

**Chronic kidney disease: Early identification and management of chronic  
disease in adults in primary and secondary care (partial update)**

**National Clinical Guideline Centre**

**1<sup>st</sup> Guideline Development Group Meeting**

**Date and Time:** 21<sup>st</sup> September 10:00 – 16:00

**Place:** NCGC, 180 Great Portland Street, London

**GDG Present:** Paul Stevens (PS) Chair  
Paula D’Souza  
Hugh Gallagher  
Kathryn Griffith  
Karen Jenkins  
Paul Kendrew  
Ed Lamb  
Robert Lewis  
Fiona Loud  
Shelagh O’Riordan  
Nicholas Palmer  
Paul Roderick

**NCGC Present:** Caroline Blaine (CB)  
Serena Carville (SC)  
Lisbeth Hoeg-Jensen (LHJ)  
Lilian Li (LL)  
Jill Parnham (JP)

**NICE Staff:**

Barbara Meredith (BM)  
Rachel Ryle (RR)

**Minutes**

1. **Introductions and apologies.** The Chair welcomed everyone to the meeting and to the guideline group, and asked all to briefly introduce themselves. Richard Whittome (NCGC) had sent apologies to the meeting.
2. **Declarations of Interest** The Chair informed everyone of the importance of Declarations of Interests (DOIs), explaining the importance for transparency. All were asked to verbally declare their interests as per the DOI register in appendix A. The GDG was informed that they will be asked to declare any new interests in writing before each meeting and will be asked to declare these orally at the beginning of the meeting.

3. **Introductory presentations**
  - a) **Working with the NCGC** JP gave an introductory presentation about the role of the GDG in the development process, including the expectations to the GDG members regarding confidentiality and attendance of meetings.
  - b) **Relationship with NICE and the Guideline Development Process.** RR introduced the NICE guideline process. The key stages of development were explained as well as the different guideline products and how NICE can assist the GDG.
  - c) **Role of patient/carer members.** BM introduced the Patient and Public Involvement Programme (PIIP) at NICE . The importance of lay members' involvement in the development process were highlighted and the GDG was reminded that the two lay members of the GDG are members of the GDG as individuals and are not representing any particular group or organisation.
4. **Outline of the scope.** PS gave a summary of the scope for the partial update of the guideline. The GDG were reminded that the scope defines which areas are to be covered in the partial update of the guideline.
5. **Introduction to reviewing the evidence.** CB gave an introduction to reviewing the evidence based on an example of a review for a specific question (Uric acid lowering therapy in management of people with CKD and asymptomatic hyperuricaemia). This highlighted the importance of formulating the review questions carefully. The question will be revisited at GDG2 and recommendations will be drafted.
6. **Using health economic evidence in guideline development.** LL explained how health economic evidence is included within NICE guideline development and illustrated some concepts that will be used in the cost-effectiveness analysis. The GDG were informed that potentially 2 areas for health economic analysis will be prioritised and possible areas were discussed.
7. **Writing and refining review questions.** CB presented the results of a survey on the review questions that GDG members had completed prior to GDG1. The GDG were informed that their responses had been used to formulate the draft protocols.
8. **Protocols.** SC gave a presentation on protocol development for the guideline. The protocols for five draft review questions were reviewed and re-drafted at the meeting.
9. **Any other business.** GDG members were informed that they would be sent information via email and that all documents would be uploaded to Claromentis. They were reminded to return DOI forms and travel expense claims to LHJ or the project coordinator.

