

**Date and Time:** 19<sup>th</sup> October 2012 10:00-16:00

**Minutes:** Confirmed

**Multiple Sclerosis GDG Meeting 2**

**Place:** NCGC Boardroom, 180 Great Portland Street, London, W1W 5QZ

**Present:** GDG

1. Paul Cooper (Chair)	PC
2. Jeremy Chataway	JC
3. Peter Brex	PB
4. Wendy Hendrie	WH
5. Susan Hourihan	SH
6. Pamela Bostock	PAB
7. Noreen Barker	NB
8. Richard Warner	RW
9. Aleks de Gromoboy	ADG
10. Ann Hodgson	AH

NCGC Technical team

11. Norma O'Flynn	NOF
12. Sharon Swain	SS
13. Mark Perry	MP
14. Lola Adedokun	LA
15. Amy Kelsey	AK
16. Lina Gulhane – presents for note 11	LG
17. Krishna Chinthapalli	KC

NICE

18. Andrew Gyton	AG
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Observers

19. Chris Kiff	CK
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Apologies

20. David Kernick	DK
21. Emma Rowe	ER
22. Clifford Middleton	CM

## Notes

1. The Chair welcomed the group to the Multiple Sclerosis Guideline Development Group (GDG) meeting 2 and asked members to introduce themselves. The Chair then briefed the group on the meetings objectives.
2. The Chair asked the GDG to declare any personal specific, personal non-specific, non-personal specific or non-personal non-specific interests

PB declared the following personal pecuniary interests: he received honoraria for chairing meetings, lecturing and attending advisory boards for Biogen Idec; he attendedECTRIMS 2012 as a guest of Biogen Idec; he received honoraria from Bayer for chairing an academic meeting they were sponsoring; he has received honoraria from Teva for participating in a debate at a meeting they sponsored and for attending an advisory board; he also received an honorarium from Merck Serono for attending an advisory board.

He declared the following non-personal pecuniary interests: MS Service at Kings has received funding for MS nurse (Novartis), mental health nurse (Merck Serono) and Admin (Teva); clinical trials unit has been involved in trials for Biogen, Novartis, Merck Serono, Actelion and Roche.

He declared the following personal non pecuniary interests: he is the Medical Advisory Group (MAG) lead for Patient Decision Aid (PDA) in Multiple Sclerosis as part of the Right Care Shared Decision Making Programme, a national programme funded by the Department of Health (on-going); he has worked with the MS Trust on a number of projects; he was on the steering group of 'Defining the value of MS Specialist Nurses' report (published March 2012), he is a member of the Advisory Group on 'Generating Evidence in MS Services (GEMMS)' project (on-going) and he is a member of a steering group developing guidance on bone health from people with MS (unpublished).

All other GDG members had no change in their previous declarations.

3. The Chair introduced Sharon Swain, NCGC Senior Research Fellow, who gave a presentation on GRADE to the GDG. SS then took questions from the group. The Chair thanked SS for her presentation.
4. The Chair then introduced Amy Kelsey, NCGC Project Manager, who gave a presentation on writing recommendations and linking the evidence to recommendations to the GDG. AK then took questions from the group. The Chair thanked AK for her presentation.
5. The Chair then introduced Mark Perry, NCGC Research Fellow, who gave a presentation on the clinical effectiveness of the pharmacological management with vitamin D for adults with MS. MP then took questions from the group. The Chair thanked MP for his presentation.
6. The Chair then introduced Lola Adedokun, NCGC Health Economist, who gave a presentation on the cost effectiveness of the pharmacological management with vitamin D for adults with MS. LA then took questions from the group. The Chair thanked LA for her presentation.
7. The GDG discussed the evidence presented and drafted 2 recommendations.
8. MP then gave a presentation on the clinical effectiveness of the pharmacological treatment of mobility with fampridine compared to usual care for adults with MS. MP then took questions from the group. The Chair thanked MP for his presentation.
9. LA then gave a presentation on the cost effectiveness of the pharmacological treatment of mobility with fampridine compared to usual care for adults with MS. LA then took questions from the group. The Chair thanked LA for her presentation.

## Notes

10. LA then presented the prioritised topics for economic modelling to the GDG. The GDG agreed on the following areas as potential candidates for modelling: pharmacological management of spasticity and intravenous versus oral administration of steroids for acute relapse. The Chair thanked LA for her presentation.
11. MP and SS then led discussion with the GDG on the research protocols for 3 clinical questions. The following research protocols were agreed and signed off by the group:
  - For adults with MS what advice should be given regarding modifiable risk factors for progression of MS?
  - For adults with MS, what is the clinical evidence and cost effectiveness of acute relapse with steroids compared to placebo?
  - For adults with MS and their carers, what is the clinical evidence and cost effectiveness of pharmacological treatment of spasticity?
12. There was no other business to discuss. The Chair closed the meeting and thanked everyone for attending.

## Date, time and venue of the next meeting

13. Friday 23<sup>rd</sup> November 2012, 10:00-16:00, NCGC Boardroom, 180 Great Portland Street, London, W1W 5QZ.