

Date and Time: 12th June 2014 (10 – 4.00pm)

Minutes: to be confirmed

Guideline Development Group Meeting 9: Coeliac disease

Place: NICE offices, London

Present: Damien Longson (Chair) (DL)
Mohamed Abuzak (MA)
Martin Dadswell (MD)
Mike Forrest (MF)
Peter Gillett (PG)
Anne Holdoway (AH)
Norma McGough (NM)
Gerry Robins (GR)
David Sanders (DS)
Rita Shergill-Bonner (RSB)
Jeremy Woodward (JW)

Apologies: Steph Briggs (SB)
Sorrell Burden (SBu)
Berne Ferry (BF)
Rajeev Gupta (RG)
Simon Murch (SM)

In attendance:

NICE Staff:		
Emma Banks (EB) Ben Doak (BD) Laura Downey (LD)	Mike Heath (MH) Rachel Houten (RH) Hugh McGuire (HM)	Apologies: Gabriel Rogers (GR)

Notes

- DL welcomed the group to the 9th meeting of this GDG. Apologies were received from SB, SBu, BF, RG and SM. Minutes for the previous meeting were agreed.
- All GDG members were asked to share any new conflicts of interest which have not been previously declared. PG declared an interest which the Chair agreed should be noted but participation at this meeting would not be affected. No additional conflicts of interest were declared by the group or the NICE team.

3. LD provided an update on the evidence presented at the last meeting for the review questions on serological tests for Coeliac disease. As agreed with the GDG the evidence for adults and children was presented separately to provide a clearer picture of the sensitivity and specificity of the tests for each subgroup. The GDG discussed the quality and appropriateness of this evidence. They also noted that serological tests have improved over time and this needs to be taken into account when discussing the evidence.

RH followed this discussion with an update on the Health Economic modelling. She explained to the group that two models have been created to reflect the split of the evidence between adults and children. RH went on to ensure the GDG were happy with the assumption used within these models. The group discussed the assumptions and data, particularly with regards to the cost of each test and resources and processes within a laboratory to carry out testing.

The group discussed and reviewed the draft recommendations and research recommendations made at the last meeting. It was agreed that these recommendations would be revisited once more work has been done on the modelling.

4. HM presented the evidence for the review question about the frequency of routine monitoring and different monitoring strategies. It was noted there was very limited evidence on the outcomes agreed within the review protocol and the evidence that was available was of very low quality. The group discussed the difficulties of monitoring adherence accurately. However, they agreed one of the important factors of routine monitoring was the level of contact patients have with healthcare professionals it provided. They also agreed it was important to consider what routine monitoring would consist of. Following these discussions the GDG went on to draft some recommendations.
5. For the last session of the day LD shared with the GDG her plan for the review questions on referral for re-biopsy and Refractory coeliac disease. The group confirmed they were happy with this approach
6. 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 23rd July 2014 (10 – 4.00pm) at NICE offices, London.