

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

## Specialist Adviser questionnaire

Before completing this questionnaire, please read [Conflicts of Interest for Specialist Advisers](#). Certain conflicts exclude you from offering advice, however, please return the questionnaire to us incomplete for our records.

**Please respond in the boxes provided.**

Please complete and return to: [tristan.mckenna@nice.org.uk](mailto:tristan.mckenna@nice.org.uk)

**Procedure Name:** IP1339/1 Percutaneous insertion of vertebral craniocaudal expandable implants for vertebral compression fracture

**Name of Specialist Advisor:** Mr Sashin Ahuja

**Specialist Society:** **BASS**

**1 Do you have adequate knowledge of this procedure to provide advice?**

Yes.

No – please return the form/answer no more questions.

**1.1 Does the title used above describe the procedure adequately?**

Yes.

No. If no, please enter any other titles below.

**Comments:**

-Most of these devices are used along with cement augmentation.  
-Also I suppose we aren't looking at the kyphoplasty like procedures ie whereby the balloon or an alternative is used to lift the endplates which is then removed after creating a void to inject cement into.

**2 Your involvement in the procedure**

**2.1 Is this procedure relevant to your specialty?**

Yes.

Is there any kind of inter-specialty controversy over the procedure?

No. If no, then answer no more questions, but please give any information you can about who is likely to be doing the procedure.

**Comments:**

The procedure would either be performed by spinal surgeons or interventional radiologists.

**The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.**

**2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:**

I have never done this procedure.

I have done this procedure at least once.

I do this procedure regularly.

**Comments:**

**2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.**

I have never taken part in the selection or referral of a patient for this procedure.

I have taken part in patient selection or referred a patient for this procedure at least once.

I take part in patient selection or refer patients for this procedure regularly.

**Comments:**

Not for this procedure specifically but do refer patients to radiologist for vertebroplasty.

**2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):**

I have done bibliographic research on this procedure.

- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment)

**Comments:**

**3 Status of the procedure**

**3.1 Which of the following best describes the procedure (choose one):**

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

**Comments:**

I would put in the above category as we are implanting into the vertebral body which is different to the established procedures for vertebral augmentation so far ie either cement augmentation alone or kyphoplasty ie creating a void followed by cement augmentation.

This procedure theoretically would help restore some vertebral body height and hopefully help maintain it alongwith bone cement I would assume.

**3.2 What would be the comparator (standard practice) to this procedure?**

In my opinion vertebroplasty or kyphoplasty.

**3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):**

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

**Comments:**

#### **4 Safety and efficacy**

##### **4.1 What is the potential harm of the procedure?**

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

###### **1. Adverse events reported in the literature (if possible please cite literature)**

I suppose would be similar to vertebroplasty and kyphoplasty.

###### **2. Anecdotal adverse events (known from experience)**

Endplate fracture thus not achieving the desired mechanical outcome of restoration of vertebral body height.

###### **3. Theoretical adverse events**

Implant related problems ie failure to elevate the endplates

##### **4.2 What are the key efficacy outcomes for this procedure?**

-Radiological parameters ie restoration of vertebral body height and alignment and follow up studies to assess if this is maintained.

-Functional outcome measures

##### **4.3 Are there uncertainties or concerns about the *efficacy* of this procedure? If so, what are they?**

Long term outcomes ie the survivorship of the implant

##### **4.4 What training and facilities are needed to do this procedure safely?**

Similar to vertebroplasty or kyphoplasty which are more established procedures.

##### **4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.**

Not that I am aware of in our country.

##### **4.6 Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.**

**Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please**

**do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).**

No

**4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?**

I am not aware of any controversy or any important uncertainty about this procedure.

**5 Audit Criteria**

**Please suggest a minimum dataset of criteria by which this procedure could be audited.**

**5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures):**

Functional outcomes eg ODI, EQ5D

Radiological outcome measure ie vertebral height, segmental kyphosis, overall spinal alignment pre and post procedure (immediate and follow up ie 6 months, 2 years).

Also assess the implant for any sinkage into the endplate or endplate fractures or any biological reaction around the implant.

**5.2 Adverse outcomes (including potential early and late complications):**

As above ie the radiological criteria.

**6 Trajectory of the procedure**

**6.1 In your opinion, how quickly do you think use of this procedure will spread?**

I suspect not much at all.

**6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):**

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

**Comments:**

**6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:**

- Major.
- Moderate.
- Minor.

**Comments:**

**7 Other information**

**7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?**

Vertebral Body Stenting Versus Kyphoplasty for the Treatment of Osteoporotic Vertebral Compression Fractures. A Randomized Trial. Clément M.L. Werner, MD; Georg Osterhoff, MD; Jannis Schlickeiser, MD; Raphael Jenni, MD; Guido A. Wanner, Prof, MD; Christian Ossendorf, MD, MSc; Hans-Peter Simmen, Prof, MD  
J Bone Joint Surg Am, 2013 Apr 03; 95 (7): 577 -584

**8 Data protection and conflicts of interest**

**8. Data protection, freedom of information and conflicts of interest**

**8.1 Data Protection**

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The specialist advice questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

**X** I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.

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**8.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee**

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the “Conflicts of Interest for Specialist Advisers” policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures.