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

26th October 2012, 10:00 – 16:00, NCGC offices, 180 Great Portland Street, London

## Appendix A - Declarations of interest register per 21 September 2012

GDG member	DOI	Type	Date occurred	Action required
Paula D'Souza	Registration, travel and parking to attend BRS from Boehringer-Ingelheim.	Nil	May 2012	None – standard reasonable expenses
Hugh Gallagher	Honoraria from Astra Zeneca for 2 GP lectures on the management of diabetes and renal disease.	Personal specific pecuniary	24/11/11 12/01/12	None – conflict will have expired when relevant questions addressed
Kathryn Griffith	Involved in a project on Commissioning in Primary care developed by Virgo Health but funded by Roche	Personal specific pecuniary	27-28/08/11	None – conflict now expired
	Attended the ESC as a guest of MSD who paid for standard Euro-star ticket and 2 nights accommodation.	Nil	14/09/11	None – standard reasonable expenses
	Spoke at educational meetings for primary care on advances in AF management & received an honorarium from Boehringer Ingelheim.	Personal specific pecuniary	26/09/11 and 13/10/11	None – conflict will have expired
	Chaired an advisory Board on AF for Boehringer Ingelheim & received travel expenses and an honorarium.	Personal specific pecuniary	18/01/12	None – conflict will have expired when relevant questions addressed
	Involved in an educational session on AF for Pfizer & received an honorarium.	Personal specific pecuniary	10/02/12	None – conflict will have expired when relevant questions addressed
	Attended a session on the AF Lifelines project for Pfizer & received an honorarium.	Personal specific pecuniary	12/07/12	Declare and withdraw from GDG 7
	Member of the Renal Association and British Renal Society CKD forum. (Non-pecuniary).	Personal specific non-pecuniary	Ongoing	Declare and participate  Will not contribute to sending in RA or BRS stakeholder comments when the guideline consults (as will participate in answering these with the GDG)
Karen Jenkins	Consultancy work for TAKEDA completed June 2012	Personal specific pecuniary	Sept 2011 – June 2012	Declare and withdraw from GDG 7
Paul Kendrew	None	N/A	N/A	N/A
Ed Lamb	Co-author on:  1. Kilbride H, Eaglestone G, Knight S, Carter JC, Delaney MP, Farmer CKT, O'Riordan SE, Dalton N, Stevens PE, Lamb EJ. Accuracy of the MDRD and CKD-EPI equations for estimation of	Personal specific non-pecuniary	Kilbride et al accepted for publication June 2012	Declare and participate.
			Earley et al. June 2012	

GDG member	DOI	Type	Date occurred	Action required
	<p>GFR in the elderly. Am J Kidney Dis 2012; accepted for publication 18th June</p> <p>2. Earley A, Miskulin D, Lamb EJ, Levey AS, Uhlig K. Estimating equations for GFR in the era of creatinine standardization: a systematic review. Ann Int Med 2012;156:785-795</p> <p>3. Carter JL, Stevens PE, Irving J, Lamb EJ. Estimating glomerular filtration rate: comparison of the CKD-EPI and MDRD equations in a large UK cohort with particular emphasis on the effect of age. QJM 2011;104:839-847, doi: 10.1093/qjmed/hcr077 PMID: 21652537 (Non pecuniary).</p>		Carter et al. October 2011	
	Member of the original 2008 NICE CKD GDG and have defended the recommendations of that guideline at many public scientific and clinical meetings since.	Nil		None
Robert Lewis	Flight, accommodation and registration at 'Nephrology at the Edge', Cape Town 23-26 March 2012. Financed by a cooperative of pharmaceutical companies.	Personal pecuniary	March 2012	None – standard reasonable expenses
	Flight, accommodation and registration at American Society of Nephrology, San Diego 31 Oct- 5 Nov 2012, sponsored by Jansen Cilag Ltd.	Personal pecuniary	Oct 2012	None – standard reasonable expenses
Fiona Loud	NIHR funded CKM (Conservative Kidney Management) OPPS – patient advisor (fee and travel expenses).	Nil	Ongoing	Non-pharma funding. Declare and participate
	Health Foundation funded Closing the Gap (Patient education CKD in Primary Care) - patient and service team leader (fee and travel expenses).	Nil	Ends September 2012	Non-pharma funding. Declare and participate
	City University Kidney Research Education Initiative funded by British Kidney Patients Association (fee and travel expenses).	Nil	Ongoing	Non-pharma funding. Declare and participate
	Attended a meeting with the Kidney Health for Life Coalition in Paris, discussing prevention and treatment of early CKD. Sponsored by Abbott, and fare paid by them (no fee received).	Nil	24th May 2012	None – standard reasonable expenses
	Received a fee for project management work for World Kidney Day from the Kidney Alliance, set in June 2011 and not related to the amount raised.	Nil	March 2012	Non-pharma funding. Declare and participate
	Received a fee from Novartis for speaking to a group of transplant surgeons about immunosuppression	Personal specific pecuniary	October 2011	None – conflict will have expired

