

**LOWER URINARY TRACT SYMPTOMS GUIDELINE**

**2<sup>nd</sup> Guideline Development Group Meeting**

**Meeting Held on Thursday 13<sup>th</sup> December 2007 at 9.00am – 4.00pm  
Ronald Raven Room at The Royal College of Surgeons of England**

**13<sup>th</sup> December 2007– Minutes**

**Present: GDG members:**  
**Christopher Chapple (CC) Chair, William Turner (WT), Mark Speakman (MS), James N'Dow (JN), Jonathan Rees (JR), Julian Spinks (JS), Roy Latham (RL), Paul Joachim (PJ), Adrian Wagg (AW), Angela Billington (AB)**

**NCC-AC**

Clare Jones (CJ), Elisabetta Fenu (EF), Jennifer Hill (JH), Carlos Sharpin (CS), Caroline Lawson (CL), Kate Homer (KH), Hanna Lewin (HL), Nicola Sloan (NS), John Browne (JB) from 10.00 – 12.00pm.

**Apologies: Malcolm Lucas (ML), Thomas Ladds (TL)**

**Agenda Item**

**Discussion/Outcome**

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| 1. Introductions and apologies for absence (Chris Chapple – Chair) | CC welcomed everyone to the 2 <sup>nd</sup> LUTS GDG Meeting.   |
|  | <b><u>Apologies</u></b><br>Apologies were received from ML, TL  |
| 2. Declaration of interests (Chair)                                | All GDG confirmed that no changes had been made to their declarations of interests. CC explained the declaration of interest process to AW and AB. He asked them to complete the forms in their packs and hand them in at the end of this meeting. AB and AW also declared their interest verbally to the group.  |
|  | CC declared a personal pecuniary interest, his attendance in National and International conferences for BAUS, EAU and AUA. He declared a personal pecuniary interest of private practice. He declared that he knew of no personal family interest. He declared his non-personal pecuniary interest, consultancy and research honorarium up to 6 months ago from Pfizer, Astellas, Novartis, Allergan, AMS and UCB – this was put into the department to provide funding for a researcher. He declared a personal non-pecuniary interest, principle investigator and author on pharmaceutical sponsored papers. He is the Adjunct Secretary General of EAU and responsible for education and overseeing their guidelines. He is also a member of BAUS – female and reconstructive urology section. He has written books on the subject |

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of BPH/LUTS. He is editor in chief of Neurourology and Urodynamics journal.

AW declared a personal pecuniary interest, Astellas pharmaceutical – consultant. Pfizer – occasional consultant. He did not declare a personal family interest. He declared a non-personal pecuniary interest, fees for lectures/writing to research healthcare commission – research fund for Pfizer, Astellas, UCB. He declared a personal non-pecuniary interest, Chairman of trustees of the Continence Foundation and Vice Chairman trustees of Incontact. Researcher for Astellas. Plethora, Boehringer Ingelheim –Lilly. Associate Director CEEU, Royal College of Physicians. He is the National leader for audit of the Continence care.

AB declared a personal pecuniary interest, Pfizer education support committee. She did not declare a personal family interest, non-personal pecuniary interest or personal non-pecuniary interest.

RL declared a personal pecuniary interest, he acted as a Lay Member on an Invited Service Review carried out by the Royal College of Physicians (July 07). He received a fee for this. He did not declare a personal family interest or non-personal pecuniary interest. He declared a personal non-pecuniary interest, he is personally affected by BPH/LUTS as a patient and as the relative/friend of affected people.

WT declared a personal pecuniary interest, private practice in urology. He did not declare a personal family interest. He declared a non-personal pecuniary interest, he is the principal local investigator in clinical trials with Allergan (not yet opened), Dianippo Sumuto, Yamanouchi (now Astellas), Schwarz Pharma. He is the principal local investigator in clinical trial with Novartis 2005-6. He declared a personal non-pecuniary interest, executive committee member section of female and reconstructive urology, British Association of Urological surgeons. Author of papers, chapters and book on urology. Member of NICE Topic Selection Panel and Technology Appraisal Committee.

