

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Specialist Adviser questionnaire

Before completing this questionnaire, please read [Conflicts of Interest for Specialist Advisers](#). Certain conflicts exclude you from offering advice, however, please return the questionnaire to us incomplete for our records.

Please respond in the boxes provided.

Please complete and return to: azad.hussain@nice.org.uk and IPSA@nice.org.uk

Procedure Name: **Bronchoscopic thermal vapour ablation for upper-lobe emphysema**

Name of Specialist Advisor: Jonathan Bennett

Specialist Society: British Thoracic Society

1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

No – please return the form/answer no more questions.

1.1 Does the title used above describe the procedure adequately?

Yes.

No. If no, please enter any other titles below.

Comments:

2 Your involvement in the procedure

2.1 Is this procedure relevant to your specialty?

Yes.

Is there any kind of inter-specialty controversy over the procedure?

- No. If no, then answer no more questions, but please give any information you can about who is likely to be doing the procedure.

Comments:

The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.

2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:

- I have never done this procedure.
- I have done this procedure at least once.
- I do this procedure regularly.

Comments:

2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- I take part in patient selection or refer patients for this procedure regularly.

Comments:

2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.

- I have had no involvement in research on this procedure.
- Other (please comment)

Comments:

3 Status of the procedure

3.1 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

3.2 What would be the comparator (standard practice) to this procedure?

Endobronchial valves. Lung Volume Reduction Surgery

3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

4 Safety and efficacy

4.1 What is the potential harm of the procedure?

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)
Exacerbation COPD, Pneumonia, Haemoptysis, Respiratory Tract Infection, death.
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(16\)00045-X/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(16)00045-X/fulltext)
<http://erj.ersjournals.com/content/39/6/1326>

2. Anecdotal adverse events (known from experience)

3. Theoretical adverse events

4.2 What are the key efficacy outcomes for this procedure?

Improved lung function, improved Respiratory QoL measures, improved exercise tolerance

4.3 Are there uncertainties or concerns about the efficacy of this procedure? If so, what are they?

Limited controlled studies. ? Patient selection criteria. No comparator studies

4.4 What training and facilities are needed to do this procedure safely?

Unclear. Also unclear as to efficacy in non research specialist centre

4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.

Don't Know

4.6 Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.

Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).

No

4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

No

5 Audit Criteria

Please suggest a minimum dataset of criteria by which this procedure could be audited.

I am not sure this is possible

5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures). Please suggest the most appropriate method of measurement for each:

Incremental shuttle walk tests, 6 minute walk tests, pulmonary function tests, St George's Respiratory Questionnaire, exacerbation rates

5.2 Adverse outcomes (including potential early and late complications). Please state timescales for measurement e.g. bleeding complications up to 1 month post-procedure:

Unknown, other than those listed in the papers

6 Trajectory of the procedure

6.1 In your opinion, how quickly do you think use of this procedure will spread?

Unknown – still to be confirmed re efficacy vs other procedures etc

6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

Centres with capacity for Complex COPD MDTs with access to other forms of lung volume reduction techniques

6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:

- Major.
- Moderate.

X Minor.

Comments:

7 Other information

7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

No

8 Data protection and conflicts of interest

8. Data protection, freedom of information and conflicts of interest

8.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The specialist advice questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.

8.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the “Conflicts of Interest for Specialist Advisers” policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures.

Do you or a member of your family¹ have a **personal pecuniary** interest? The main examples are as follows:

Consultancies or directorships attracting regular or occasional payments in cash or kind YES
 NO

Fee-paid work – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice** YES
 NO

Shareholdings – any shareholding, or other beneficial interest, in shares of the healthcare industry YES
 NO

Expenses and hospitality – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences YES
 NO

Investments – any funds that include investments in the healthcare industry YES
 NO

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic? YES
 NO

Do you have a **non-personal** interest? The main examples are as follows:

Fellowships endowed by the healthcare industry YES
 NO

Support by the healthcare industry or NICE that benefits his/her position or department, eg grants, sponsorship of posts YES
 NO

If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.

Comments:

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair **Mark Campbell**
Acting Programme Director
Devices and Diagnostics

June 2018

¹ 'Family members' refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

Conflicts of Interest for Specialist Advisers

1 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

- 1.1 Any conflicts of interest set out below should be declared on the questionnaire the Specialist Adviser completes for the procedure.
- 1.2 Specialist Advisers should seek advice if required from the Associate Director – Interventional Procedures.

