

Date and Time:	28th March 2012, 10.00 – 16.00 hrs
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Minutes:	
6th Guideline Development Group Meeting	
Place:	National Clinical Guidelines Centre, 180 Great Portland Street, Boardroom
Present:	<p>Nik Hirani (Chair) Annette Duck Angela Key Ann Millar (am) Malcolm Weallans Melissa Hippard Nicholas Harrison Richard Hubbard Tessa Lewis</p> <p>Joanna Ashe, Information Scientist (pm) Zahra Naqvi, Research Fellow Vicki Pollit, Health Economist Nina Balachander, Senior Research Fellow and Project Manager Vanessa Delgado Nunes, Guideline Lead</p>
In attendance:	
Andrew Gyton, NICE Clinical Guidelines Coordinator (on behalf of Clifford Middleton, NICE Guidelines Commissioning Manager)	
Apologies:	
Geraldine Burge Sue Copley Nick Screatton Patrick Wilson	

Notes

1. Nik Hirani welcomed the group to the sixth GDG meeting. Apologies were received from Geraldine Burge, Sue Copley, Nick Screatton and Patrick Wilson. The Chair asked all GDG members to declare any relevant conflicts of interest.

NH declared a personal pecuniary interest. NH gave a presentation at the April 2012 Keystones Lung Fibrosis meeting, for which he received travel and accommodation expenses from the University of Edinburgh.

AD declared non-personal pecuniary interests. AD was involved in developing and speaking at a patient support group meeting on the 10th March 2012 and the 25th April at the BLF NW ILD networking day. No financial re-numerations were received for either of these days.

MW declared a new personal non-pecuniary interest. MW attended an IPF patient support group in Nottingham in March 2012. No sponsorship was received for this.

Notes

There were no changes in any of the other GDG members' and NCGC staff's DOIs since the last meeting.

No actions were taken following these declarations and none of the GDG members withdrew as none of the declarations conflicted with clinical areas to be discussed during the GDG meeting.

Presentations

Each of the following presentations were given:

1. Predicting prognosis in patients with IPF – Nik Hirani
 2. Clinical evidence for predicting prognosis in patients with IPF:
 - a. PFTs – Nina Balachander
 - b. Sub-maximal exercise testing – Izaba Younis
 3. HE considerations for IPF Prognosis – Vicki Pollit
 - a. Unit costs for PFTs and sub-maximal exercise testing
 4. Further clarification on clinical questions – Nina Balachander
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1. NH presented an introduction to prognosis of patients with IPF. This presentation covered the importance of IPF, prognostic factors and implications of prognosis on management of patients.
 2. NB and IY presented the clinical evidence for the value of PFTs (FVC, DLCO and TLCO) and sub-maximal exercise testing for predicting prognosis in patients in IPF.
 3. VP presented an overview of the disease progression for IPF in order for the GDG to consider the link between prognosis and the Health Economic model. Economic considerations for prognostic interventions and the unit costs for PFTs and sub-maximal exercise testing were also presented. The GDG acknowledged the clinical and economic considerations when drafting recommendations for PFTs and sub-maximal exercise testing. The GDG agreed that these recommendations would be discussed again when the clinical and cost effectiveness evidence is presented for the clinical question covering, the prognostic value of echocardiography and HRCT scoring, and what happens at a patient review.
 4. NB sought further clarification on clinical questions to be presented at future GDG meetings.

Any other business:

None

Date, time and venue of the next meeting

GDG 7: 11th May 2012, 10:00 – 16:00hrs, RCP Linacre Room