GDG member	DOI	Type	Date occurred	Action required
	from a patient viewpoint.	interest		
	The Kidney Alliance received funding for its World Kidney day activity in March 2012 from the following: Abbott, Amgen, Fresenius, Shire, NxStage, Takeda, Pfizer	Non-personal specific pecuniary	March 2012	Declare and participate
	Gave an interview to a media company working for Shire, reflecting experiences as a kidney patient with regard to diet and medication, This is intended for use in an internal magazine, called i-media. If it is used, I have requested a donation to a local charity, the Lister Kidney Foundation.	Non-personal specific pecuniary	TBC	Declare and participate
	Chairing conference 3 <sup>rd</sup> December 2012 run by 'SBK Healthcare' called Renal Service Change Management	Personal pecuniary	Sept 2012	Declare and participate
Shelagh O'Riordan	Co-author on:  1. Kilbride H, Eaglestone G, Knight S, Carter JC, Delaney MP, Farmer CKT, O'Riordan SE, Dalton N, Stevens PE, Lamb EJ. Accuracy of the MDRD and CKD-EPI equations for estimation of GFR in the elderly. Am J Kidney Dis 2012;	Personal specific non-pecuniary	Accepted for publication 18th June	Declare and participate
Nicholas Palmer	None	N/A	N/A	N/A
Paul Roderick	Member of the research team for a PFIZER funded study on wound infection epidemiology in GPRD (non-personal pecuniary)	Personal specific non-pecuniary	Ongoing	Declare and participate
	Author or co-author on:  1. Roderick PJ. Assessing the impact of chronic kidney disease on individuals and populations: use of relative and absolute measures. Nephrol Dial Transplant. 2012 Feb 29. [Epub ahead of print]  2. Roderick PJ. Chronic kidney disease in older people: a cause for concern? Nephrol Dial Transplant. 2011 Oct;26(10):3083-6. Epub 2011 Sep 13.  3. International Consortium for Blood Pressure Genome-Wide Association Studies; CARDIoGRAM consortium; CKDGen Consortium; KidneyGen Consortium; EchoGen consortium; CHARGE-HF consortium. Genetic variants in novel pathways influence blood pressure and cardiovascular disease risk. Nature. 2011 Sep 11;478(7367):103-9. doi:	Personal non-pecuniary	Sept. 2012	Declare and participate

GDG member	DOI	Type	Date occurred	Action required
	10.1038/nature10405.			
Paul Stevens	<p>Co-author on:</p> <p>1. Kilbride H, Eaglestone G, Knight S, Carter JC, Delaney MP, Farmer CKT, O’Riordan SE, Dalton N, Stevens PE, Lamb EJ. Accuracy of the MDRD and CKD-EPI equations for estimation of GFR in the elderly. Am J Kidney Dis 2012; accepted for publication 18th June</p> <p>2. Carter JL, Stevens PE, Irving J, Lamb EJ. Estimating glomerular filtration rate: comparison of the CKD-EPI and MDRD equations in a large UK cohort with particular emphasis on the effect of age. QJM 2011;104:839-847, doi: 10.1093/qjmed/hcr077 PMID: 21652537 (Non pecuniary).</p>	Personal specific non-pecuniary	<p>Kilbride et al accepted for publication June 2012</p> <p>Carter et al. October 2011</p>	Declare and participate
	Co-Chair of KDIGO	Personal specific non-pecuniary	Ongoing	Declare and participate