2 Personal pecuniary interests

- 2.1 A personal pecuniary interest involves a current personal payment to a Specialist Adviser, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**' or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples are as follows.
 - 2.1.1 **Consultancies** – any consultancy, directorship, position in or work for the healthcare industry that attracts regular or occasional payments in cash or kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.2 **Fee-paid work** – any work commissioned by the healthcare industry for which the member is paid in cash or in kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.3 **Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual). This does not include shareholdings through unit trusts, pensions funds, or other similar arrangements where the member has no influence on financial management.
 - 2.1.4 **Expenses and hospitality** – any expenses provided by a healthcare industry company beyond that reasonably required for accommodation, meals and travel to attend meetings and conferences (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.5 **Investments** – any funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 2.2 No personal interest exists in the case of:
 - 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
 - 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

3 **Personal family interest**

- 3.1 This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**', or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples include the following.
- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- 3.1.3 Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (for example, children, or adults whose full Power of Attorney is held by the individual).
- 3.1.4 Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference)
- 3.1.5 Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 3.2 No personal family interest exists in the case of:
- 3.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
- 3.2.2 accrued pension rights from earlier employment in the healthcare industry.

4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as '**specific**,' or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as '**non-specific**'. The main examples are as follows.

- 5.1.1 **Fellowships** – the holding of a fellowship endowed by the healthcare industry.
- 5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:
- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
 - a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
 - the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
 - one or more contracts with, or grants from, NICE.
- 5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.

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Interventional Procedures Programme

Specialist Adviser questionnaire

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Please respond in the boxes provided.

Please complete and return to: azad.hussain@nice.org.uk and IPSA@nice.org.uk

Procedure Name: **Bronchoscopic thermal vapour ablation for upper-lobe emphysema**

Name of Specialist Advisor: Sam Kemp

Specialist Society: British Thoracic Society

1 Do you have adequate knowledge of this procedure to provide advice?

- Yes.
- No – please return the form/answer no more questions.

1.1 Does the title used above describe the procedure adequately?

- Yes.
- No. If no, please enter any other titles below.

Comments:

2 Your involvement in the procedure

2.1 Is this procedure relevant to your specialty?

- Yes.
- Is there any kind of inter-specialty controversy over the procedure?

- No. If no, then answer no more questions, but please give any information you can about who is likely to be doing the procedure.

Comments:

The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.

2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:

- I have never done this procedure.
- I have done this procedure at least once.
- I do this procedure regularly.

Comments:

My hospital has a BTVA steam generator and are actively screening patients for suitability. To my knowledge, Professor Pallav Shah is the only physician in the UK to have actually treated anyone, and then only in the context of a clinical trial.

2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- I take part in patient selection or refer patients for this procedure regularly.

Comments:

I.e. I am a core member of a hyperinflation MDT, so theoretically every patient we discuss will have their suitability for all LVR procedures discussed and considered.

2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).

- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment)

Comments:

Although have proposed 2 separate research protocols to the company, and have been in early discussions about being a centre for their upcoming lower lobe trial.

3 Status of the procedure

3.1 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

None of the above really apply. The procedure is new, but there is an established AE profile from trials. There is RCT evidence for this procedure, but nothing like the amount available for endobronchial valves. There is some concern about the immediate inflammatory response and exacerbations, but this can be reduced with subsegmental treatments. Pneumothorax does not appear to be a problem, in contrast to the other lung volume reduction procedures.

3.2 What would be the comparator (standard practice) to this procedure?

Lung volume reduction surgery or endobronchial valves.

3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

See question 2.2.21.

4 Safety and efficacy

4.1 What is the potential harm of the procedure?

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)

Exacerbations of COPD are the predominant serious AE.

2. Anecdotal adverse events (known from experience)

Treatment of the wrong area owing to coughing during administration and dislodgement of the balloon catheter. This is eliminated by performing the procedure under general anaesthetic, and is probably a sensible safety recommendation if available.

3. Theoretical adverse events

Pneumothorax – not seen in trials.

4.2 What are the key efficacy outcomes for this procedure?

Reduction in residual volume
Improvement in QoL
Improvement in exercise capacity
Improvements in FEV1

4.3 Are there uncertainties or concerns about the *efficacy* of this procedure? If so, what are they?

I think it is generally considered efficacious, but there is some concern about the relatively small amount of RCT evidence.

4.4 What training and facilities are needed to do this procedure safely?

The procedure should only be performed by an experienced interventional bronchoscopist with knowledge of lung volume reduction in emphysema, and who has had specific training in the technique.

4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.

No, although BTVA is an option in the UKLVR registry.

- 4.6 Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.**

Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).