Do you or a member of your family<sup>1</sup> have a **personal pecuniary** interest? The main examples are as follows:

**Consultancies or directorships** attracting regular or occasional payments in cash or kind  YES  
 NO

**Fee-paid work** – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice**  YES  
 NO

**Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry  YES  
 NO

**Expenses and hospitality** – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences  YES  
 NO

**Investments** – any funds that include investments in the healthcare industry  YES  
 NO

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic?  YES  
 NO

Do you have a **non-personal** interest? The main examples are as follows:

**Fellowships** endowed by the healthcare industry  YES  
 NO

**Support by the healthcare industry or NICE** that benefits his/her position or department, eg grants, sponsorship of posts  YES  
 NO

**If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.**

**Comments:**

-I have been an educational consultant for Globus Medical in 2014 & 2015.

-We have Industry funded fellowships in our Health Board ie from DepuySynthes & Nuvasive.

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<sup>1</sup> ‘Family members’ refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

Thank you very much for your help.

**Dr Tom Clutton-Brock, Interventional  
Procedures Advisory Committee Chair**

**Professor Carole Longson, Director,  
Centre for Health Technology  
Evaluation.**

**Jan 2016**



## Conflicts of Interest for Specialist Advisers

### 1 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

- 1.1 Any conflicts of interest set out below should be declared on the questionnaire the Specialist Adviser completes for the procedure.
- 1.2 Specialist Advisers should seek advice if required from the Associate Director – Interventional Procedures.

### 2 Personal pecuniary interests

- 2.1 A personal pecuniary interest involves a current personal payment to a Specialist Adviser, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**' or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples are as follows.
  - 2.1.1 **Consultancies** – any consultancy, directorship, position in or work for the healthcare industry that attracts regular or occasional payments in cash or kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
  - 2.1.2 **Fee-paid work** – any work commissioned by the healthcare industry for which the member is paid in cash or in kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
  - 2.1.3 **Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual). This does not include shareholdings through unit trusts, pensions funds, or other similar arrangements where the member has no influence on financial management.
  - 2.1.4 **Expenses and hospitality** – any expenses provided by a healthcare industry company beyond that reasonably required for accommodation, meals and travel to attend meetings and conferences (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
  - 2.1.5 **Investments** – any funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 2.2 No personal interest exists in the case of:
  - 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
  - 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

### 3 **Personal family interest**

- 3.1 This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**', or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples include the following.
- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- 3.1.3 Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (for example, children, or adults whose full Power of Attorney is held by the individual).
- 3.1.4 Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference)
- 3.1.5 Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 3.2 No personal family interest exists in the case of:
- 3.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
- 3.2.2 accrued pension rights from earlier employment in the healthcare industry.

### 4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

### 5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as '**specific**,' or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as '**non-specific**'. The main examples are as follows.

5.1.1 **Fellowships** – the holding of a fellowship endowed by the healthcare industry.

5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:

- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
- a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
- the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
- one or more contracts with, or grants from, NICE.

5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Interventional Procedures Programme

**Specialist Adviser questionnaire**

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**Please respond in the boxes provided.**

Please complete and return to: [bijal.joshi@nice.or.uk](mailto:bijal.joshi@nice.or.uk) or [Hawra.Abuqulal@nice.org.uk](mailto:Hawra.Abuqulal@nice.org.uk)

**Procedure Name:** IP1339/1 Percutaneous insertion of vertebral craniocaudal expandable implants for vertebral compression fracture

**Name of Specialist Advisor:** Mr Wai Weng Yoon

**Specialist Society:** British Association of Spinal Surgery

**1 Do you have adequate knowledge of this procedure to provide advice?**

Yes.

No – please return the form/answer no more questions.

**1.1 Does the title used above describe the procedure adequately?**

Yes.

No. If no, please enter any other titles below.

**Comments:**

**2 Your involvement in the procedure**

**2.1 Is this procedure relevant to your specialty?**

Yes.

- Is there any kind of inter-specialty controversy over the procedure?
- X Yes
- No. If no, then answer no more questions, but please give any information you can about who is likely to be doing the procedure.

**Comments:**

There is controversy about whether the degree of vertebral collapse or indeed vertebral kyphosis can be altered with this procedure and how this may translate in to potential clinical benefits.

**The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.**

**2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:**

- I have never done this procedure.
- I have done this procedure at least once.
- X I do this procedure regularly.

**Comments:**

**I have had over 5 years**

**2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.**

- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- X I take part in patient selection or refer patients for this procedure regularly.

