

Macular Degeneration Guideline Committee - development

Date: 24th and 25th October 2016

Location: NICE offices, London

Minutes: Draft

Committee members present:		
	Day 1	Day 2
Waqaar Shah (Chair)	Present for all items	Present for all items
Katy Barnard (KB)	Present for all items	Apologies
Nick Beare (NB)	Present for all items	Apologies
Cathie Burke (CB)	Present for all items	Present for all items
Andy Charley (AC)	Present until partway through item 6	Present for all items
Jennifer Evans (JE)	Present from partway through item 3	Present for all items
Mary Freeman (MF)	Present for all items	Apologies
Alexander Foss (AF)	Present for all items	Present for all items
Carol McCletchie (CM)	Present for all items	Present for all items
Ellen Rule (ER)	Present for all items	Present until partway through item 3
Mary-Ann Sherratt (MAS)	Apologies	Present for all items
Elizabeth Wick (EW)	Present until part way through item 4	Present for all items
Cathy Yelf (CY)	Present until partway through item 6	Present for all items

In attendance:		
	Day 1	Day 2
Jamie Elvidge (JE)	Present for all	Present for all
ICG – Technical Analyst (HE)	items	items
Andrew Gyton (AG)	Present from	Present until
NICE – Guideline Commissioning Manager	item 1 to partway through item 3. Present from item 5.	partway through item 3
Vonda Murray (VM) ICG – Project Manager	Present for all items	Present for all items
Dave Nicholls - Information Specialist	Present until partway through item 6	Present until partway through item 4
Gabriel Rogers (GR) ICG – Technical Advisor (HE)	Present for all items	Present until partway through item 3
Yingying Wang (YW) ICG – Technical Analyst	Present for all items	Present for all items

Expert witnesses:		
	Day 1	
Barry Duncan (BD) - Association of British Dispensing Opticians	Present for item 2	
Scot Mackie (SM) - Association of British Dispensing Opticians	Present for item 2	

Observers:			
	Day 1	Day 2	

Veronica Maynard – NHS Fellow	Present until item 4	Not present
Judith Hughes- PhD student	Not present	Present until partway through item 3

Apologies:	
Louisa Crossley	NICE – Senior Medicines Advisor
Sue Ellerby	NICE – Clinical Advisor
Sue Spiers	NICE – ICG, Associate Director

DAY 1

1. Introductions, apologies, minutes, DOI and objectives for the meeting

The Chair welcomed the Committee members, attendees and observers to day 1 of the 10th meeting on age-related macular degeneration (AMD). The committee members, attendees and observers introduced themselves. The Chair welcomed JE new Health Economist and AG, new Commissioning Manager for AMD.

Apologies were noted, as recorded above.

The Chair invited each attendee to declare any new conflicts since the previous meeting. The following conflicts were noted;

Attendee	Declaration	Action
Mary Freeman	5 ,	Declare and participate
Ellen Rule	· ·	Declare and participate
Waqaar Shah	, ,	Declare and participate

Having reviewed all previous and new declarations of interest it was agreed that all committee members were eligible to attend the committee meeting and contribute to the discussions and drafting of any recommendations.

The minutes were reviewed from GComm 9; 5th and 6th September 2016 One correction was noted:

• Day 1 item 5 (page 5). Alter the wording from 'The Committee

agreed that these items would be deferred...' to 'The Committee agreed item 4 and 5 would be deferred...'

Subject to the amendment noted above the minutes were agreed to be an accurate record.

VM to update the minutes

The Chair provided a brief overview of the objectives for the day highlighting the information that would be discussed.

2. The role of the dispensing optician in the diagnosis, referral and management of patients with AMD/suspected AMD

The Chair introduced Barry Duncan, Head of Policy and Development, and Scot Mackie, Dispensing Optician from the Association of British Dispensing Options. They presented on the role of the dispensing optician in the diagnosis, referral and management of patients with AMD or suspected AMD. The committee asked BD and SM a number of questions.

The Chair thanked BD and SM for their presentation and contribution to the development of the guideline.

- **3. RQ12)** What is the effectiveness of different anti-angiogenic therapies (including photodynamic therapy) for the treatment of neovascular AMD? **RQ18)** What is the effectiveness of different frequencies of administration for anti-VEGF regimens for the treatment of neovascular AMD?
- Updated evidence
- Systematic review of published health economic evaluations
- Updated original HE modelling

YW presented evidence of the effectiveness of different anti-angiogenic therapies and the effectiveness of different frequencies of administration for anti-VEGF regimens for the treatment of neovascular AMD.