No

- 4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?**

Some discussion about the extent of lung to treat at each sitting (segmental or sub-segmental). Also, the evidence is for upper lobe disease, and whilst there is no logical theory to suggest that it will not be efficacious in lower lobe disease, the trial evidence does not exist. Its exact place in any treatment algorithm is also uncertain (as most patients who are suitable for LVR could have surgery or valves, and others enter clinical trials of e.g. coils).

5 Audit Criteria

Please suggest a minimum dataset of criteria by which this procedure could be audited.

Treatment lobe/segment/subsegment

Energy delivered/duration of steam injection

GA or LA

Age/sex other demographics

Baseline lung function – FEV1, FVC, RV, TLC, RV/TLC, TLCO, KCO

Quality of life

6 minute walking distance (or similar exercise test)

Degree of heterogeneity by QCT

Follow-up lung function, 6MWT, QoL, and QCT at 3 months

Adverse events

5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures). Please suggest the most appropriate method of measurement for each:

Lung function – FEV1, residual volume, functional residual capacity, total lung capacity, RV/TLC, TLCO

Exercise capacity – either 6 minute walk, incremental shuttle walk, or cycle ergometry

Quality of life – SGRQ, CAT score

Adverse events

Mortality

All at 3,6, and 12 months

5.2 Adverse outcomes (including potential early and late complications). Please state timescales for measurement e.g. bleeding complications up to 1 month post-procedure:

Exacerbations/infections – up to 1 year

Bleeding – few days

Pneumothorax – up to at least 3 months

Death – 5 years

Airway stenosis – should be apparent by 3 months on CT or bronchoscopy, but data up to 1 year sensible

6 Trajectory of the procedure

6.1 In your opinion, how quickly do you think use of this procedure will spread?

Once funding is in place, then I would expect it to be very quickly taken up by centres that perform other lung volume reduction procedures, but should be limited to those specialist/regional centres.

6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:

- Major.
- Moderate.
- Minor.

Comments:

7 Other information

7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

8 Data protection and conflicts of interest

8. Data protection, freedom of information and conflicts of interest

8.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The specialist advice questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

YES I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.

8.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

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Do you or a member of your family¹ have a **personal pecuniary** interest? The main examples are as follows:

Consultancies or directorships attracting regular or occasional **YES**

¹ ‘Family members’ refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

- payments in cash or kind **NO**
- Fee-paid work** – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice** **YES**
 NO
- Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry **YES**
 NO
- Expenses and hospitality** – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences **YES**
 NO
- Investments** – any funds that include investments in the healthcare industry **YES**
 NO
- Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic? **YES**
 NO
- Do you have a **non-personal** interest? The main examples are as follows:
- Fellowships** endowed by the healthcare industry **YES**
 NO
- Support by the healthcare industry or NICE** that benefits his/her position or department, eg grants, sponsorship of posts **YES**
 NO

If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.

Comments:

Lecture and consultancy fees from PulmonX Inc.
 My hospital has been reimbursed for clinical trial costs by PulmonX Inc, PneumRx, Broncus, Holaira, CSA Medical, Uptake Medical. No other grants or payments.

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair **Mark Campbell**
Acting Programme Director
Devices and Diagnostics

June 2018

Conflicts of Interest for Specialist Advisers

1 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

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- 2.1 A personal pecuniary interest involves a current personal payment to a Specialist Adviser, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**' or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples are as follows.
 - 2.1.1 **Consultancies** – any consultancy, directorship, position in or work for the healthcare industry that attracts regular or occasional payments in cash or kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
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 - 2.1.3 **Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual). This does not include shareholdings through unit trusts, pensions funds, or other similar arrangements where the member has no influence on financial management.
 - 2.1.4 **Expenses and hospitality** – any expenses provided by a healthcare industry company beyond that reasonably required for accommodation, meals and travel to attend meetings and conferences (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.5 **Investments** – any funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 2.2 No personal interest exists in the case of:
 - 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
 - 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

3 **Personal family interest**

- 3.1 This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as **'specific'**, or to the industry or sector from which the product or service comes, in which case it is regarded as **'non-specific'**. The main examples include the following.
- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- 3.1.3 Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (for example, children, or adults whose full Power of Attorney is held by the individual).
- 3.1.4 Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference)
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- 3.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
- 3.2.2 accrued pension rights from earlier employment in the healthcare industry.

4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Adviser is responsible, but that is not received by the Specialist Adviser personally. This may either relate to the product or service being evaluated, in which case it is regarded as **'specific,'** or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as **'non-specific'**. The main examples are as follows.

- 5.1.1 **Fellowships** – the holding of a fellowship endowed by the healthcare industry.
- 5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:
- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
 - a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
 - the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
 - one or more contracts with, or grants from, NICE.
- 5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.