**Comments:**

Selection for appropriateness is carried out at our spinal meeting. More recently our unit has been involved in a clinical trial.

**2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):**

- X I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).

- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment)

**Comments:**

I have registered patients with the BSR and am looking at the success of these implants clinically as well as radiologically.

**3 Status of the procedure**

**3.1 Which of the following best describes the procedure (choose one):**

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

**Comments:**

These procedures have been around since 2007-2008. There are certainly potential benefits of restoring normal anatomy as with all fractures but the level 5 evidence that is available has not convinced me that the efficacy or patient outcome is coupled with the expense.

**3.2 What would be the comparator (standard practice) to this procedure?**

Vertebroplasty/ Kyphoplasty

**3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):**

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

**Comments:**

**4 Safety and efficacy**

**4.1 What is the potential harm of the procedure?**

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)

As for any cement augmentation there is a risk of cement embolization in to the lungs (Pulmonary Embolus) leading to death (well documented)

2. Anecdotal adverse events (known from experience)

Incorrect placement of the implant, implant tilt in osteoporotic bone

3. Theoretical adverse events

Failure to deploy implant and in suboptimal position.

#### **4.2 What are the key efficacy outcomes for this procedure?**

Restoration of anatomy and potential vertebral body height and sagittal balance

#### **4.3 Are there uncertainties or concerns about the efficacy of this procedure? If so, what are they?**

There are uncertainties with respect to how much of the procedure is due to the craniocaudal implant or the cement augmentation.

#### **4.4 What training and facilities are needed to do this procedure safely?**

Need a surgeon with expertise in percutaneous transpedicular approach under image guidance.

#### **4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.**

There is an industry funded clinical trial at QMC, Nottingham (I have no involvement in this) that I am aware

#### **4.6 Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.**

**Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).**

#### **4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?**

Not known

### **5 Audit Criteria**

**Please suggest a minimum dataset of criteria by which this procedure could be audited.**

**5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures). Please suggest the most appropriate method of measurement for each:**

**VAS scores ODI scores**

**Radiological parameters preop, post operative at 6 weeks, 6 months and 1 yr**

**Reoperation rate**

**5.2 Adverse outcomes (including potential early and late complications). Please state timescales for measurement e.g. bleeding complications up to 1 month post-procedure:**

**Early complications – Pulmonary embolus , neurological deficit, early collapse**

**Late complication – collapse, late neurological complications**

**6 Trajectory of the procedure**

**6.1 In your opinion, how quickly do you think use of this procedure will spread?**

It has been around since at least 2008 and is still not widespread.

**6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):**

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

**Comments:**

**6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:**

- Major.
- Moderate.
- Minor.

**Comments:**



## 7 Other information

**7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?**

## 8 Data protection and conflicts of interest

### 8. Data protection, freedom of information and conflicts of interest

#### 8.1 Data Protection

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X I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.

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Do you or a member of your family<sup>1</sup> have a **personal pecuniary** interest? The main examples are as follows:

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<sup>1</sup> ‘Family members’ refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

**Consultancies or directorships** attracting regular or occasional payments in cash or kind  YES  
 NO

**Fee-paid work** – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice**  YES  
 NO

**Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry  YES  
 NO

**Expenses and hospitality** – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences  YES  
 NO

**Investments** – any funds that include investments in the healthcare industry  YES  
 NO

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic?  YES  
 NO

Do you have a **non-personal** interest? The main examples are as follows:

**Fellowships** endowed by the healthcare industry  YES  
 NO

**Support by the healthcare industry or NICE** that benefits his/her position or department, eg grants, sponsorship of posts  YES  
 NO

**If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.**

**Comments:**

I have had assistance from the NIHR for 2 projects and likely a 3<sup>rd</sup> to come through UCL.

Thank you very much for your help.

**Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair**

**Professor Carole Longson, Director, Centre for Health Technology Evaluation.**

**Jan 2016**

## Conflicts of Interest for Specialist Advisers

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- 2.1.1 **Consultancies** – any consultancy, directorship, position in or work for the healthcare industry that attracts regular or occasional payments in cash or kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).

- 2.1.2 **Fee-paid work** – any work commissioned by the healthcare industry for which the member is paid in cash or in kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).

- 2.1.3 **Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual). This does not include shareholdings through unit trusts, pensions funds, or other similar arrangements where the member has no influence on financial management.

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- 2.2 No personal interest exists in the case of:

- 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)

- 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

### 3 **Personal family interest**

- 3.1 This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**', or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples include the following.
- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
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- 3.1.4 Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference)
- 3.1.5 Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
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- 3.2.2 accrued pension rights from earlier employment in the healthcare industry.

### 4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

### 5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as '**specific**,' or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as '**non-specific**'. The main examples are as follows.

5.1.1 **Fellowships** – the holding of a fellowship endowed by the healthcare industry.

5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:

- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
- a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
- the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
- one or more contracts with, or grants from, NICE.

5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.