

Meeting Minutes
Incontinence in Neurological Disease - GDG Meeting 6
Location: National Clinical Guidelines Centre - Boardroom
13th April, 2011

GDG		NGGC	
Alun Williams	AW	Gill Ritchie	GR
Christine Anderson	CA	Mark Perry	MP
Clare Fowler	CF	Ralph Hughes	RH
Doreen McClug	DM	Sharon Swain	SS
Julie Vickerman	JV	Tamara Diaz	TD
Keith MacDermott	KM		
Laura Graham	LGr	NICE Observer	
Noreen Barker	NB	Sarah Dunsdon	SD
Paul Tophill	PT		
Simon Harrison (Chair)	SH	Apologies	
Sue Woodward	SW	Alison Bardsley	AB
		Judith Jesky	JJ
		Susie Orme	SO
		Amelia Denny	AD

1. Introduction

- 1.1. The Chair (SH) welcomed attendees to the Incontinence in Neurological Disease (IND) guideline development group (GDG) meeting 6 and apologies were heard for: Alison Bardsley, Amelia Denny, Judith Jesky and Susie Orme. Sue Woodward and Sarah Dunsdon were unavoidably late and would join the meeting mid-morning.
- 1.2. There were no declarations of interest relevant to the day's agenda.
- 1.3. The Minutes of GDG 5 were reviewed and agreed pending the following change:
 - 1.3.1. Section 2: 2.1.2 - 2 'bladder cancer and' to be amended to 'bladder cancer'
- 1.4. There were no matters arising from the minutes of GDG 5.
- 1.5. The Chair presented an overview of the agenda.

2. Introduction: Augmentation Cystoplasty

SH presented a brief introduction on augmentation cystoplasty which covered the goal of the surgical procedure and the two main techniques used: use of bowel segment to augment the bladder and the stripping of the muscle off the bladder wall to aid elasticity of the bowel.

3. Review of Clinical and Health Economic Evidence:

3.1. What is the safety and efficacy of augmentation cystoplasty compared with usual care in neurological lower urinary tract dysfunction?

3.1.1. Clinical Evidence:

31 observational studies were identified evaluating the effects of augmentation cystoplasty on incontinence in neurological disease. 10 studies covered children under 19 years old, 9 studies looked at adults and 13 looked at mixed age-group populations. Reported results were grouped according to outcome.

3.1.2. Health Economic Evidence:

1 study was included that compared augmentation cystoplasty with botulium toxin injection and usual care in neurological disease. The analysis in the study was developed using a US perspective and was conducted over a 5 year period. De novo analysis was prioritised for this question and will be conducted comparing augmentation cystoplasty with the use of Botulinum Toxin.

3.2. Does monitoring or do surveillance protocols improve patient outcomes?

3.2.1. Clinical Evidence: 16 observational studies were identified that reported on monitoring and surveillance protocols. The report looked at the management of incontinence in patients with spinal cord injury, multiple sclerosis, spina bifida or anorectal malformations using the following protocols: Creatinine, Ultrasound, Cystoscopy and Renal scintigraphic scans.

3.2.2. Health Economic Evidence:

The health economic report on Monitoring or Surveillance protocols had been presented at a previous GDG meeting, so further cost details were provided for the GDG's information. The GDG heard an analysis of the long term costs of monitoring programmes showed that these programmes are fairly low cost and the required QALYs to make them cost effective at the thresholds of £20 – 30,000 are low.

4. Definition low and high risk populations

4.1. SH delivered a presentation to the GDG on low and high risk populations. The presentation focused on the nature of risks, the factors affecting risk, red flags and risk assessment in neurological lower urinary tract dysfunction. This presentation included definitions raised by members of the group at GDG 5. It was agreed that this would be uploaded to Claromentis for the group's ease of reference.

5. Economic Subgroup

5.1. RH invited group members to volunteer for participation in the Economic subgroup. He explained that as the group approaches the building of the economic model, the volunteers would be contacted regarding resource use, clarification on existing practice and for assistance with reviewing the model prior to finalisation. Paul Tophill, Simon Harrison, Alun Williams and Clare Fowler volunteered to participate in the subgroup.

6. Any other business and close of meeting

There being no further business the meeting ended at 4:00 p.m. The next GDG meeting which will be held on 20th May, 2011 from 10:30 – 16:30 and will take place at the NCGC's offices located at 180 Great Portland Street, London, W1W 5QZ.