

Meeting Minutes
Incontinence in Neurological Disease - GDG Meeting 12
Location: National Clinical Guidelines Centre - Boardroom
11th November, 2011

GDG		NCGC	
Alun Williams	AW	Gill Ritchie	GR
Christine Anderson	CA	Mark Perry	MP
Clare Fowler	CF	Ralph Hughes	RH
Doreen Mc Clurg	DM	Sharon Swain	SS
Judith Jesky	JJ	Tamara Diaz	TD
Keith MacDermott	KM		
Laura Graham	LGr	Apologies	
Noreen Barker	NB	Amelia Denny	AD
Paul Tophill	PT	Julie Vickerman	JV
Simon Harrison (Chair)	SH		
Sue Woodward	SW	Observers	
Susie Orme	SO	Clifford Middleton (NICE)	CM
		David Wonderling (NCGC)	DW
		Michelle Wallwin (NICE)	MW

1. Welcome and Apologies

- 1.1. The Chair (SH) welcomed attendees to the Incontinence in Neurological Disease (IND) guideline development group (GDG) meeting 12 and apologies were heard for Amelia Denny and Julie Vickerman.
- 1.2. The group was advised of meeting observers: Michelle Wallwin, the editor for this guideline and Clifford Middleton the guideline's commissioning manager, both from the National Institute for Clinical Excellence (NICE). David Wonderling, Health Economics lead would also be participating in the day's meeting during the presentation of the economic model.

2. Declarations of Interest

- 2.1. The following declarations of interest were submitted to the group:
- 2.1.1. **SH: Non-personal pecuniary interest:** Hosted meeting on behalf of British Association of Urological Surgeons, section of Women's Neurological and Urodynamic Urology. At Pinderfields hospital on 26th October, 2011. Catering sponsored by 'the Urology Company'
- 2.1.2. **CF: Personal pecuniary interest:** Paid honorarium for attending Allergan advisory board meeting.
Non-personal pecuniary interest: TEVA supported a meeting on multiple system atrophy which I organised.
- 2.1.3. **LG: Personal non-pecuniary interest:** Use of Botulinum Toxin A for spasticity in clinical practice (not for bladder function) sponsorship of teaching programme by IPSEN 1+ 2 – providers of refreshment (ongoing) – not bladder related.

3. Minutes of GDG 11

- 3.1. The Minutes of GDG 11 were reviewed and agreed by the GDG.

4. Matters arising from the Minutes of GDG 11

4.1. There were no matters arising from the minutes of GDG 11.

5. The Chair presented an overview of the agenda.

6. Update reviews:

Results of reruns

An abstract list, detailing the results of the rerun of searches for the clinical areas covered by the guideline have been circulated to the group. The group was asked to ignore the following reference which had been included with the abstract list in error: Augmentation enterocystoplasty in children with myelomeningocele. Journal of the Oklahoma State Medical Association, 1987.

New evidence is added to the relevant reviews, but this evidence is not presented unless it may alter the GDG's recommendations. Only new evidence on Botulinum Toxin A was found to have an impact on the results presented in the original review, so this was presented to the group. There were no comments forthcoming from the group on other papers on the abstract list.

Botulinum Toxin Type A

What is the safety and efficacy of Botulinum toxin compared with a) usual care b) antimuscarinics c) augmentation cystoplasty in neurological disease?

The review presented, concentrated on comparison of the intervention with placebo as none of the other comparisons were featured on the new papers. Placebo was used as usual care and the review looked at short term efficacy.

6.1. Clinical evidence

Two papers were added to the clinical review (one paper had previously been included as an abstract), they were large randomised control trials and short term efficacy data was presented to the group. In both studies the interventions had been split into 200u and 300u of Botulinum toxin type A (Botox), and all results were presented in these two groups. The follow up period also varied for each study, so forest plots were presented with results at 6 and 24 weeks. Outcomes included, incontinence episodes per day, incontinence episodes per week and quality of life.

7. Economic Model Update: Augmentation Cystoplasty vs Botulinum Toxin Type A model results.

An updated economic model was presented to the group. As agreed during GDG 11, the model had been rebuilt to incorporate: Botulinum Toxin Type A versus usual care, using a variable time horizon, and the Children's sensitivity analysis had been re-run at 15 years.

8. Evidence to recommendations

Evidence to recommendations statements were amended for both the Botulinum Toxin A and Augmentation Cystoplasty chapters to address consideration of new evidence.

9. Criteria for referral to specialist assessment

SH provided an introductory presentation to the group, initiating discussions on the criteria for referral to specialist services that will be used throughout the guideline. As this topic will be an over-arching theme throughout the guideline, it was explained that once agreed, the criteria will be acknowledged in the linking evidence to recommendations statements in relevant chapters.

10. Prioritising Research Recommendations

The GDG reviewed the list of recommendations circulated with meeting papers and expanded on the list of research recommendations for consideration ahead of GDG 13.

11. Redrafting recommendations

The GDG reviewed recommendations for the questions listed below, with the assistance of the NICE editor.

- 11.1. Antimuscarinics
- 11.2. Alpha adrenergic antagonists
- 11.3. Directing clinical treatment
- 11.4. Urodynamics
- 11.5. Botulinum Toxin A
- 11.6. Long term risks
- 11.7. Monitoring and surveillance protocols
- 11.8. Augmentation cystoplasty
- 11.9. Behavioural management programmes
- 11.10. Pelvic floor muscle training

Recommendations related to the remaining questions will be revised at GDG 13.

12. Any other business and close of meeting

There being no further business the meeting ended at 4:30 p.m. The next meeting of the IND GDG will take place on 9th December, 2011 from 10:30 a.m. – 4:30 p.m. at the NCGC's offices located at 180 Great Portland Street, London, W1W 5QZ.