Date and Time: ***1st May 2014 (10.00 – 4.00pm)***

Minutes: confirmed

Guideline Development Group Meeting 8: Coeliac disease

Place: NICE offices, Manchester

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

Apologies:
Mike Forrest (MF)
Rajeev Gupta (RG)
David Sanders (DS)

In attendance:

NICE Staff:		
Emma Banks (EB)	Mike Heath (MH)	Hugh McGuire (HM)
Ben Doak (BD)	Rachel Houten (RH)	Katie Prickett (KP)
Laura Downey (LD)	Julia Kennedy (JK)	Gabriel Rogers (GR)

Notes

1. DL welcomed the group to the 8th meeting of this GDG. Apologies were received from RG, MF, DS. Minutes for the previous meeting were agreed.

2. All GDG members were asked to share any new conflicts of interest which have not been previously declared. No additional conflicts of interest were declared by the group or the NICE team.

3. LD led a discussion with the GDG to agree what was the most appropriate reference standard for a histological diagnosis of coeliac disease and only studies using this criteria should be considered as part of the evidence review.

4. LD then presented the evidence for the review question about the sensitivity and specificity of the serological tests for coeliac disease and if the results are different in any specified subgroups? The GDG discussed the quality of the evidence and also how many of the studies were conducted outside Europe and the impact this could have on their interpretation of the evidence. The group also discussed the wide range of tests available and labs quality assurance processes would also have an impact on the sensitivity and specificity of a test. In addition effective communication of test results was important.

5. LD then went onto to present the evidence for the review question about which test is most appropriate to diagnose coeliac disease and should there be a sequence of tests? The GDG discussed the lack of evidence in this area although what they reviewed was of good quality and research was evolving.

   RH followed this discussion of the clinical evidence with a presentation on the Health Economic model, taking the group through the data used, assumptions made and provisional results. The group provided input on this and it was agreed more costs could be sourced to feed into the model.

6. The GDG reviewed the evidence statements and went on to make draft recommendations and research recommendations. It was agreed these questions would be revisited at the next meeting when further analysis had been carried out.

7. There were no further matters of business arising so DL drew to meeting to a close early, thanked all attendees for their input and confirmed the next meeting would be on the 12th June 2014 (10 – 4.00pm) at NICE offices, London.