

#### 4.0.03 DOC Cmte minutes

### Primary Brain Tumours Committee meeting 7

**Date:** 14/06/2017

**Location:** Royal college of Obstetrics and Gynaecology

**Minutes:** Final



<b>Committee members present:</b>		
Tom Roques(Chair)		Present for items 1 – 19
Eileen Andrews		Present for items 1 – 19
Garth Cruickshank (Topic adviser)		Present for items 1 – 19
Sebastian Brandner		Present for items 1 – 19
Alison Cameron		Present for items 1 – 19
Catherine Derbyshire		Present for items 1 – 19
Sara Erridge		Present for items 1 – 19
Zoe Faulkner		Present for items 1 – 19
Sarah Jefferies		Present for items 1 – 19
Ingela Oberg		Present for items 1 – 19
Sara Robson		Present for items 1 – 19
Stuart Smith		Present for items 1 – 19
David Summers		Present for items 1 – 19

<b>In attendance:</b>		
Adam Storrow	NICE Business analyst (NICE)	Present for items 1–19
Alex Bates	Guideline lead (NGA)	Present for notes 1–19
Mia Schmidt Hansen	Systematic Reviewer (NGA)	Present for notes 1 – 10
Eva Gonzalez	Systematic reviewer (NGA)	Present for notes 11–19
Victoria Rowlands	Project Manager (NGA)	Present for notes 1 – 19
Stephanie Arnold	Information Scientist (NGA)	Present for notes 5,6,9 &10
James Hawkins	Health Economist (NGA)	Present for notes 1 – 19
John Graham	Clinical Advisor (NGA)	Present for items 1- 10

#### 4.0.03 DOC Cmte minutes

**Observers:**

Matthew Pretty Johns (NGA)	(Present for notes 14)
----------------------------	------------------------

**1. Welcome and objectives for the meeting**

The Chair welcomed the Committee members and attendees to the 7<sup>th</sup> Guideline Committee meeting on Primary Brain Tumours. The Committee members and attendees introduced themselves.

No members of the public asked to observe the meeting.

The Chair informed the Committee that no apologies had been received.

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

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was Day 1 – Questions 5a,5b,5c, 1c, 1d, 2a, 3b

The Chair asked everyone to verbally declare any interests that have arisen since the last meeting.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Helen Bulbeck	Lay member	Non-specific, personal financial	Honorarium for attending meeting on behalf of the Brain Cancer community to explore ocular side effects in a drug Pharma-abice. It's not a drug being discussed.	Declared and Participated

The Chair and a senior member of the Developer's team noted that the following members would not participate in a part of the meeting:

Colin Watts is unable to participate in sections 17 & 18 due to the above previously declared DOI.

#### 4.0.03 DOC Cmte minutes

<b>3. Minutes of last meeting</b>
[choose 1 of the following options, as appropriate]
The Chair asked the Committee if it wanted any changes made to the minutes of the last meeting. The Committee agreed that the minutes were a true and accurate.
<b>4. Lay member forum</b>
The Chair asked whether there Lay members had any specific points to raise in relation to the development of the guideline The lay members reported that they would like to make sure that adequate times are allocated to care needs questions.
<b>5. Protocol – 1c) What is the optimal timing and extent of initial surgery for suspected low grade glioma?</b>
The guideline lead and the Chair through the Protocol for question 1c. The Committee made some slight changes and agreed the protocol.
<b>6. Protocol – 1d) What are the most useful molecular markers to determine prognosis/ guide treatment for Gliomas?</b>
The guideline lead and the Chair through the Protocol for question 1c. The Committee made some slight changes and agreed the protocol.
<b>7. Presentation of Evidence – 5a, 5b, 5c- Follow up questions</b>
Mia Schmidt-Hansen presented the evidence for the following questions : (5a) What is the most effective follow-up protocol (including duration, frequency and tests) to detect recurrence after treatment for glioma? (5b) What is the most effective follow-up protocol (including duration, frequency and tests) to detect recurrence after treatment for meningioma? & (5c) What is the most effective follow-up protocol (including duration, frequency and tests) to detect intracranial recurrence after treatment for brain metastases?
<b>8. Draft Recs 5a,5b,5c – Draft Recs Follow up questions</b>
The Chair and Committee went through the Evidence presented for Questions 5a-5c and drafted recommendations in this area.
<b>9. Protocol confirmation- 3b) Which technique should be used for adults with meningioma who require radiotherapy?</b>
The guideline lead and the Chair through the Protocol for question 3b. The

#### 4.0.03 DOC Cmte minutes

Committee made some slight changes and agreed the protocol.

