

Thyroid cancer Committee meeting 13

Date: 10/12/21 10:00-16:00

Location: Virtual meeting

Minutes: Confirmed

| Committee members present: | | | | |
|-----------------------------------|---------------------------|--|--|--|
| Richard Grünewald [RG] – Chair | (Present for notes 1 – 8) | | | |
| Jeremy Davis [JD] – Topic advisor | (Present for notes 1 – 8) | | | |
| John Buscombe [JB] | (Present for notes 1 – 8) | | | |
| Preetha Chengot [PC] | (Present for notes 1 – 8) | | | |
| Fiona Eatock [FE] | (Present for notes 1 – 8) | | | |
| Jessica Lishak [JL] | (Present for notes 1 – 8) | | | |
| Kate Newbold [KN] | (Present for notes 1 – 8) | | | |
| Sonja Hoy [SH] | (Present for notes 1 – 8) | | | |
| Anh Tran [AT] | (Present for notes 1 – 8) | | | |
| Iain Nixon [IN] | (Present for notes 3 – 8) | | | |
| Nicholas Reed [NR] | (Present for notes 1 – 8) | | | |

| In attendance: | | |
|-----------------------|--|---------------------------|
| Carlos Sharpin [CS] | Guideline Lead | (Present for notes 1 – 8) |
| Catrina Charlton [CC] | NICE Guideline Commissioning Manager | (Present for notes 1 – 8) |
| Mark Perry [MP] | Senior Research Fellow | (Present for notes 3 – 8) |
| Alfredo Mariani [AM] | Health Economist | (Present for notes 1 – 8) |
| Tamara Diaz [TD] | Project Manager | (Present for notes 1 – 8) |

| Apologies: | |
|-------------------|--|
| Kate Farnell [KF] | Lay Member |
| Neil Cozens [NC] | Consultant Radiologist, University Hospitals of Derby and Burton |
| Steve Hyer [SHY] | Consultant Endocrinologist, Royal Marsden Hospital & Consultant Physician and Associate Medical Director, Epsom and St Helier University |

Hospitals

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the thirteenth meeting on Thyroid cancer. The Committee members and attendees introduced themselves.

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

- RAI vs no RAI
- Stimulated thyroglobulin or highly sensitive thyroglobulin
- CT (with or without contrast), MRI, PET or bone scans for further staging
- Frequency of follow up and length of follow up

2. Confirmation of matter under discussion, and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matters under discussion were RAI; stimulated thyroglobulin; highly sensitive thyroglobulin; CT, MRI, PET or bone scans for further staging; frequency and length of follow up.

A new declaration was received from FE.

| Name | Job title, organisation | Declarations of Interest, date declared | Type of interest | Decision taken |
|-----------------|--|--|------------------|--------------------------|
| Fiona Eatock | Consultant Endocrine Surgeon, Belfast Health and Social Care Trust | Leading a workshop at the BAETS Masterclass on Thyroid and Parathyroid surgery. This involves MDT-type discussions on the management of complex cases in thyroid cancer. | Non specific. | Declare and participate. |

The Chair and a senior member of the Developer's team noted that the interests previously declared did not prevent the attendees from fully participating in the meeting.

3. Health economics update: Q3.1 RAI vs no RAI

AM presented additional health economic evidence for RAI vs no RAI. MP presented clinical evidence. The GC discussed the cost of treatment and the impact on quality of life. The GC drafted recommendations.

4. Evidence review: Q4.2 Stimulated thyroglobulin or highly sensitive thyroglobulin assays, to reassess risk of recurrence?

MP presented the clinical evidence for stimulated thyroglobulin or highly sensitive thyroglobulin assays, to reassess risk of recurrence. AM presented the health economic evidence. The GC drafted recommendations.

5. Evidence review: Q1.8 CT (with or without contrast), MRI, PET or bone scans for further staging?

MP presented the clinical evidence for CT (with or without contrast), MRI, PET or bone scans for further staging. AM presented the health economic evidence. The GC drafted recommendations.

6. Evidence review: Q4.3a frequency of follow up and Q4.3b length of follow up

MP presented the clinical evidence for frequency of follow up and length of follow up. AM presented the health economic evidence. The GC drafted recommendations.

7. Health economic update and model

AM updated the GC on the progress of the HE model and the timeline for the rest of development.

8. Any other business

CS advised the GC that health inequalities and protected characteristics may need to be revisited and additional recommendations made.

CS allocated committee discussions to GC members, asking for them to be read through and comments added.

Date of next meeting:

19 January 2022

Location of next meeting: Virtual meeting