

Committee minutes

Termination of Pregnancy Committee meeting 5

Date: 21/05/2018

Location: RCOG, London

Minutes: Confirmed



Committee members present:	
Iain Cameron (Chair)	(Present for items 1-7)
Sharon Cameron	(Present for items 1-7)
Joanne Fletcher	(Present for items 1-7)
Kati Gray	(Present for items 1-7)
Patricia Lohr	(Present for items 1-7)
Jonathan Lord	(Present for items 1-7)
Sarah Makstutis	(Present for items 1-7)
Kate Randall	(Present for items 1-7)
Steve Robson	(Present for item 3)
Clare Searle	(Present for items 1-7)

In attendance:		
Nick Staples	NICE Guideline Commissioning Manager	(Present for items 1-7)
Angela Bennett	NGA Guideline Lead	(Present for items 1-7)
Elise Hasler	NGA Information Scientist	(Present for items 3 & 5)
James Hawkins	NGA Health Economist	(Present for item 4)
Eleanor Howat	NGA Project Manager	(Present for items 1-7)
Laura O'Shea	NGA Systematic Reviewer	(Present for items 1-7)
Kelly Williams	NGA Systematic Reviewer	(Present for items 1-7)

Apologies:	
Michael Nevill	Committee member
Peter Taylor	Committee member
Mia Schmidt-Hansen	NGA Senior Systematic Reviewer

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1a. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the fifth meeting on Termination of Pregnancy.

The Chair informed the Committee that apologies had been received. These are noted above.

The Chair outlined the objectives of the meeting, which included: preparing review protocols, reviewing clinical and health economic evidence and making recommendations.

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1b. Confirmation of matter under discussion, declarations of interest, and signing off the minutes of GC4

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was termination of pregnancy.

The Chair asked everyone to verbally declare any interests that have arisen since the last meeting. The following interests were declared:

Name	Role with NICE	Type of interest	Description of interest	Interest arose	Interest declared	Interest ceased	Comments
Steve Robson	ToP Co-opted Committee Member	Direct – financial	Occasional legal work in termination of pregnancy (approx. once every 3 years). Produce expert reports on surgical terminations.		19.3.2018 (At recruitment)	Ongoing	<ul style="list-style-type: none"> No action required Agreed by NICE CA at recruitment Rationale: no potential to benefit from involvement in the guideline as a result of this interest (interest is undertaken infrequently and expert reports are used in legal cases which are unlikely to directly impact clinical practice)
Steve Robson	ToP Co-opted Committee Member	Direct – non-financial	<p>Written papers based on published data in collaboration with the charity Antenatal Results and Choices.</p> <p>Publications relating to ToP:</p> <ul style="list-style-type: none"> Graham RH, Robson SC, Rankin JM. Understanding fetocide: An analytical review. Social Sci 	2008	19.3.2018 (At recruitment)	2019	<ul style="list-style-type: none"> No action required Agreed by NICE CA at recruitment Rationale: Involvement in these papers is unlikely to be prejudicial to an objective interpretation of the evidence.

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			<p>Med 2008; 66: 289-300.</p> <ul style="list-style-type: none"> • Lie MLS, Robson SC, May CR. Experiences of abortion: A narrative review of qualitative studies. BMC Health Services Res 2008; 8: 150. • Graham RH, Mason K, Rankin J, Robson SC. The role of feticide in the context of late termination of pregnancy: a qualitative study of health professionals' and parents' views. Prenat Diagn 2009; 29: 875-881. • Robson SC, Kelly T, Howel D, Deverill M, Hewison J, Lie MLS, Stamp E, Armstrong N, May CR. Randomised preference trial of medical versus surgical termination of pregnancy less than 14 weeks' gestation (TOPS). Health Technol Assess 2009; 13: 53. • Kelly T, Suddes J, Howel D, Hewison J, Robson SC. A randomised controlled trial comparing medical versus surgical termination of pregnancy at 					
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			<p>13-20 weeks. BJOG 2010; 117: 1512-20.</p> <ul style="list-style-type: none">• Lie M, May C, Kelly T, Robson SC. 'Let the computer choose?': the experience of participants in a randomised preference trial of medical versus surgical termination of pregnancy. <i>Sociol Health Dis</i> 2011; 1-15.• Lyus R, Robson SC, Parsons J, Fisher J, Cameron M. Second trimester abortion for fetal abnormality. <i>Br Med J</i> 2013; 347:f4165.• Fisher J, Lohr PA, Lafarge C, Robson SC. Termination for fetal anomaly: Are women in England given a choice of method? <i>J Obstet Gynaecol</i> 2015; Feb 35:168-72.• Crowe L, Graham RH, Robson S, Rankin J. Negotiating acceptable termination of pregnancy for non-lethal fetal anomaly: a qualitative study of professional perspectives. <i>BMJ Open</i>					
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			2018; 1:8(3):e020815				
Steve Robson	ToP Co-opted Committee Member	Direct – non-financial	Undertake commercial research but not in the area of ToP. Funding goes to the Trust, no personal payment received.		19.3.2018 (At recruitment)	Ongoing	<ul style="list-style-type: none"> • No action required • Agreed by NICE CA at recruitment • Rationale: interest is non-specific
Steve Robson	ToP Co-opted Committee Member	Direct – non-financial	Written an opinion piece in collaboration with BPAS on surgical termination for fetal abnormality advocating choice of method.		19.3.2018 (At recruitment)		<ul style="list-style-type: none"> • No action required • Agreed by NICE CA at recruitment • Rationale: involvement in this paper is unlikely to be prejudicial to an objective interpretation of the evidence as the paper advocates that women have a choice of method but does not advocate one particular method over another.
Steve Robson	ToP Co-opted Committee Member	Direct – non-financial	Chairman of the Research Advisory Committee for the charity Wellbeing of Women. Chairs the panel that awards research grants.		19.3.2018	Ongoing	<ul style="list-style-type: none"> • No action required • Agreed by NICE CA at recruitment • Rationale: interest is non-specific
Steve Robson	ToP Co-opted Committee Member	Direct- non-financial	Co-applicant on MRC/Wellcome Human Developmental Biology Resource. Part of panel who assess requests for access to the tissue		19.3.2018 (At recruitment)		<ul style="list-style-type: none"> • No action required • Agreed by NICE CA at recruitment • Rationale: interest is non-

