

**Date and Time:** 21<sup>st</sup> May 2013 (10.30 – 15.35pm)

**Minutes:** FINAL

**Guideline Development Group Meeting 2: Cholelithiasis and cholecystitis**

**Place:** NICE Offices, Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BD

**Present:** Gary McVeigh (Chair) (GM)  
Elaine Dobson Evans (EE)  
Simon Dwerryhouse (SD)  
Giles Toogood (GT)  
Peter Morgan (PM)  
Gerri Mortimore (GMortimore)  
Kofi Oppong (KO)  
Charles Rendell (CR)  
Richard Sturgess (RS)  
Luke Williams (LW)  
Imran Jawaid (IJ)

**In attendance:**

<p><b>NICE Staff:</b></p> <p>Stephanie Mills (SM) Elizabeth Barrett (EBarrett) Michael Heath (MH) Gabriel Rogers (GR) Jaimella Espley (JE)</p> <p><b>Apologies:</b></p> <p>Ben Doak (BD)</p>	<p>Toni Tan (TT) Steven Ward (Sward) Sheryl Warttig (SW) Sue Ellerby (SE)</p>	
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**Observers:**

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**Notes**

**1. Introductions & guideline development group (GDG) working**

GM welcomed the group. As IJ, SE and SM were new to the meeting, the Chair asked all attendees to introduce themselves.

GM introduced the objectives for the meeting to the group; to look at the evidence found so far

for evidence reviews 1 and 2 and to provide clarification on terminology and inclusion and exclusion criteria for the included and excluded conditions that are related to gallstones. GM highlighted the importance of the decisions that would be taken by the GDG at the meeting and how these would not be able to be altered later in development.

## **2. Questions 1 & 2: Terminology, search strategies and evidence discussion**

SW took the GDG through a list of terminology related to gallstones to elicit clarity on their definitions. Following this, the GDG were asked some pivotal questions about the quality and applicability of the studies that had been found in the systematic evidence searches for evidence review 1. SW gave some examples of the types of studies identified.

The GDG were asked to list decision criteria required by healthcare professionals to prompt suspicion of cholelithiasis, cholecystitis and choledocolithiasis, which would be used to make sense of the evidence throughout the development process.

SW began discussion on review question 2 and asked the GDG to agree a reference standard by which to measure other index tests against.

## **3. Claiming expenses demonstration**

SM gave a short demonstration on making expense claims and using the online expenses system.

## **4. Health economics presentation**

Based on the priorities for health economic analysis, SWard gave a talk on the types of models which are used in economic modelling and what sort of modelling had been done in this clinical area. The GDG learned that decision tree models were most prevalent in the literature for this topic. The GDG discussed the benefits and limitations of this in terms of how a model could reflect current clinical practice. SWard also discussed with the GDG quality of life values and how these could be derived.

## **5. Outstanding issues from session 2 & review protocols**

SW led the GDG into discussion about diagnostic tests used in routine clinical practice. The age of some of the literature and what diagnostics are used in current clinical practice was debated by the group.

In the final part of the meeting SW checked through areas of the review protocols with the GDG and explained that following the meeting, it would not be possible to change these again.

## **6. AOB and next steps**

SM informed the group of the date of the next meeting and also to keep the NICE team updated with any potential declarations of interest.

GM thanked the group for their contributions and confirmed the next meeting will be held in the NICE Manchester Office, on 9<sup>th</sup> & 10<sup>th</sup> September 2013.