# Spondyloarthritis Committee meeting

**Date:** 29<sup>th</sup> July 2015

Location: Derwent meeting room, London

Minutes: Draft

Committee members present:		
Gary McVeigh (Chair) (GM)	Present for all items	
Amanda Isdale (AI)	Present for all items	
Nicola Goodson (NG)	Present for all items	
Louise Warburton (LW)	Present for all items	
Tina Hawkins (TH)	Mid-session 2 onwards	
Carol McCrum (CM)	Present for all items	
Charlotte Davis (CD)	Present for all items	
David Chandler (DC)	Present for all items	
Jon Packham (JP)	Present for all items	

Co-opted experts present:		
Alex Baker (AB) Orthopaedic surgeon	Present until end session 4	
Winston Rennie (WR) Radiologist	Present until end session 4	

In attendance:		
Louise Shires	Guideline Commissioning Manager	Mid-session 2 onwards
Hugh McGuire	Technical Advisor	Present for all
Lucy Hoppe	Technical Analyst	Present until end session 4
Katherine McAllister	Technical Analyst	Present for all
Steven Ward	Health Economist	Present for all

# SA GDG 7 minutes

Margaret Derry	Project Manager	mid-session 3 onwards
Jemma Deane	Information Specialist	Present for all
Gabriel Rogers	Technical Advisor (Health economics)	mid-session 3 onwards
Gareth Haman	Senior Medical Editor	Present until end session 2
Observing:		
Rachel Houten	Health Economist	Present for all
Neel Jain	Medical student undertaking placement at NICE	Present for all
Rosa Domingues	Technical Analyst (Work placement)	Present until mid-session 4

Apologies:	
Issak Bhojani	Committee member
Debbie Cook	Committee member

#### Notes

# 1. Welcome, minutes of the last meeting, declarations of interest and objectives for the meeting

The Chair welcomed the Committee members and attendees to the seventh guideline development group meeting.

Apologies were noted, as recorded above and minutes of the last meeting were agreed as an accurate record with one minor correction. The Chair (GM) provided a brief overview and objectives of the day highlighting the information that would be discussed.

GM reminded the GDG of the usefulness to the guideline development process of responding to enquiries and requests for clarification from the internal development team.

All GDG members were asked to share any new conflicts of interest which have not previously been declared. There were no new conflicts of interest declared.

#### 2. Recap on writing recommendations

GH introduced the GDG to the editorial process at NICE with particular reference to writing recommendations. NICE terminology was discussed ('Offer...', 'Consider...') as well as the importance of using plain language.

#### 3. Review question 34 – spinal surgery for spondyloarthritis

LH recapped the quantitative measures used in diagnostic/prognostic reviews. AB gave a clinical introduction to the topic of osteotomy as corrective surgery for spinal deformity, including detail on the risks of the procedure.

LH presented the findings of the evidence review and the committee went onto write a recommendation.

4. LETR table for Q34 and Evidence Review for Q35 – joint replacement surgery for spondyloarthritis

KM presented the linking evidence to recommendations (LETR) table for Q34 to the committee, who agreed it was an accurate summary of the discussion after minor amendments.

LH presented the findings of the evidence review for Q35. Three papers presenting very low quality evidence were identified, examining predictors of 5 different postsurgical outcomes. Much of the evidence came from clinical/geographical populations which were considered to differ in several ways from the demographic characteristics of people in the UK with spondyloarthritis. Several differences in surgical practice between the presented evidence and UK practice were also noted. The committee therefore opted not to make a recommendation on the basis that the available evidence was too indirect.

# 5. Update on Q1, 2, 33

HM updated the committee on Q1-2, stating that the GDG's preference for the review protocol scope to be widened to incorporate retrospective studies and those involving people with a confirmed diagnosis at time of presentation had been taken into consideration, and the review was being updated accordingly.

HM clarified with the committee whether evidence on the long term complications of treatment could be limited to studies with a minimum of at least 1 year follow up, to distinguish between long term complications and short term adverse events, as the latter may be covered in other pharmacological review questions. The GDG agreed, with the exception of surgical interventions where it was agreed that any length of follow up should be considered.

6.&7.LETR Table for Q35, Review protocols and updates on forthcoming evidence reviews.

KM presented the linking evidence to recommendations (LETR) table for Q35 to the committee, who agreed it was an accurate summary of the discussion after minor amendments.

The group reviewed one new protocol, finalising study design, population, outcomes, inclusion and exclusion criteria. Further clarification and consensus was sought to resolve queries relating to review protocols discussed at the previous meeting.

### SA GDG 7 minutes

KM updated the committee on evidence reviews currently in progress for presentation at the next meeting. The GDG were asked to consider what action they may wish to take in the event that the review for the planned questions does not yield any evidence.

It was agreed that the technical team would no longer carry out a review for Q13 (Transition to adult services) as this topic was anticipated to be broadly addressed in forthcoming cross-speciality NICE guidance on this topic.

The committee members were asked to volunteer in the near future to write brief topic introductions for the guideline chapters.

#### 8. Any other business

There were no additional matters arising. The Chair summarised the discussions from the day, thanked the group for their work and closed the meeting.

**Date of next meeting:** 7<sup>th</sup> & 8<sup>th</sup> September 2015

Location of next meeting: NICE offices, Manchester