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Lung cancer Committee meeting

Date: 26/02/2018 & 27/02/18

Location: NICE offices London

Minutes: Draft



Committee members present:		
Gary McVeigh (GM) (Chair)	Present for all	
Shahzeena Aslam (SA)	Present for day 1 from item 2	
	Day 2 present for all	
Elaine Borg (EB)	Present for all	
Lynn Campbell (LC)	Present for all	
Sujal Desai (SD)	Present for day 1, until item 7	
Jesme Fox (JF)	Present for day 1 from item 2	
	Day 2 present for all	
Tom Haswell (TH)	Present for all	
Andrea McIver (AM)	Present for all	
Sue Maughn (SM)	Present for day 1 for all	
	Day 2 from item 3	
Neal Navani (NN)	Present for all	
Rhiannon Walters-Davies (RW)	Present for all	
Douglas West (DW)	Present for day 2	
Clifford Wyn Jones (CW)	vn Jones (CW) Present for day 1 from item 2	
	Day 2 present for all	

In attendance:		
Sohaib Ashraf (SAS)	NICE – Technical Analyst Health Economics	Present for day 1
Rupert Franklin (RF)	NICE – Commissioning Manager	Present for day 1, until item 7
		day 2 from item 3
Ross Maconachie (RM)	NICE – Technical Advisor	Present for all

	Health Economics	
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

Observers:	
Boglárka Mikudina	NICE - Technical analyst – present for day 2

Apologies:	
Sohaib Ashraf	NICE – Technical Analyst Health Economics
	Day 2
Sujal Desai	Committee member – day 2
Sue Spiers	NICE – Associate Director Guideline Updates Team
	day 1 & 2
Douglas West	Committee member – day 1
Nigel Westwood	Committee member - day 1 & 2

Day 1 - Monday 26th February 2018

Item 1

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

Item 1

The Chair welcomed the Committee members, and attendees to day 1, of the 4th committee meeting on lung cancer.

The objectives of the meeting, were outlined by the Chair, for day 1 of the meeting. The minutes were reviewed from Gcomm 3; Monday 22nd January 2018. 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. It was agreed that all committee members were eligible to attend the committee meeting and contribute to the discussions and drafting of any recommendations.

Attendee	Declaration	Action

Aslam group conference in Dublin from 24th -26th January 2018. Pfizer have agreed to pay my conference Sujal Desai Speaking at a European Congress of Radiology in Vienna. Conference on smoking related interstitial lung diseases (not lung cancer related). Conference fee wavered, travel and accommodation. Jesme Fox Attended Advisory Board meetings Feb 18 for Takeda (lung cancer related but not on any of the topics covered in the guideline) Honorarium paid to employer. Travel and accommodation paid. Jesme Fox Paper by O'Dowd was discussed at previous meeting/GCom2. Charitly employer, Roy Castle Lung Cancer Foundation funded Dr O'Dowd's 3 year Clinical Research Fellowship post at Nottingham University. The research paper discussed was one of several she undertook and published during this time. Tom Haswell To attend a meeting advisory board meeting for Valiseek. The meeting has been organised by Hayward Medical Communications who will pay expenses, accommodation and honorarium. Neal Navani Will be attending in March 2018, EBUS Re-biopsy class Cardiff (not covered in this guideline update). Honorarium paid to employer. Astra Zeneca to pay expenses, and travel Speaking at event in May 2018, Slovenia, at the European Society of Thoracic surgery (ESTS), on the cost-effectiveness of lung cancer screening. ESTS paying conference registration fee, expenses and accommodation Rhiannon Written an article on advances in lung cancer, for pharmacy journal, pending publication Rhiannon Attended a Roche education event, on Pharmacist prescribing	Shahzeena	Attended British thoracic oncology	Declare and participate
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Walters-Davies on Pharmacist prescribing		cancer, for pharmacy journal, pending	
, , , , , , , , , , , , , , , , , , , ,	Rhiannon	Attended a Roche education event,	Declare and participate
· · · · · · · · · · · · · · · · · · ·	Walters-Davies	on Pharmacist prescribing	
		immunotherapies (drugs not covered	

	in this guideline update) Honorarium paid to education budget (not the budget holder). Travel and accommodation paid	
Rhiannon	Attended an AZ education event	Declare and participate
Walters-Davies	Osimertinib Audit (drugs not covered in this guideline update). Honorarium paid to education budget where I am not the budget holder.	

