

**Date and Time:** *Wednesday 25<sup>th</sup> January 2012 (10:00–16:30)*

**Minutes:** Confirmed

**Varicose Veins Guideline Development Group Meeting 4**

**Place:** *Boardroom, National Clinical Guideline Centre, 180 Great Portland Street, London W1W 5QZ*

**Present:** Prof. Alun Davies (Chair) (All present for notes 1–7)  
 Dr Mustapha Azzam  
 Prof. Andrew Bradbury  
 Joyce Calam  
 David Evans  
 Mr Nick Hickey  
 Hazel Trender  
 Dr Mark Vaughan

Jenny Greenfield (Co-optee)

**In attendance:**

<b>NICE Staff</b> Caroline Keir	Guideline Commissioning Manager	(Present for notes 1–7)
<b>NCGC Staff:</b> Katie Jones	Project Manager	(Present for notes 1-4)
Dr Kate Kelley	Associate Director	(Present for notes 1-7)
Grace Marsden	Health economist	(Present for notes 1-7)
Dr Mark Perry	Research Fellow	(Present for notes 1-7)
Nancy Pursey	Senior Project Manager	(Present for notes 5-7)
Ebenezer Tetteh	Senior Health economist	(Present for notes 1-7)
Richard Whittome	Information Scientist	(Present for notes 5-7)
Karen Head	Project manager/Senior Research fellow	(Present for notes 1-3)

**Apologies:**

Mr. Jocelyn Brookes Mr Keith Poskitt Dr Katharina Dworzynski	Senior Research Fellow	
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**Notes**

1. The Chair welcomed the group to the fourth Varicose Veins Guideline Development Group Meeting (GDG4). Apologies were received from Keith Poskitt and Jocelyn Brookes. The Chair requested updates to the existing declarations of interests from GDG members. No new declarations of interests were declared.
2. The Chair asked the GDG for any comments on the minutes of the GDG3 meeting. The

## Notes

GDG had no comments to add and agreed it was as an accurate representation of the GDG 3 meeting.

3. Review protocols for the following two questions (from the list of draft clinical questions on the work plan) were revised by the GDG:
  - What is the clinical and cost effectiveness of interventional treatment followed by compression compared with interventional treatment alone in people with leg varicose veins?
  - If there is a clinical benefit of adjunctive compression, what type of compression, pressure of compression and/or duration of compression is optimal?
  - What information is required by people with varicose veins and their carers?
  - What is the clinical and cost effectiveness of truncal treatment accompanied by tributary treatment (avulsion or sclerotherapy) compared with truncal treatment alone in people with leg varicose veins?

These protocols will be revised and emailed to GDGs after the meeting for final review, comments and feedback, specifically on the outcomes section.

4. **Clinical questions: What is the clinical and cost effectiveness of stripping surgery compared with endothermal ablation in people with truncal leg varicose veins?, What is the clinical and cost effectiveness of stripping surgery compared with sclerotherapy in people with truncal leg varicose veins?, What is the clinical and cost effectiveness of sclerotherapy compared with endothermal ablation in people with truncal leg varicose veins?**

Members of the NCGC Technical Team presented the re-analysis of the clinical evidence found for the outcomes 'Return to work' and 'Return to normal activity' for the above questions to the GDG.

5. **Clinical question: What is the clinical and cost effectiveness of avulsion therapy compared with sclerotherapy in people with tributary leg varicose veins?**

Members of the NCGC Technical Team presented the clinical and health economic evidence found for this question to the GDG.

6. The meeting closed at 3.30pm.

7. **Date, time and venue of the next meeting**

Wednesday March 7th (10:00–16:30); Boardroom, NCGC, 180 Great Portland Street, London W1W 5QZ