

The management of venous thromboembolic diseases and the role of thrombophilia testing

Minutes:

Guideline Development Group Meeting 1st GDG meeting – Day 2

Date and Time: **25th June 2010, 9:30 – 15.30pm**

Place: **National Clinical Guideline Centre, 180 Great Portland Street, London W1W 5QZ**

Present:

Gerard Stansby (Chair) (GS)	(Present for notes 1 – 10)
Roshan Agarwal (RA)	(Present for notes 1 – 10)
Christian Clark (A4)	(Present for notes 1 – 10)
Richard Day (RD)	(Present for notes 1 – 10)
Hayley Flavell (HF)	(Present for notes 1 – 10)
Scott Harrison (SH)	(Present for notes 1 – 5)
Beverley Hunt (BH)	(Present for notes 1 – 10)
David Keeling (DK)	(Present for notes 1 – 10)
Nigel Langford (NL)	(Present for notes 1 – 10)
Kat Noble (KN)	(Present for notes 1 – 10)
Karen Sheares (KS)	(Present for notes 1 – 10)

NCGC Present:

Clare Jones (CJ)	(Present for notes 1 – 10)
Jennifer Hill (JH)	(Present for notes 4 – 10)
Lee-Yee Chong (LC)	(Present for notes 1 – 10)
Elisabetta Fenu (EF)	(Present for notes 1 – 10)
Sarah Riley (SR)	(Present for notes 1 – 10)
Joanna Ashe (JA)	(Present for notes 1 – 10)

In attendance:

NICE Staff: None		
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Observers:

None		
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Agenda Item:

- 1. Introductions and apologies for absence:** GS welcomed the group to day 2 of the first meeting of this GDG. Apologies were received from Paul Mainwaring, David Berridge and Steven Moser. GS explained that GDG members are required at each meeting to declare their interests verbally. Each GDG members declared his/her interests in front of all those present.

GDG members:

GS declared a non-personal pecuniary interest; he is a member of the lobbying group

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TARGET-PAD which has received support from Sanofi-Aventis. In November 2009 he gave 2 lectures on infections for which he donated the fee to charity.

DB declared a personal non-pecuniary interest; he is the secretary of the venous forum of Royal Society of Medicine.

CC declared a personal non-pecuniary interest; he is a member of the atrial fibrillation task force. He is a member of the NCLC Network. He is a member of South Islington P.A.P.

HF declared a personal pecuniary interest; she received payment from Roche Diagnostic to attend a one day event (24th March 2010) to discuss the future of anticoagulants.

BH declared a personal pecuniary interest; that any fees received from pharmaceutical companies for lectures are given to charity. She declared a non-personal pecuniary interest; she is the medical director of Lifeblood, the thrombosis charity. This charity campaigns to improve care of patients with VTE. It receives some funds for specific projects from pharmaceutical companies. Personal non-pecuniary interest: I want to improve the management of patients with VTE.

KN declared a personal non-pecuniary interest; death of her mother from probable VTE.

DK declared a personal pecuniary interest; he received a fee for attending advisory boards on 5th May 2009 and 3rd July 2009 (one on thrombosis and the other on haemophilia) for Bayer. He received a lecture fee (17th November 2009) for an education meeting sponsored by Bayer for haematology trainees. He received a fee for attending an advisory board on the 19th February 2010 on haemophilia from Wyeth. He received a lecture fee from Boehringer-Ingelheim on the 25th March 2010 for staff training. He declared that he knew of no personal family interests. He declared a non-personal pecuniary interest; Boehringer-Ingelheim sponsors their department research nurse. He declared a personal non-pecuniary interest; he is the UK Chief Investigator for the RE-COVER, RE-COVER 2 and RE-MEDY trials of dabigatran etexilate (Boehringer-Ingelheim) in VTE.

KS declared a personal non-pecuniary interest; Chair of Acute Pulmonary Embolism Group, British Thoracic Society. She has provided peer reviewer comments on the Royal College of Obstetricians and Gynaecologists Green-top guideline number 37 on "Reducing the risk of thromboembolism during pregnancy, birth and puerperium" and the 2010 NICE's "Venous thromboembolic diseases draft scope for consultation. Speaker on Acute Pulmonary Embolism at the Royal College of Physicians and the British Thoracic Society's management of Respiratory Emergencies – An update for Physicians conference (2010). She declared that she has been invited to provide an Acute Pulmonary Embolism conference summary which will be published in the Journal of the Royal College of Physicians of London. Contributor to the Royal College of Physicians' map of Medicine Care Pathways on Venous Thromboembolism (2010). Author of chapter on Venous Thrombosis and Pulmonary Embolism in textbook provisionally entitled Oxford Diagnosis and Treatment in Internal Medicine, Oxford University Press (2010).

RA, RD, SH and NL declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest or personal non-pecuniary interest.

NCGC members: CJ, EF, SR, LC and JA declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

No actions were taken following these declarations and none of the GDG members withdrew as this was an introductory meeting and therefore no recommendations were to

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be discussed.

2. **Introduction to Claromentis:** SR gave a presentation on how to use Claromentis for GDG members. This covered logging in and out, locating guideline documents and checking documents in and out.
3. **Literature searching and appraising the literature:** JA presented an overview of the role of the information scientist.
4. **Guidelines, decision making and GRADE:** MW presented an overview of the GRADE process and how this effects decision making in the guideline process.
5. **Reporting clinical evidence and economic analysis:** LYC and EF presented an example of how a clinical and economic review would normally be presented to the GDG, using an example of pharmacological interventions.
6. **Refining review questions and definitions:** The GDG members continued to work on refining and defining the review questions.
7. **Cancer screening for patients with spontaneous VTE:** LYC and EF presented the clinical and economic evidence for this review question.
8. **Next steps and allocation of guideline sections:** The GDG were then asked to volunteer to be allocated to different clinical areas specified in the scope.
9. **Any other business:** There was no other business to discuss.

Date, time and venue of the next meeting

10. 2nd GDG, Wednesday 21st July 2010, 10.30-16.00, at National Clinical Guideline Centre, 180 Great Portland Street, London W1W 5QZ.