**10. Protocol- 2a) What is the optimal management (observation, surgery , radiotherapy, chemotherapy or combinations of these) for histologically proven low grade glioma**

The guideline lead and the Chair through the Protocol for question 2a. The Committee made some slight changes and agreed the protocol.

#### **Primary Brain Tumours Committee meeting**

**Date:** 15/06/2017

**Location:** Royal college of Obstetrics and Gynaecology

**Minutes:** **Draft**

#### **11. Welcome and objectives for the meeting**

The Chair welcomed the Committee members and attendees to the 7<sup>th</sup> Guideline Committee meeting on Primary Brain Tumours. The Committee members and

#### 4.0.03 DOC Cmte minutes

attendees introduced themselves.

No members of the public asked to observe the meeting.

The Chair informed the Committee that no apologies had been received.

#### 12. Confirmation of matter under discussion, and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was **2d) What is the optimal management (surgery, radiotherapy, chemotherapy, combinations of these, or other therapies such as metformin or tumour-treating fields) of recurrent high-grade glioma? And 2b) What is the most effective method for optimising maximal safe resection of glioma (for example with 5ALA, awake craniotomy, intraoperative ultrasound, intraoperative MRI)?**

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Colin Watts	Clinical Senior Lecturer & Honorary Consultant Neurosurgeon	Non-specific, personal financial	Chief investigator of the GALA-5 trial (An Evaluation of the Tolerability and Feasibility of combining 5-Amino-Levulinic Acid (5-ALA) with Carmustine Wafers (Gliadel) in the Surgical Management of Primary Glioblastoma). Funded by CRUK. Was involved in designing the trial protocol. Study has closed and being written	Declared and withdrew from discussion of this topic.

#### 4.0.03 DOC Cmte minutes

			up.	
<b>13. Lay member forum</b>				
The Chair asked whether there Lay members had any specific points to raise in relation to the development of the guideline. The Lay members had nothing specific to raise.				
<b>14. HE Presentation- Draft HE results on 4a) “What is the most effective intracranial treatment (surgery, stereotactic radiotherapy, whole-brain radiotherapy or combinations of these) for a single brain metastasis?” and review of recs</b>				
James Hawkins presented the evidence on the recommendations that the Committee had made 4a) “What is the most effective intracranial treatment (surgery, stereotactic radiotherapy, whole-brain radiotherapy or combinations of these) for a single brain metastasis?” and review of recs. The Committee confirmed that they did not wish to alter the recommendations they had previously made based on the Recommendation.				
<b>15. Presentation 2d) What is the optimal management (surgery, radiotherapy, chemotherapy, combinations of these, or other therapies such as metformin or tumour-treating fields) of recurrent high-grade glioma?</b>				
Eva Gonzalez presented the evidence found for the above review question Question.				
<b>16. Drafting Recs 2d) What is the optimal management (surgery, radiotherapy, chemotherapy, combinations of these, or other therapies such as metformin or tumour-treating fields) of recurrent high-grade glioma?</b>				
The Chair and the Committee drafted recommendations on the above review question.				
<b>17. Presentation 2b) What is the most effective method for optimising maximal safe resection of glioma (for example with 5ALA, awake craniotomy, intraoperative ultrasound, intraoperative MRI)?</b>				
Eva Gonzalez presented on the Evidence Review for the above question.				
<b>18. Draft recommendations &amp; LETR: 2b) What is the most effective method for optimising maximal safe resection of glioma (for example with 5ALA, awake craniotomy, intraoperative ultrasound, intraoperative MRI)?</b>				
The Chair and the Committee drafted recommendations on the above question.				

#### 4.0.03 DOC Cmte minutes

<b>19.AOB &amp; Close</b>
---------------------------

The Chair asked the Committee whether there was any other business. The date of the next meeting was confirmed as the <b>17<sup>th</sup> July 2017</b> . The Chair closed the meeting.
--

**Date of next meeting:** 17/07/2017

**Location of next meeting:** RCOG, 27 Sussex Place Regents Park London