

*National Clinical Guideline Centre for Acute and Chronic  
Conditions  
Royal College of Physicians*

**LOWER URINARY TRACT SYMPTOMS GUIDELINE  
Sixteenth Guideline Development Group Meeting  
Meeting Held Friday 13 November 2009 10.30am – 4.00pm  
in the Henry Cohen Room,  
Royal College of Physicians  
Friday 13 November – Minutes**

**Present:**           **GDG Members:**  
**Christopher Chapple (CC) Chair, William Turner (WT) – from 1pm, Julian Spinks (JS), Paul Joachim (PJ), Roy Latham (RL), James N'Dow (JN), Jon Rees (JR), Angela Billington (AB), Adrian Wagg (AW), Mark Speakman (MS), Malcolm Lucas (ML)**

**NCC-AC**  
Clare Jones (CJ), Lee-Yee Chong (LYC), Elisabetta Fenu (EF), Sarah Riley (SR) and Jennifer Hill (JH) - from 11am

**NICE**  
Sarah Willet (SW)

<u><b>Agenda Item</b></u>	<u><b>Discussion / Outcome</b></u>
1. Welcome and apologies for absence (Chris Chapple – Chair) Declaration of interests(Chair)	<p>CC welcomed everyone to the 16<sup>th</sup> LUTS GDG meeting.</p> <p>CC asked for each GDG member to declare their interests verbally and asked them to complete their forms. Each attending GDG member declared his/her interests in front of all those present.</p> <p>MS declared a non-personal pecuniary interest, new supported research studies with Allergan, Astellas and European association of urology research registry. He presented for GSK at the European Association of Urology. He declared a personal non-pecuniary interest, attendance at laser course. He declared that he knew of no personal pecuniary interest or personal family interest above those declared at the previous meeting.</p> <p>AW declared a personal pecuniary interest, speaker for meeting for GSK. He declared a non-personal pecuniary interest, SpR training meeting for Astellas Pharma. He declared a Research for Pfizer and grant from Canadian Institute of health Research. He declared that he had no personal family interest or personal non-pecuniary interest above those previously declared.</p> <p>ML declared a non-personal pecuniary interest, payment to research fund from Astellas Ltd. Research funding from Allergan and EAU. He declared that he had no personal pecuniary interest, personal family interest or personal non-pecuniary interest above those previously declared.</p> <p>JR declared a personal pecuniary interest, consultancy for GSK in</p>

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**Agenda Item**

**Discussion / Outcome**

October 2009. He declared that he had no personal family interest, non-personal pecuniary interest or personal non-pecuniary interest above those previously declared.

CC declared a non-personal pecuniary interest, he spoke as invited speaker at Japanese Urology Association. Consultancy for Astellas, Novartis, Allergan and Ono. He declared a personal non-pecuniary interest, lecture at the Royal College of Nursing on the draft guideline. He declared that he had no personal pecuniary interest or personal family interest above those previously declared.

JN, WT, JS, AB, PJ, RL declared they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest or personal non-pecuniary interest, above those declared at previous meetings.

**NCC-AC Staff:**

CJ, LYC and EF all declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

The chair noted that AW, JR and AB personal pecuniary interests would require that they would only be present in an observatory role during discussion of the pharmacologic recommendations.

The chair noted that no action was required on other member's interests as they were not considered to be a conflict of interest warranting their withdrawal from the meeting.

Minutes of the last meeting

The minutes from the last meeting were reviewed and accepted as an accurate record.

Plan for the Day

CJ reviewed the plan for the day.

2. Stakeholder comments – diagnosis key issues (AW)

AW presented the key issues from the stakeholder comments on the diagnosis chapter.

3. Stakeholder comments – conservative key issues (AB)

AB presented the key issues from the stakeholder comments on the conservative chapter.

4. Stakeholder comments – medical key issues (MS)

MS presented the key issues from the stakeholder comments on the medical chapter.

5. Stakeholder comments – voiding surgery key issues (ML)

ML presented the key issues from the stakeholder comments on the voiding surgery chapter.

6. Stakeholder comments – storage surgery key issues (WT)

WT presented the key issues from the stakeholder comments on the storage surgery chapter.

7. Stakeholder comments – urinary retention key issues (CC)

CC presented the key issues from the stakeholder comments on the urinary retention chapter.

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<u>Agenda Item</u>	<u>Discussion / Outcome</u>
8. Stakeholder comments – algorithms and review of drugs key issues (JS)	JS presented the key issues from the stakeholder comments on the algorithms and review of drugs chapter.
9. Stakeholder comments – patient information key issues (PJ)	PJ presented the key issues from the stakeholder comments on the patient information chapter.
10. Any other business	There was no other business.
11. Close and date of next meeting –	CC thanked everyone for attending and closed the meeting. The next meeting will take place on <b>Friday 19<sup>th</sup> February 2010.</b>