

**Confidential**

**Date and Time: Tuesday 24 April 2012, 1000 - 1600**

**Minutes:** Confirmed

**Guideline Development Group Meeting**

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

**Present:** Alan Lobo, Consultant Physician & Gastroenterologist (Chair)  
 Adam Harris, Consultant Physician & Gastroenterologist  
 Eshan Senanayake, General Practitioner  
 Sarah Cripps, Gastroenterology Pharmacist  
 Assad Butt, Consultant Paediatrician in Gastroenterology & Nutrition  
 Kerry Robinson, IBD Clinical Nurse Specialist  
 Valda Forbes, Gastroenterology & Hepatology Clinical Nurse Specialist  
 David Bartolo, Consultant Colorectal Surgeon  
 Jeremy Nightingale, Consultant Physician & Gastroenterologist  
 Nigel Westwood, Patient member  
 Kate Kelley, Associate Director, NCGC  
 Nancy Pursey, Senior Project Manager, NCGC  
 Rachel Wheeler, Research Fellow, NCGC  
 Lola Adedokun, Health Economist, NCGC  
 Ralph Hughes, Senior Health Economist, NCGC (present for items 1-3)  
 Paul Miller, Senior Information Scientist, NCGC (present for item 5)

**Apologies:** Parastoo Karimi, Patient member

**In attendance:**

NICE Staff:		
NICE attendee 1	Clifford Middleton	(Present for item 5 onwards)

**Observers:**

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**Notes**

**1. Welcome and declarations of interest**

The Chair welcomed the group to the seventh meeting of this GDG. Apologies were received from Parastoo Karimi. The Chair reviewed the declarations of interest register and deemed that Jeremy Nightingale and Nigel Westwood would need to leave the room when recommendations were discussed due to previously declared personal pecuniary interests. The Chair requested updates to the declarations of interest register. Jeremy Nightingale declared a non-specific personal pecuniary interest - he will give a talk for Baxter nutrition. Baxter nutrition manufactures parenteral nutrition and does not manufacture any drugs for Inflammatory Bowel Disease (IBD). Therefore there is no conflict of interest.

## Notes

### 2. **Overview of non-randomised study types**

A presentation was given on different types of non-randomised studies and how quality assessment is carried out to provide context to the evidence reviews.

### 3. **Evidence review: induction and maintenance of remission in pregnancy**

The GDG reviewed the evidence for induction and maintenance of remission in pregnancy.

### 4. **Evidence review: growth and pubertal development monitoring**

No relevant clinical effectiveness or economic studies on growth and pubertal monitoring strategies were identified. The GDG made consensus recommendations based on existing guidelines.

### 5. **Finalise protocols for bone health/ patient information for surgery/ timing of surgery questions**

The GDG finalised the protocol for the bone health question. No relevant evidence had been identified on patient information for surgery and a call for evidence will be issued for this question. The technical team will refine the protocol for the timing of surgery question and present again at the next GDG meeting.

### 6. **Allocation of clinical introductions**

Individual GDG members will be allocated a clinical introduction to draft.

### 7. **Infliximab technology appraisal**

The GDG agreed that the use of infliximab in children with ulcerative colitis must be covered. Clifford will check if this could be captured in the next review of the TA and report back at the next GDG meeting.

### 8. **GDG6 meeting notes and NICE minutes**

The minutes of the last meeting of this group were agreed as a true and accurate account of the meeting.

### 9. **Any other business**

Nancy starts maternity leave on 30 April 2012. The project management of the ulcerative colitis guideline will be covered by Amelia Ch'ng.

## **Date, time and venue of the next meeting**

Wednesday 6 June 2012, from 1000 until 1600.

Boardroom, National Clinical Guideline Centre, 180 Great Portland Street, London W1W 5QZ