

**Stable Angina Guideline  
Guideline Development Group (GDG) Meeting 9  
10 am – 4 pm Friday 18<sup>th</sup> June 2010  
Conwy Room, NICE, MidCity Place, 71 High Holborn, London WC1V 6NA**

**Minutes**

***Present***

***GDG***

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

***NICE***

Ann Greenwood	Editorial Lead	AG
Philip Ranson	Communications Lead	PR
Katie Worrall	Implementation Lead	KW
Edgar Masanga	Costing Lead	EM

***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***

Dr Leonard Jacob	GP (SI Cardiology)	LJ
Ms Helen O'Leary	Clinical Nurse	HOL
Ms Sarah Willett	NICE Commissioning Manager	SW

The Chair welcomed the GDG to the 9th Stable Angina (SA) guideline development group (GDG) meeting and briefed the group on the meetings objectives.

Two GDG members declared interests including:

- AT: Non-personal pecuniary interest arising from entering discussions with Servier on the funding of academic research project on the valuation of an intervention in chest pain clinics
- RH: Personal pecuniary interest arising from sponsorship (by Boston Scientific ) to attend Euro-PCR May 2010

The remaining GDG members 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.

The meeting then proceeded by addressing the topics below in a sequential manner:

**Evidence Review for “Risk scores, Models, Anatomical/Functional Tests”:** SR presented the clinical evidence available. The GDG considered the evidence and identified limitations arising from poor quality and composite outcomes in the available data obtained from the Stable Angina population. The GDG subsequently proceeded with the drafting of provisional recommendations. Removal of poorer quality studies was suggested and the GDG requested consideration of additional health economic analysis to inform recommendations.

**Presentation by NICE Implementation, Communications, Costing and Editing Leads:** AG, PR, KW and EM have introduced the topics of guideline editing, press release/conference, costing and implementation and volunteers were requested from the GDG

#### SUMMARY AND ANY OTHER BUSINESS

The GDG agreed and signed off the minutes from the 9<sup>th</sup> GDG meeting on the 23<sup>rd</sup> of July 2010 (i.e. on the 10<sup>th</sup> GDG meeting).

CLOSE

