Document not locked to allow for amendments

Lung cancer Committee meeting

Date: 04/12/2017

Location: NICE offices Manchester

Minutes: Final



Committee members present:	
Gary McVeigh (GM) (Chair)	Present for all
Shahzeena Aslam (SA)	Present for all
Elaine Borg (EB)	Present for all
Lynn Campbell (LC)	Present for all
Sujal Desai (SD)	Present until item 5
Jesme Fox (JF)	Present for all
Sue Maughn (SM)	Present for all
Andrea McIver (AM)	Present for all
Neal Navani (NN)	Present for all
Rhiannon Walters-Davies (RW)	Present for all
Clifford Wyn Jones (CW)	Present for all

In attendance:		
Sohaib Ashraf (SAS)	NICE - Technical Analyst Health Economics	Present for all
Rupert Franklin (RF)	NICE – Commissioning	Present for items 1 – 4
	Manager	Present from partway through item 5
Sue Spiers (SS)	NICE – Associate Director Guideline Updates Team	Present from partway through item 1
Toby Mercer (TM)	NICE – Technical Analyst	Present for all
Caroline Mulvihill (CM)	NICE – Technical Advisor	Present for all
Vonda Murray (VM)	NICE – Project Manager	Present for all
Katrina Penman (KP)	NICE – Technical Advisor	Present for items 1 – 3
		Present from partway

	through itom 5
	through item 5
	_

Apologies:	
Tom Haswell	Committee member
Ross McConachie	NICE - Technical Advisor Health Economics
Nigel Westwood	Committee member

Item 1

- Welcome
- Objectives
- Declarations of interest
- Minutes of the last meeting

Item 1

The Chair welcomed the Committee members, and attendees to the 2nd meeting on lung cancer.

The Chair Introduced SA, SAS, and KP to the committee meeting. The Chair invited the committee members and NICE staff to introduce themselves. Apologies were noted, as recorded above.

The Chair advised that Marco Scarci (committee member, Thoracic Surgeon), had resigned from the committee. Recruitment for the role has commenced

The objectives of the meeting, were outlined by the Chair. The minutes were reviewed from GComm 1; 30th October 2017. The minutes were agreed to be an accurate record.

The DOI register was made available to the Chair, and committee. The Chair reviewed the DOI register, a number of new declarations were made, and these are noted below. The DOI's were considered by the Chair, a conflict of interest was identified for the meeting, and the agreed action is noted below.

Attendee	Declaration	Action
Sujal Desai	DMC Radiology Reporting Ltd partner. The company does not provide any imaging services. Provides outsourcing.	Declare and participate
Sujal Desai	Attended a meeting in November by Pfizer, for the launch of their antifungal drug Isavuconazole. Paid an honorarium and travel costs.	Declare and participate

Sujal Desai	Taught courses/workshops (not lung cancer), for IDKD. Flight and accommodation paid, honorarium received.	Declare and participate
Neal Navani	Private practice, same scope as NHS work	Declare and participate
Neal Navani	Attended an advisory board (Lung cancer related, but on any of the topics being covered in the guideline) and the honoraria will be paid into the employers research account.	Declare and participate
Neal Navani	Attended a meeting in Hamburg, accommodation & travel paid for by Olympus.	Declare and participate
Neal Navani	Investigator on Lung boost trail (published 2015). Paper to be included as evidence for RQ 1.1 & RQ 1.2.	Not involved in making recommendations

Item 2

Lay members slot

Item 2

Agreed, slot not required on this occasion

Item 3

Clinical presentation

Item 3

NN provided a clinical introduction on; TBNA, EBUS-TBNA and EUS-FNA. The Chair thanked NN for his presentation. The committee asked a number of questions.

Item 4

RQ1.1 What is the clinical and cost effectiveness of using non-ultrasound-guided TBNA, EBUS-TBNA or EUS-FNA as the first test for people with an intermediate probability of mediastinal malignancy?

