

## Chronic obstructive pulmonary disorder (COPD) Committee meeting

**Date:** 20/07/2017

**Location:** Manchester

**Minutes:** Approved

<b>Committee members present:</b>	
Damien Longson (Chair)	Present for items 1 – 3
Katy Beckford	Present for items 1 – 5
Lauren Hogg	Present for items 1 – 5
Sarah MacFadyen	Present for items 1 – 5
Andrew Molyneux	Present for items 1 – 5
Karen O'Hara	Present for items 1 – 5
Luisa Pettigrew	Present for items 1 – 5
Louise Restrick	Present for notes 3 – 5 (by TC)
Ravijyot Saggu	Present for items 1 – 5
Karen Sennett	Present for items 1 – 5

<b>In attendance:</b>		
Jemma Deane	Information Specialist - NICE	Present for items 1 – 5
Rupert Franklin	Senior Commissioning Manager - NICE	Present for items 1 – 5
Chris Gibbons	Health Economist - NICE	Present for items 1 – 5
Leslie Hayes	Business Analyst - NICE	Present for items 1 – 5
Marie Harrisingh	Technical Analyst - NICE	Present for items 1 – 5
Joshua Pink	Technical Advisor - NICE	Present for items 1 – 5
Susan Spiers	Associate Director - NICE	Present for items 1 – 5
Gabriel Rogers	Technical Advisor (HE) – NICE	Present for items 1 – 5
<b>Observer:</b>		
Jean Bennie	Technical Analyst – NICE	Present for item 1
Ben Johnson	Health Economist – NICE	Present for items 3 – 5

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### Apologies:

Christopher Warburton	Committee member
Tony Perkins	Committee member

### 1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the second meeting on chronic obstructive pulmonary disorder (COPD) and asked all to introduce themselves.

The Chair informed the Committee that Christopher Warburton had sent apologies and that Louise Restrict would be joining the meeting by teleconference for the afternoon session.

The Chair asked everyone to verbally declare any new interests arising since the last meeting.

Ravijot Saggu declared attendance at 2 educational respiratory conferences sponsored by Boeringer and TEVA. (Non-specific, non-financial).

The Chair and a senior member of the Developer's team noted that the interests declared did not prevent the attendees from fully participating in the meeting.

The Chair asked the committee to agree the draft minutes from the previous meeting. The draft minutes were agreed subject to the following changes:

- Inclusion of Christopher Warburton as an attendee for the last meeting
- Deletion of the phrase "No members of the public asked to observe the meeting" from section 1.

The Chair outlined the objectives of the meeting, which included developing the review protocols for the update, an evidence review for review question 1 and priority setting for health economics.

### 2. Review Protocols

The committee discussed and agreed the following review protocols:

- In people with stable COPD, what are the referral criteria (for example intact fissures) for lung surgery?
- In which subgroups of people is long-term oxygen therapy indicated and is it a clinically and cost effective option for managing stable COPD in these subgroups?

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- In people with stable COPD what is the clinical and cost effectiveness of a LAMA plus a LABA compared with – a LAMA alone, a LABA alone, a LABA plus an inhaled corticosteroid (ICS)?
- Which is the most clinically and cost-effective long-acting anticholinergic (LAMA) for managing stable COPD and which subgroup of people should receive treatment with it?
- In people with stable COPD does routine assessment using a multidimensional severity assessment index (such as BODE [BMI, airflow obstruction, dyspnoea and exercise capacity]) better predict outcomes than forced expiratory volume in 1 second (FEV1) alone?
- In people with suspected COPD, what is the most accurate and appropriate test (for example imaging or biomarkers) to confirm diagnosis?
- In people with suspected COPD, which test (for example imaging or biomarkers) are the most accurate to identify whether they are at risk of poor outcomes and whether they will develop mild, moderate or severe COPD?

**3. Review Question 1** – What are the most clinically and cost-effective therapies for managing complications (pulmonary hypertension and cor pulmonale) in people with stable COPD?

Louise Restrict joined the meeting via teleconference. Louise had no new conflicts of interest to declare.

Marie Harrisingh, technical analyst provided the committee with a summary of the methodology used by NICE to develop clinical guidelines.

Marie presented the clinical and cost-effectiveness evidence for managing pulmonary hypertension in people with stable COPD. The evidence was discussed by the Committee and a recommendation drafted.

The evidence for the clinical and cost-effectiveness for managing cor pulmonale in people with stable COPD was deferred to the next meeting.

## **4. Health Economics**

Damien Longson left the meeting. The remainder of the meeting was Chaired by Sue Spiers noting that no further evidence was reviewed or recommendations made.

Chris Gibbons led the committee in a discussion to determine which review questions should be prioritised for health economic modelling.

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### **5. Any Other Business and Next Steps**

There were no items for AOB.

The Committee were informed that the draft chapter relating to review question 1 would be sent out to the committee shortly for comment.

**Date of next meeting:** 20 and 21 July 2017

**Location of next meeting:** London, NICE offices