Date and Time: 10.15am – 17.00 – 15th April 2013

9:30 – 17:00 – 16th April 2013

Minutes: Final

Guideline Development Group Meeting  Tuberculosis
Place: Spring Gardens,
      NICE Offices,
      London

Present: Andrew Hayward (AH) (Chair)
         Ibrahim Abubakar (IB)
         Michael Eisenhut (ME)
         Ann Chapman (AC)
         Tessa Marshall (TM)
         Christine Bell (CB)
         Timothy Collyns (TC) – 15th April 2013
         Amy McConville (AM)
         Horace Reid (HR)
         Mango Hoto (MH)
         Philip Monk (PM) – 15th April 2013
         Al Story (AS)
         Francis Drobniewski (FD)

Apologies: Faizan Ahmed (FA)
          Bertie Squire (BS)
          Marc Lipman (ML)
          Timothy Collyns (TC) – 16th April 2013
          Philip Monk (PM) – 16th April 2013

In attendance:

NICE Staff:

Caroline Keir (CK) – 15th April 2013
Lucy Hoppe (LH)
Toni Tan (TT)
Gabriel Rogers (GR)
Nicole Elliott (NE)
Jenny Craven (JC)
Stephanie Mills (SM)

Observers:

Chris Gibbons
Craig Grime

Notes
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Day 1 – 15th April 2013

1. AH welcomed all at the second TB GDG meeting. As there were some new staff and GDG members at the meeting, AH asked each person around the table to introduce themselves and briefly outline their role and interest in the guideline. Apologies were received from FA, ML & BS and TC & PM for 16th April.

The minutes of the last meeting were agreed as an accurate record of the previous meeting.

The Chair asked all GDG members to declare any relevant conflicts of interest. All in attendance at the meeting declared that they knew of no personal specific, personal non-specific, non-personal specific or non-personal non-specific interest in the development of this guideline that had not already been declared on appointment to the committee. A specific non-personal pecuniary interest and a specific personal non-pecuniary interest were read out for ML. The Chair agreed there was no necessary action to be taken.

The Chair introduced the review questions (RQ) I, M and P which were to be presented and discussed.

2. LH presented the evidence for RQ I to the GDG on intermittent and daily dosing regimens for TB treatment in children and young people under 18. To support the understanding among the group of the evidence for RQ I, LH took some time to explain the GRADE methodology a bit further. JC also explained about the literature searches conducted for this review.

3. The GDG discussed the evidence presented to them discussing issues such as study quality and sample sizes. The group then went on to make some draft recommendations.

4. Agreement of review protocols was postponed to later in the day to allow more time for presentation of the evidence for RQ M.

5. LH presented the evidence for RQ M on the most effective duration of TB treatment regimen in children and young people and JC gave a summary of the literature review undertaken.

6. The GDG discussed some of the issues around the evidence base for RQ M. It was agreed that this question would be returned to at a future GDG meeting when this same question was considered in the adult population.

7. LH presented the review protocols for a number of RQ’s to be considered within the development of the guideline. The GDG discussed the inclusion and exclusion criteria for each question and agreed the protocols for the questions discussed.

Day 2 – 16th April 2013

1. GR talked to the group about the health economic literature reviews and analysis for the guideline. He discussed with the GDG some of the limitations around health economic analysis for TB and its applicability within a UK setting.

Following this discussion SM and NE briefly did a demonstration of the NICE expenses system.

2. LH presented the evidence for RQ P on the most effective duration of TB treatment regimen in people with active non-respiratory TB and JC gave a summary of the literature review undertaken.
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3. The GDG discussed the evidence for RQ P and made some draft recommendations.

4. As some changes needed to be made to the evidence statements for RQ I, M and P, this item was postponed to a later meeting.

5. LH continued presentation of the review protocols for a number of RQ’s to be considered within the development of the guideline. The GDG discussed the inclusion and exclusion criteria for each question and agreed the protocols for the questions discussed.

6. There was no further matters of business arising. SM gave a brief presentation outlining next steps following the meeting.

Date, time and venue of the next meeting