Date and Time: 1st October 2013 (10.00 – 4.30pm)

Minutes: confirmed

Guideline Development Group Meeting 3: Coeliac disease

Place: NICE offices – Piccadilly Plaza, Manchester

Present: Damien Longson (Chair) (DL)
Mohamed Abuzak (MA)
Sorrell Burden (SB)
Steph Briggs (SB)
Martin Dadswell (MD)
Berne Ferry (BF)
Mike Forrest (MF)
Peter Gillett (PG)
Anne Holdoway (AH)
Norma McGough (NM)
Simon Murch (SM)
Gerry Robins (GR)
Rita Shergill-Bonner (RSB)
Jeremy Woodward (JW)

Apologies
Rajeev Gupta (RG)
David Sanders (DS)
Toni Tan (TT)

In attendance:

<table>
<thead>
<tr>
<th>NICE Staff</th>
<th>Observers</th>
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<tr>
<td>Emma Banks (EB)</td>
<td>Shirley Crawshaw</td>
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<td>Ben Doak (BD)</td>
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<td>Sue Ellerby (SE)</td>
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<td>Jaimella Espley (JE)</td>
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<td>Sarah Glover (SG)</td>
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<td>Michael Heath (MH)</td>
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<td>Rachel Houten (RH)</td>
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<td>Gabriel Rogers (GR)</td>
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<td>Heather Stegenga (HS)</td>
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Notes

1. DL welcomed the group to the 3rd meeting of this GDG. Apologies were received from RG, DS and TT. No new conflicts of interest were declared and the minutes for the previous meeting were agreed with 2 amendments.

2. JE spoke to the group about the role of the Editor and how she will support the GDG and technical team in the development of the guideline. She went on to explain the different formats the guidance will take. In addition to the Full guideline there would be a NICE pathway, Information for the public and NICE guideline and the GDG were provided with
details about what these products would contain and who they were for. JE finished by highlighting the Editor’s role when reviewing recommendations made by the GDG. The group were encouraged, when reviewing the evidence and drawing on their own clinical experience at future meetings, to think about the wording and strength of each recommendation made.

3. HS presented the protocol for review question 8 which addresses the clinical area of non-responsive and refractory coeliac disease. A discussion then followed to gain more clarity from the GDG and ensure the question was focused and relevant. Feedback was taken and it was agreed this protocol would be brought back to the group at a later meeting.

4. HS then went on to present the clinical evidence for review question 9 which asks what is the effectiveness of pharmacological treatments for people with refractory coeliac disease? The group discussed the information, having noted the evidence was very limited and of very poor quality. Evidence statements were reviewed and agreed. Draft recommendations were made.

5. RH talked to the GDG about the importance of measuring the health related quality of life associated with Coeliac disease, explaining factors that influence this measure and how the best available evidence will be utilised when producing health economic analysis.

6. HS asked a few clarification questions on which presenting features raise suspicion of Coeliac disease in order to help review the evidence in preparation for the next GDG.

7. There were no further matters of business arising so DL thanked all attendees for their input and confirmed the next meeting would be on the 12th November (10 – 4.30pm) at Prospero House, London.