RQ1.2 What is the clinical and cost-effectiveness of EBUS-TBNA alone, EUS-FNA alone or EBUS-TBNA and EUS-FNA in combination compared with surgical staging to diagnose and/or stage lung cancer?

- Evidence presentation & discussion
- Agree evidence statements

Health Economics evidence

Item 4

TM provided an overview of the review protocol and presented the clinical evidence found for: What is the clinical effectiveness of using non-ultrasound-guided TBNA, EBUS-TBNA or EUS-FNA as the first test for people with an intermediate probability of mediastinal malignancy? Also, what is the clinical effectiveness of EBUS-TBNA alone, EUS-FNA alone or EBUS-TBNA and EUS-FNA in combination compared with surgical staging to diagnose and/or stage lung cancer?

The committee discussed the evidence and agreed evidence statements.

SA provided an overview of the review protocol and presented the clinical evidence found for: What is the cost-effectiveness of using non-ultrasound-guided TBNA, EBUS-TBNA or EUS-FNA as the first test for people with an intermediate probability of mediastinal malignancy? Also, what is the cost-effectiveness of EBUS-TBNA alone, EUS-FNA alone or EBUS-TBNA and EUS-FNA in combination compared with surgical staging to diagnose and/or stage lung cancer?

The committee discussed the evidence and agreed evidence statements.

Item 5

RQ1.1 What is the clinical and cost effectiveness of using non-ultrasound-guided TBNA, EBUS-TBNA or EUS-FNA as the first test for people with an intermediate probability of mediastinal malignancy?

RQ1.2 What is the clinical and cost-effectiveness of EBUS-TBNA alone, EUS-FNA alone or EBUS-TBNA and EUS-FNA in combination compared with surgical staging to diagnose and/or stage lung cancer?

Agree recommendations

Item 5

The committee discussed the evidence, and reviewed the relevant recommendations from the 2011 guideline. The committee updated these recommendations accordingly.

Item 6

Health economics: priority setting

Item 6

SAS discussed with the committee, areas for health economic modelling.

Item 7

Protocol discussion

Item 7

CM presented the draft review protocols, and the committee discussed, for the following review questions;

- 1.3 Review protocol: What is the clinical and cost-effectiveness of routine imaging of the head in the management of people with lung cancer before radical therapy with curative intent?
- 3.1 Review protocol: What is the clinical and cost effectiveness of chemotherapy, radiotherapy or surgery (alone or in combination) for the treatment for N2 stage NSCLC?
- 3.2 Review protocol: What is the clinical and cost effectiveness of different radiotherapy regimens with curative intent for NSCLC (stage T1a-2b N0 M0)?
- 3.3 Review protocol: What is the clinical and cost effectiveness of the following systemic anti-cancer therapy regimens for treating NSCLC:
 - platinum combinations compared with non-platinum combinations in people with advanced NSCLC (stage III or IV)
 - non-platinum monotherapy compared with non-platinum combinations in people with advanced NSCLC (stage III or IV) who cannot tolerate platinum combinations
- 3.4 Review protocol: What is the most clinically and cost-effective regimen of chemoradiotherapy for people with limited-stage SCLC?
- 3.5 Review protocol: In people with extensive-stage SCLC who have had first-line treatment with systemic anti-cancer therapies, when is first use of thoracic radiotherapy clinically and cost effective?
- 4.1 Review protocol: What is the clinical and cost effectiveness of cranial irradiation for brain metastases in people with NSCLC?4.2 Review protocol: What is the clinical and cost-effectiveness of prophylactic cranial irradiation to prevent brain metastases in people with SCLC?

Items 8

AOB

Items 8

The Chair told the committee, an additional meeting had been arranged for the 1st of August 2018

Item 9

Summary and next steps

Item 9

The Chair thanked the committee for their input, and reminded the committee the next committee meeting would be held on, Monday 22nd January 2018

Date of next meeting: 22/01/2018

Location of next meeting: NICE Offices - Manchester