Item 2

Lay members slot

Item 2

Agreed, slot not required on this occasion

Item 3

RQ 4.2: What is the clinical and cost-effectiveness of prophylactic cranial irradiation to prevent brain metastases in people with extensive SCLC?

Health economics model

Item 3

RM presented the economic evidence of clinical and cost-effectiveness of prophylactic cranial irradiation to prevent brain metastases in people with extensive SCLC.

Item 4

Clinical presentation (background to RQ 1.3)

Item 4

NN provided a clinical introduction on, brain imaging prior to radical treatment of non-small cell lung cancer. The Chair thanked NN for his presentation.

Item 5

RQ1.3 What is the clinical and cost-effectiveness of routine MRI or CT of the brain in the management of people with lung cancer prior to radical therapy with curative intent?

Presentation of clinical evidence

Item 5

TM provided a summary of the search protocol, including the inclusion and exclusion criteria. The committee were advised of the results of the search and sift. TM presented the evidence for the clinical and cost-effectiveness of routine MRI or CT of the brain in the management of people with lung cancer prior to radical therapy with

curative intent

Item 6

RQ1.3 What is the clinical and cost-effectiveness of routine MRI or CT of the brain in the management of people with lung cancer prior to radical therapy with curative intent?

- Presentation of clinical evidence
- Discussion of accuracy in mixed population

Item 6

TM continued to present the clinical evidence, and discussed with the committee on accuracy in mixed population.

Item 7

RQ1.3 What is the clinical and cost-effectiveness of routine MRI or CT of the brain in the management of people with lung cancer prior to radical therapy with curative intent?

Health economic modelling discussion

Item 7

RM & SAS presented to the committee the health economic data on the clinical and cost-effectiveness of routine MRI or CT of the brain in the management of people with lung cancer prior to radical therapy with curative intent?

The committee discussed the evidence presented.

Item 9

Brought forward from day 2, item 6

RQ3.3 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
 - Algorithm presentation

Item 9

CM presented an algorithm that was created for systemic anti- therapy regimens for treating advanced NSCLC. The committee reviewed the algorithm, and suggested changes.

Item 10

AOB

Item 10

No other business to discuss

Item 11

Summary and next steps

Item 11

The Chair thanked the committee for their contribution to the 1st day of the meeting, reminding the committee that day 2 the meeting starts at 9:00.

Day 2 - Tuesday 27th February 2018

Item 1

- Welcome
- Objectives
- Declarations of interest

Item 1

The Chair welcomed the Committee members, and attendees to day 2, of the 4th committee meeting on lung cancer.

The Chair Introduced and welcomed DW, Thoracic Surgeon to the committee. DW provided some information on his professional background. The committee and NICE team, introduced themselves to DW.

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. It was agreed that all committee members were eligible to attend the committee meeting and contribute to the discussions and drafting of any recommendations.

Apologies were noted, as recorded above. The objectives of the meeting, were outlined by the Chair, for day 2 of the meeting.

Item 2

Lay members slot

Item 2

Agreed, slot not required on this occasion

Item 3

Clinical presentation (background to RQ 3.5)

Item 3

SA provided a clinical introduction on, first line treatment for people effective 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? The Chair thanked SA for her presentation.

Item 4

RQ3.5 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?

- Presentation of clinical evidence
- Agree recommendations

Item 4

TM provided an overview of the agreed protocol, before presenting the evidence found on 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. The committee agreed to consider recommendations, after the health economic evidence was presented.

Item 5

RQ3.5 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?

- Presentation of clinical evidence
- Presentation of economic evidence
- Agree recommendations

Item 5

RM provided the health economic evidence for the review question. The committee discussed the evidence presented, and reviewed and updated recommendations accordingly.

Item 6

RQ3.3 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
- Algorithm presentation

Item 6

Item was brought forward to day 1 (item 9)

Item 7

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?

• Algorithm from 2011 guideline update

Item 7

CM presented the algorithm that was included in the Lung cancer: diagnosis and management, 2011 update. The committee discussed and agreed changes.

Item 8

AOB

Item 8

The Chair discussed with the committee, the idea of reducing the next committee meeting to a 1 day meeting. Gcomm 5 – planned for, Wednesday 4th and Thursday 5th April 2018. The committee agreed to reduce the meeting to a 1 day meeting Wednesday 4th April.

Item 9

Summary and next steps

Item 9

The Chair thanked the committee for their hard work over the 2 day meeting.

Date of next meeting: Wednesday 4th April 2018

Location of next meeting: NICE Offices – Manchester