

**Stable Angina Guideline
Guideline Development Group (GDG) Meeting-5
10.30 – 16.30, Wednesday 13th Jan 2010
Sloane Room, Royal College of Physicians
11 St Andrews Place, London,
NW1 4LE**

Minutes

Present

GDG

Professor Adam Timmis	GDG Chair	AT
Dr Robert Henderson	GDG Clinical Advisor (Cardiologist)	RH
Mr Christopher Blauth	Consultant Surgeon	CB
Dr Maurice Pye	Consultant Cardiologist	MP
Ms Helen O'Leary	Clinical Nurse	HOL
Mr Aidan McDermott	Cardiovascular Clinician	AM
Dr Roger Till	Patient Representative	RT
Ms Liz Clark	Patient Representative	LC
Dr Kevin Fox	Consultant Cardiologist	KF
Mr Sotiris Antoniou	Clinical Pharmacist	SA
Dr Charles Peebles	Consultant Cardiac Radiologist	CP
Dr Jonathan Shribman	GP (SI Cardiology)	JS
Dr Leonard Jacob	GP (SI Cardiology)	LJ

NICE

Ms Sarah Willett	NICE Commissioning Manager	SW
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NCGC

Dr Norma O'Flynn	NCGC Clinical Director	NOF
Dr Sharangini Rajesh	NCGC Research Fellow	SR
Ms Elisabetta Fenu	NCGC Health Economist	EF
Dr Panos Kefalas	NCGC Project Manager	PK

Apologies

N.A.		
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The Chair welcomed the GDG to the 5th Stable Angina (SA) guideline development group (GDG) meeting and briefed the group on the meetings objectives.

Declarations of interest were received from (LJ) who informed the GDG that he attended a meeting organised by B.I. in November 2009 on “Anticoagulation for the management of Atrial Fibrillation”. The clinical advisor (RH) was recognised as an author of 1 of the 32 papers reviewed; however this is unlikely to result to bias as his publication referred to an older trial of limited value to today’s relative merits of PCI vs CABG.

(SR) presented the draft evidence reviews on the clinical effectiveness of PCI vs CABG for Single Vessel disease, Three Vessel disease, Left Main Coronary Artery disease, Multiple Vessel disease. (EF) presented health economic evidence comparing PCI vs CABG. The GDG discussed both the clinical and health-economic evidence and began to draft recommendations based on the evidence provided. Further evidence has been requested in order to be able to complete the comparison of PCI vs CABG including data on diabetic patients, stroke outcomes, possibly looking at cohort studies/registry data for demographic information and stent revascularisation rates. We also agreed to look at revascularisation rates used in the drug eluting stent TA. Review protocols for later meeting topics were also discussed.

SUMMARY AND ANY OTHER BUSINESS

The GDG agreed and signed off the minutes from the meeting on the 26th of February 2010.

Next GDG Meeting 26th February 2010.

CLOSE