4. RQ12 and RQ18 continued

GR presented updated network meta-analysis on the effectiveness of different anti-angiogenic therapies for the treatment of neovascular AMD?

JE presented the economic evidence for the review question.

Updated original HE modelling was deferred to day 2 of the meeting.

- 5. RQ23) What strategies and tools are useful for monitoring and self-monitoring for people with AMD? (Strategies and tools for monitoring (part b)
 - Presentation of clinical evidence
 - Agree evidence statements
 - Draft recommendations

YW provided the evidence for the strategies and tools that are useful for monitoring and self-monitoring for people with AMD. The committee considered the evidence and made recommendations, including research recommendations.

6. AOB

Health Economic modelling – The committee provided further data for the health economic model.

7. Summary and next steps

The Chair briefly summarised the discussions from the meeting before closing day 1.

DAY 2

1. Introductions, apologies, minutes, DOI and objectives for the meeting

The Chair welcomed the Committee members, attendees and observers to day 2 of the 10th meeting on age-related macular degeneration (AMD).

Apologies were noted, as recorded above.

The Chair invited each attendee to declare any new conflicts, no conflicts were declared.

Having reviewed all declarations of interest it was agreed that all committee members were eligible to attend the committee meeting and contribute to the discussions and drafting of any recommendations. The Chair provided a brief overview of the objectives for the day

highlighting the information that would be discussed.

- **2. RQ5)** How do different organisational models and referral pathways for triage and diagnosis influence outcomes for people with suspected AMD (for example correct diagnosis, errors in diagnosis, delays in diagnosis, process outcomes)?
- **RQ16)** How do different organisational models for ongoing treatment and follow up influence outcomes for people with neovascular AMD (for example, disease progression, time to treatment, non-attendance)? **RQ24)** How soon should people with neovascular AMD be diagnosed and treated after becoming symptomatic?
 - Presentation of clinical evidence
 - Agree evidence statements
 - Draft recommendations

The Committee agreed item 2, could be moved to the next item on the agenda in order to finish item 4 carried forward from day 1

RQ12) What is the effectiveness of different anti-angiogenic therapies (including photodynamic therapy) for the treatment of neovascular AMD? **RQ18)** What is the effectiveness of different frequencies of administration for anti-VEGF regimens for the treatment of neovascular AMD?

Updated original HE modelling

JE presented the original HE modelling carried out on the effectiveness of different anti-angiogenic therapies and the effectiveness of different frequencies of administration for anti-VEGF regimens for the treatment of neovascular AMD.

- **3. RQ7)** What is the effectiveness of strategies to reduce the risk of developing AMD in the unaffected eye or slow the progression of AMD?
 - Summary of clinical evidence
 - Draft recommendations

The Committee agreed item 3, could be moved to the next item on the

agenda. Item 2 from earlier in the agenda was tabled.

RQ5) How do different organisational models and referral pathways for triage and diagnosis influence outcomes for people with suspected AMD (for example correct diagnosis, errors in diagnosis, delays in diagnosis, process outcomes)?

RQ16) How do different organisational models for ongoing treatment and follow up influence outcomes for people with neovascular AMD (for example, disease progression, time to treatment, non-attendance)?
RQ24) How soon should people with neovascular AMD be diagnosed and treated after becoming symptomatic?

- Presentation of clinical evidence
- Agree evidence statements
- Draft recommendations

YW presented the available evidence and associated evidence statements.

JE presented the Health Economic evidence on different organisational models and referral pathways for triage and diagnosis influence outcomes for people with suspected AMD.

The committee considered the evidence and made recommendations, including research recommendations.

4. Recap

Due to time constraints the committee agreed to defer this item until a future meeting. Item 3 from earlier in the agenda was tabled.

RQ7) What is the effectiveness of strategies to reduce the risk of developing AMD in the unaffected eye or slow the progression of AMD?

- Summary of clinical evidence
- Draft recommendations

YW provided a summary of the evidence that was presented to the

committee at GComm 9, day 1 on what the effectiveness of strategies to reduce the risk of developing AMD in the unaffected eye or slow the progression of AMD.

YW reminded the committee of their previous recommendation. The committee discussed the evidence and a research recommendation was made.

Due to time constraints the discussion will continue at the next meeting

VM to add review question 7 to the GComm11 agenda.

5. AOB

None

6. Summary and next steps

The Chair thanked the committee for their time and contribution to the meeting. The venue, date and time of the next meeting was confirmed.

	GDG 11 - Tuesday 6th and Wednesday 7th December 2016
Location of next meeting:	NICE offices, Manchester