)	SL presented 'Relationship with NICE and the Guideline Development Process'.
6. Role of patient representatives (Barbara Meredith, Patient and Public Involvement Programme)	BM presented 'Patient/carer involvement in guideline development LUTS/BPH'.
7. Using health economics evidence in guideline development (Elisabetta Fenu – NCC-AC Health Economist)	EF presented 'Using health economic evidence in guideline development'.
8. Outline of Scope (Chair)	CC presented 'The management of male lower urinary tract symptoms (LUTS)'.
9. Introduction to clinical questions, outcomes and definition of terms (John Browne, methodological advisor, NCC-AC)	JB presented 'Defining clinical questions in a NICE guideline' to the group.
10. Group Session: Discussion on clinical questions (Clare Jones)	CJ gave a presentation on 'LUTS – 1st Draft Clinical Questions'. The GDG were divided into three sub-groups to discuss the guidelines clinical questions.
11. Discussion of Clinical Questions (NCC-Team)	There was a full group discussion on the guidelines clinical questions.
13. Close and date of next meeting – 13 th December	CC closed the meeting and thanked everyone for attending Date of next meeting is Thursday 13th December 2007 in the Ronald Raven Room

National Collaborating Centre for Acute Care

at The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE T: 020 7869 6630 F: 020 7869 6639