Date and Time:	**2nd December 2011; 10.00 – 16.00 hrs**

Minutes:	
3rd Guideline Development Group Meeting	
Place:	Royal College of Physicians, Pickering Room
Present:	Nik Hirani (Chair) Angela Key Ann Millar Annette Duck Geraldine Burge Malcolm Weallans Melissa Hippard Nicholas Harrison Nick Screaton Patrick Wilson Tessa Lewis Vicki Pollitt, Health Economist Izaba Younis, Research Fellow Zahra Naqvi, Research Fellow Nina Balachander, Senior Research Fellow and Project Manager Vanessa Delgado Nunes, Guideline Lead Sue Latchem, Operations Director Daria Bilan, Information Scientist (pm only) Maggie Westby, Clinical Effectiveness Lead Kate Kelley Associate Director
In attendance:	
Clifford Middleton, NICE Guidelines Commissioning Manager Prof Sally Singh, Head of Cardiac and Pulmonary Rehabilitation, External Co-optee	
Apologies:	
Sue Copley Richard Hubbard	

Notes

1. Nik Hirani welcomed the group to the third GDG meeting. Apologies were received from Sue Copley and Richard Hubbard. The Chair asked all GDG members to declare any relevant conflicts of interest.

   Ann Millar declared she had written an editorial for the Thoracic Society on the PANTHER study.

   Annette Duck declared she had attended an IPF meeting in Berlin and had also been involved in discussions to set up an IPF patient support group in the previous month, both funded for by Intermune. Annette Duck also informed the group that her current employment in the NHS was under review and due to this she had also been in discussions with Intermune regarding future employment

possibilities, but no further developments had yet been made.

GB declared she had accepted funding from Intermune to attend an IPF meeting in Berlin during the previous month.

No actions were taken following these declarations and none of the GDG members withdrew as none of the declarations conflicted with clinical areas to be discussed during the GDG meeting.

Presentations

Each of the following presentations were given:

- Pulmonary rehabilitation (PR) - Sally Singh
- Clinical evidence review on the benefits of **pulmonary rehabilitation** programmes for patients with confirmed IPF: - **optimal course content**, **setting** and **duration** for patients referred for pulmonary rehab programmes? - Nina Balachander
- Decision making and drafting recommendations - Nina Balachander
- HE plan sign-off - Vicky Pollit
- Minimally important difference (MIDs) in IPF- Nik Hirani and Vanessa Nunes
- Clinical and Economic evidence reviews on pharmacological treatments in people with IPF - Zahra Naqvi, Izaba Younis and Vicky Pollit
    - Which drug should be **initiated first, for how long, and what combination** in the treatment of IPF?
    - **minimizing the occurrence/severity of adverse events** when undergoing pharmacological treatment for IPF

2. SS presented an overview of PR based on rehabilitation for patients with COPD.

3. NB presented the evidence review for pulmonary rehabilitation decision making and drafting recommendations for the IPF guideline was presented and the LETR for PR was drafted by the GDG, based on their level of confidence in the evidence presented.

4. VN presented the MIDs for IPF and NH further elaborated on the MID for FVC based on the Du Bois study in order to gain further clarification and agree on values.

5. VP led the discussion on HE Plan sign off. The GDG were asked for their feedback on PR and oxygen management, which have been prioritised for an economic model.

6. ZN and IY presented the evidence for pharmacological interventions: Which drug should be initiated first, for how long, and what combination in the treatment of IPF, and minimizing the occurrence/severity of adverse events when undergoing pharmacological treatment for IPF?

7. VP presented the cost analysis of one trial which investigated conservative treatment and triple therapy. The GDG acknowledged that there are two trials which were investigating triple therapy that have been stopped due to adverse events in the patients with IPF. The GDG discussed the evidence presented whilst considering that there are ongoing trials which may influence their decision making. For the drugs where no evidence was found the GDG that they were no

Notes

able to develop recommendations, and so these were prioritised for research recommendations **Any other business:** VN informed the GDG of a Cochrane/NICE pilot which is being trialled for the IPF guideline which is trying to be established to avoid duplication of work. **Next meeting - GDG 4:** 12th January 2012, 10:00 – 16:00hrs, NCGC Boardroom The meeting closed at 16.00 hrs.
Date, time and venue of the next meeting 12th January 2012, 10:00 – 16:00hrs, NCGC Boardroom