

### 4.0.3 DOC Cmte minutes

#### Abdominal Aortic Aneurysm Guideline Committee – development

**Date:** 08/03/2016

**Location:** NICE Offices, London

**Minutes:** Final



<b>Committee members present:</b>	
Jugdeep Dhesi (JD)	Present for all
Chris Hammond (CH)	Present for all
Karen Jellett (KJ)	Present for all
Gillian Kitching (GK)	Present for all
Jacqueline Lindridge (JL)	Present for all
Adam Pichel (AP)	Present for all
Claire Martin (CM)	Present for all
Tamsin Ribbons (TR)	Present for all
Matthew Slater (MS)	Present for all
Alan Huw Smith (AHS)	Present for all
Sammer Tang (ST)	Present for all
Noel Wilson (NW)	Present for all

<b>In attendance:</b>		
Lucy Hoppe (LH)	ICG – Technical Analyst	Present for all
Rachel Houten (RH)	ICG – Health Economist	Present for all
Sarah Mills (SM)	ICG – Project Manager	Present for all
Sue Spiers (SSp)	ICG – Associate Director	Present for all
Ben Doak (BD)	NICE Commissioning Manager	Present items 1 & 2
Joshua Pink	ICG – Senior Technical Advisor	Present for all

<b>Observers:</b>	
Rosa Domingues	NICE – Technical analyst

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<b>Apologies:</b>	
Sarah Glover	NICE – Information Specialist
Lisa Stone	MPC – Medicines Advisor
Gabriel Rogers	ICG – Technical Advisor (HE)
Andrew Bradbury	Committee chair
Matt Thompson	Committee member

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#### 1. Welcome, apologies, minutes of the last meeting, declarations of interest

##### Welcome

The Chair welcomed the Committee members and attendees to the fourth meeting of the abdominal aortic aneurysm guideline committee.

It was noted that Andrew Bradbury was unable to attend this meeting due to another engagement and Noel Wilson would deputise and chair this meeting. It was noted NW had no conflicts of interest.

##### Apologies

Apologies for the meeting were received as detailed above.

##### Objectives

The Chair outlined the main objectives of the meeting, which included:

- Discussion and agreement of review protocols

##### Minutes of the last meeting

CH raised some questions on review protocols relating to imaging. LH reported she had some further questions on these review protocols so CH's queries would be dealt with during that section of the meeting.

The minutes were agreed as an accurate record of the previous meeting without any amendments.

##### Declarations of interest

The Declarations of Interest (DOI) register was made available to the Chair.

No new Declarations of Interest were made at the meeting.

The Chair reviewed the committee's DOI register and declared that in relation to previous declarations recorded in the DOI register Matt Thompson would be required to leave the meeting for discussion of the review protocols noted below. It was noted that MT would not be attending the meeting that day.

What is the effectiveness of EVAR compared to open repair surgery in reducing morbidity and mortality in people with unruptured abdominal aortic aneurysms?

What is the effectiveness of EVAR compared to open repair surgery in repairing ruptured abdominal aortic aneurysms?

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### 2. Resource impact guidelines

It was noted that a new resource impact policy for guidelines was in development. The policy will require information on costs to be provided earlier in the guideline development process by the NICE resource impact team. The committee noted that if it wished to make a recommendation in an area that is anticipated to substantially increase cost, economic analysis must be undertaken.

The NICE Resource Impact team will attend a future committee meeting to talk about the new policy in more detail.

### 3, 4 & 5 Review protocols

Which non-surgical interventions (including drug treatment and risk factor management) are effective in slowing aneurysm expansion and reducing the risk of rupture?

What interventions, facilities and expertise improve a person's chance of survival or improve the stability of their condition in the transfer of people with ruptured or symptomatic abdominal aortic aneurysms to a specialist vascular unit?

What is the effectiveness of EVAR compared to open repair surgery in reducing morbidity and mortality in people with unruptured abdominal aortic aneurysms?

What is the effectiveness of EVAR compared to open repair surgery in repairing ruptured abdominal aortic aneurysms?

What is the effectiveness of early referral for surgery and early surgery compared with a continued surveillance approach in reducing morbidity and mortality in people with unruptured abdominal aortic aneurysms?

Which signs, symptoms and risk factors (or combinations of these) are most accurate in predicting the presence of an abdominal aortic aneurysm? What is the effectiveness of available risk assessment tools?

Which imaging techniques are the most useful in confirming the presence and size of an abdominal aortic aneurysm?

What risk factors are associated with abdominal aortic aneurysm a) expansion and b) rupture?

What is the most effective frequency for monitoring people with a) a small and b) a medium unruptured abdominal aortic aneurysm for signs of aneurysm expansion and risk of rupture?

What tests are effective in assessing the suitability of surgery for people with unruptured abdominal aortic aneurysm?

Which factors predict poor and good surgical outcomes in people with unruptured abdominal aortic aneurysms, and what is the effectiveness of available risk assessment tools?

CH agreed to send further information here to aid the development of the review protocol.

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What presurgical interventions are effective in optimising surgical outcome in people undergoing surgical repair of an unruptured abdominal aortic aneurysm?

What is the most effective approach to anaesthesia and/or analgesia in improving surgical outcome in people undergoing i) EVAR and ii) open repair of an unruptured abdominal aortic aneurysm?

Is goal-directed therapy effective during the surgical repair of an unruptured abdominal aortic aneurysm?

Which signs, symptoms, risk factors (or combinations of these) and diagnostic assessment tools are most accurate in indicating the presence of a ruptured or symptomatic unruptured abdominal aortic aneurysm i) before arrival at the hospital and ii) in a nonspecialist hospital setting?

Which signs, symptoms, risk factors (or combinations of these) and prognostic risk assessment tools are most accurate in indicating a patient's suitability for transfer?

Within what time period should people with suspected ruptured or symptomatic unruptured abdominal aortic aneurysms be transferred from a nonspecialist setting to a specialist vascular unit?

What imaging techniques are most accurate in confirming the presence of a ruptured or symptomatic unruptured abdominal aortic aneurysm?

Which signs, symptoms, risk factors (or combinations of these) and assessment tools predict poor and good surgical outcomes in people with ruptured abdominal aortic aneurysms?

What is the most effective approach in preventing abdominal compartment syndrome during surgical repair of a ruptured abdominal aortic aneurysm?

### 6. AOB

None.

**Date of next meeting:** Tuesday 26 April

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