JR declared a personal pecuniary interest, involved in private urological practice. Past involvement in clinical trials (over 5 years ago). He declared that he knew of no personal family interest, non-personal pecuniary interest or personal non-pecuniary interest.

JN declared a personal pecuniary interest, principle investigator (PI) on a clinical trial with payment per patient going to the urology department. Involved in private practice. He is a member of BAUS

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Academic Section. He did not declare a personal family interest. He declared a non-personal pecuniary interest, PI of commissioned research with University of Aberdeen by CYTOSYSTEMS on evaluation of a urinary diagnostic marker for bladder cancer. He declared a personal non-pecuniary interest, he led HTA commissioned research on systematic review of surgical treatment of BPH (in press).

MS declared a personal pecuniary interest, he is involved in giving lectures for drug companies at national and international meetings in last 12 months (Astellas, GSK, Boehringer Ingelheim, Pfizer). No new consulting work and new projects declined for duration of guideline. Involved in private practice. He did not declare a personal family interest. He declared a non-personal pecuniary interest, investigator in BPH trials (Astellas, Bayer, GSK, Pfizer, MSD, Allergan). None in last 12 months (sponsorship). Previous research sponsorship from Yamanouchi and MSD in last 5 years. He declared a personal non-pecuniary interest, his clear opinion - author of BAUS BPH Guideline 2004. Author of a number of peer-reviewed LUTS/BPH papers.

JS declared a personal pecuniary interest, he is a member of advisory boards on LUTS and received honoraria from Boehringer Ingelheim (March 07). He has attended advisory boards on Restless legs syndrome organised by RLS UK with payment from Boehringer Ingelheim. He has been paid for attendance at a focus group on faecal incontinence by Continence UK (Nov 07). He has been paid to speak and chair meetings by Astellas, BMS and ALK. He is a paid member of the editorial boards of Continence UK. He has received payment of attending focus meetings on child growth hormone. He did not declare a personal family interest of non-personal pecuniary interest. He declared a personal non-pecuniary interest, member of the strategy board of Incontact, Chairman of the local division of the BMA and board member of RLS UK.

PJ did not declare a personal pecuniary interest or personal family interest. He declared a non-personal pecuniary interest, trustee of Incontact, a charity that benefits from grants from the industry. He declared a personal non-pecuniary interest, trustee of Incontact (as above) Chair of the patient advisory board. He has had personal and family experience of symptoms.

**NCC-AC Staff:**

DW, KH, NS, CL, CJ, EF, declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary

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- interest and personal non-pecuniary interest.
- JH declared that she knew of no personal pecuniary interest, personal family interest, personal non-pecuniary interest. She did declare a non-personal pecuniary interest, money from NICE for NCC-AC.
3. Introduction to methodology HL presented 'Literature Reviewing Process'.
- Literature searching, Appraising the literature and working with GDG members (NCC-AC Team) NS/KH presented 'Reviewing the Literature'.
4. Value of different study designs (Dr John Brown, methodological advisor, NCC-AC) JB gave a presentation on 'Value of different study designs when examining clinical effectiveness of interventions'.
5. Refining clinical questions There was a full group discussion on diagnostic clinical questions.
6. Introduction to Claromentis (Caroline Lawson, NCC-AC Administrator) CL gave a practical demonstration of the Claromentis system.
- The group were reminded to use the track changes facility when editing documents to allow the NCC-AC team to identify which changes had been made.
7. Refining clinical questions The GDG continued the group discussion on diagnostic clinical questions. The finalised list of diagnostic questions was agreed by the GDG.
8. Any other business No other business was discussed.
9. Close and date of next meeting CC closed the meeting and thanked everyone for attending  
**Date of next meeting is Monday 18<sup>th</sup> February 2007 in Committee Room 3.**