

**National Institute for Health & Clinical Excellence****Neuropathic Pain****Guideline Development Group (GDG) meeting 3**28<sup>th</sup> & 29<sup>th</sup> November 2012

The Boardroom, St James, Oxford Road, Manchester

**GROUP MEMBERSHIP**

<b>In Attendance</b>	
<b>GDG Members</b>	
Damien Longson (DL) (Chair)	Vera Neumann (VN)
Brigitta Brandner (BB)	Paul Howard (PH)
Annette Gibb (AG)	Heather Wallace (HW)
Sam Chong (SC)	
Issak Bhojani (IB)	
Ammy Pui-Chi Lam (AP)	
Karen Cavanagh (KC)	
<b>NICE Staff</b>	
Stephanie Mills (SM)	Jasdeep Hayre (JH)
Heather Stegenga (HS)	James Mahon (MH)
Rachel Ryle (RR)	Sarah Glover (SG)
Gabriel Rogers (GR)	
Abi Senthinathan (AS)	
Michael Heath (MH)	
Nicole Elliott (NE)	
<b>Apologies:</b>	
Charles Lane (CL)	Sailesh Sankar (SS)
Marie Fallon (MF)	Brigitta Brandner (BB) (28 <sup>th</sup> Nov only)
Vera Neumann (VN) (28 <sup>th</sup> Nov – morning only)	

**MINUTES OF THE MEETING**Wed 28<sup>th</sup> November 2012**1.1 Agenda item 1: Introductions & guideline development group (GDG) working**

The meeting commenced at 11:30am due to a few unexpected and unavoidable apologies and some difficulties with train arrivals. DL welcomed all GDG members. The group checked the minutes of the second meeting, which were agreed with no amendments to be made. Each person was asked to declare any conflicts of interest over and above what had been declared since the last meeting. There were no declarations to add from any members.

## **1.2 Agenda item 2: Evidence literature searches presentation**

SG talked the GDG through the process of literature searching including the databases looked at, key words searched for and the number of results that were returned to inform the evidence review.

## **1.3 Agenda item 3: Outstanding issues**

HS talked about the data extraction and analysis work performed since the last meeting.

## **1.4 Agenda item 4: Methodological approach presentation**

GR talked with the GDG about the methodological approach that had been taken so far and the different ways in which the evidence could be synthesised. This sparked an important discussion about the ways in which to split the evidence before the results from the analysis are presented. The GDG had mixed views on whether the evidence for neuropathic pain should be grouped together or split by certain conditions. An interesting debate was had around the strengths and weaknesses of grouping and splitting and how this would fit in with the clinical reality of managing neuropathic pain in non-specialist settings.

## **1.5 Agenda Item 6: Summary of the day**

DL thanked the group for their input on day 1 and agreed with the GDG for the meeting to start at 9:15am on 29<sup>th</sup> November.

### Thurs 29<sup>th</sup> November 2012

## **1.6 Agenda item 5: Health economic literature review**

This item, which had been scheduled for day 1 was brought to the start of day 2.

JH presented a literature review which had been conducted for the health economic evidence for neuropathic pain. This covered the number of papers which had been found from the literature searches and had met the inclusion criteria for the review. JH also explained the benefits of using QALY's and cost-utility analysis over cost-effectiveness.

## **1.7 Agenda item 2 & 3: Review of included evidence**

HS began by going over the inclusion criteria for studies included within the analysis. HS explained that by the time the analysis was completed, approximately 120 papers are likely to have been included.

HS explained the limitations of some of the studies and the lack of standardised reporting of outcome measures. .

HS presented some of the results within the GRADE tables explaining what could be inferred by the way network meta-analysis results appear within GRADE.

### **1.8 Discussion on splitting or grouping the evidence**

This item was added into the agenda for day 2. The discussion on splitting or grouping the evidence was revisited as it was such an important one which would have implications for the rest of the guideline.

### **1.9 Agenda item 4: Health economic model**

JM explained to the GDG the progress on building the health economic model. He discussed with the group the difficulties of modelling longer term time horizons in neuropathic pain because most clinical trials for the pharmacological management of neuropathic pain typically only last for around 3 months.

### **1.10 Agenda item 5: Summary of the day and next steps to the January meeting**

SM thanked the group for their contributions. The importance of the decision made on splitting and grouping the evidence and how the results would be presented in January was explained to the GDG. It was confirmed to the group that the evidence tables from the meeting would be sent to them for any comments or queries to be raised.