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			samples from researchers worldwide.				specific
Steve Robson	ToP Co-opted Committee Member	Direct – financial	Clinical Director of the Clinical Research Network for North East and North Cumbria. Covers research in all specialties.	19.3.2018	19.3.2018 (At recruitment)	Ongoing	<ul style="list-style-type: none"> • No action required • Agreed by NICE CA at recruitment • Rationale: interest is non-specific
Patricia Lohr	ToP Co-opted Committee Member	Direct – non-financial	Publication of 2 manuscripts – one on simultaneous early medical abortion (April 2018) and one on telephone contraception counselling (April 2018)	April 2018	21.5.2018	May 2018	<ul style="list-style-type: none"> • No action required • Agreed by GL • Rationale: involvement in these papers is unlikely to be prejudicial to an objective interpretation of the evidence

The Chair and a senior member of the Developer’s team noted that the interests declared did not prevent the attendees from fully participating in the meeting.

The Chair asked the Committee if it wanted any changes made to the minutes of the last meeting. The Committee agreed that the minutes were a true and accurate account of the meeting.

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2. Evidence review 2.6
<p>The Chair introduced Laura O'Shea, NGA Systematic Reviewer, who gave a presentation on EVIDENCE REVIEW: 2.6 What is the optimal regimen for cervical priming (including no cervical priming as an option) before surgical termination of pregnancy up to and including 13+6 weeks gestation?</p> <p>The committee reviewed the clinical evidence, discussed and drafted recommendations, and drafted the content of the rationale and impact sections of the evidence report.</p>
3. Drafting Protocol 2.14
<p>The Chair introduced Kelly Williams, NGA Systematic Reviewer, and Laura O'Shea, NGA Systematic Reviewer, who led a discussion with the committee to develop:</p> <p>PROTOCOL: 2.14 What is the optimal regimen for medical termination of pregnancy after 24 weeks gestation?</p>
4. Health Economic presentation for 2.12 and 3.2
<p>The Chair introduced James Hawkins, NGA Health Economist, who gave a presentation on the results of the health economic model for review questions:</p> <p>2.12 For women who are having medical termination of pregnancy and plan to use a progestogen-only contraceptive implant or depot injection, does administration of the contraception at the same time as mifepristone influence the efficacy of the termination?</p> <p>and</p> <p>3.2 For women who have had medical termination of pregnancy, how soon afterwards is it safe to insert an intrauterine contraceptive device?</p> <p>The committee revisited draft recommendations and added to the rationale and impact sections for those recommendations.</p>
5. Drafting Protocol 4.3
<p>The Chair introduced Kelly Williams, NGA Systematic Reviewer, and Laura O'Shea, NGA Systematic Reviewer, who led a discussion with the committee to develop:</p> <p>PROTOCOL: 4.3 What strategies are effective at facilitating access to contraception after termination of pregnancy?</p>
6. Evidence review 2.7
<p>The Chair introduced Kelly Williams, NGA Systematic Reviewer, who gave a presentation on EVIDENCE REVIEW: 2.7 What is the optimal regimen for cervical</p>

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priming before surgical termination of pregnancy after 14+0 weeks gestation?

The committee reviewed the clinical evidence, discussed and drafted recommendations, and drafted the content of the rationale and impact sections of the evidence report.

7. Any other business

There were no other items of business.

Date of next meeting: 5&6/07/2018

Location of next meeting: RCOG, London