

### 4.0.3 DOC Cmte minutes

#### Abdominal Aortic Aneurysm Guideline Committee – development

**Date:** 26/01/2016

**Location:** NICE Offices, Manchester

**Minutes:** Final



<b>Committee members present:</b>	
Andrew Bradbury (Chair)	Present for all
Jugdeep Dhesi (JD)	Present for all
Karen Jellett (KJ)	Present for all
Gillian Kitching (GK)	Present for all
Jacqueline Lindridge (JL)	Present for all
Adam Pichel (AP)	Present for all
Claire Martin (CM)	Present for all
Tamsin Ribbons (TR)	Present for all
Eshan Senanayake (ES)	Present for all
Matthew Slater (MS)	Present for all
Alan Huw Smith (AHS)	Present for all
Matt Thompson (MT)	Present for all
Noel Wilson (NW)	Present for all

<b>In attendance:</b>		
Sarah Glover (SG)	NICE – Information Specialist	Present for all
Lucy Hoppe (LH)	ICG – Technical Analyst	Present for all
Rachel Houten (RH)	ICG – Health Economist	Present for items 1, 2 & 3
Sarah Mills (SM)	ICG – Project Manager	Present for all
Gabriel Rogers (GR)	ICG – Technical Advisor (HE)	Present for all
Sue Spiers (SSp)	ICG – Associate Director	Present for all
Lisa Stone (LS)	MPC – Medicines Advisor	Present for items 4 & 5
James Hall	NICE Senior Medical Editor	Present items 1 & 2

### 4.0.3 DOC Cmte minutes

<b>Observers:</b>	
None	

<b>Apologies:</b>	
Ben Doak	NICE - Commissioning Manager
Sammer Tang	Co-opted member
Chris Hammond	Committee member

### 4.0.3 DOC Cmte minutes

#### **1. Welcome, apologies, minutes of the last meeting, declarations of interest**

##### Welcome

The Chair welcomed the Committee members and attendees to the third meeting of the abdominal aortic aneurysm guideline committee.

##### Apologies

Apologies for the meeting were received as detailed above.

##### Objectives

The Chair outlined the main objectives of the meeting, which included:

- An introduction to the Editor's role
- An introduction to considering evidence
- Signing off review protocols

##### Minutes of the last meeting

AHS raised some comments about terminology in the guideline which were discussed at the last meeting. It was noted that the minutes of the last meeting would be amended to include:

*It was noted that the term watchful waiting should be replaced with 'surveillance' and that the term 'prevent' should be used appropriately in the guideline.*

Minutes of the last meeting were agreed without any further amendments.

##### Declarations of interest

The Declarations of Interest (DOI) register was made available to the Chair.

No new Declarations of Interest were made at the meeting.

The Chair reviewed the committee's DOI register and declared that in relation to previous declarations recorded in the DOI register and those declarations noted above, that no committee members would be required to withdraw from part or all of the meeting.

#### **2. Introduction to the Editor's role**

### 4.0.3 DOC Cmte minutes

JH gave a presentation on the role of the lead editor and the guideline editorial process.

He explained the importance of writing clear recommendations and using person centred language and also the editing principles used by NICE's editing team.

### 3. Review question – early referral for surgery

LH presented some initial evidence for the review question:

What is the effectiveness of early referral for surgery and early surgery compared with a 'watchful waiting' approach in reducing morbidity and mortality in people with unruptured abdominal aortic aneurysms?

This was used as a teaching tool for the committee to explain NICE methodology for considering evidence. Further evidence for this question will be brought back to a future committee.

### 4&5. Discuss and agree review protocols

The review protocols for the following questions were considered and agreed:

Which imaging techniques are the most useful in confirming the presence and size of an abdominal aortic aneurysm?

Which imaging techniques are most useful when monitoring people with an unruptured abdominal aortic aneurysm to predict risk of rupture?

Is computed tomographic angiography (CTA) with post-processing techniques effective compared to CTA alone in planning surgery for an unruptured abdominal aortic aneurysm?

What is the most effective approach to anaesthesia and/or analgesia in improving surgical outcome in people undergoing i) EVAR and ii) open repair of an unruptured abdominal aortic aneurysm?

What imaging techniques are most accurate in confirming the presence of a ruptured or symptomatic unruptured abdominal aortic aneurysm?

Is CT angiography with post-processing techniques effective compared to CT angiography alone in planning surgery for a ruptured abdominal aortic aneurysm?

What is the most effective approach to anaesthesia and/or analgesia in improving surgical outcome in people undergoing i) EVAR and ii) open repair of a ruptured abdominal aortic aneurysm?

When checking people after they have had EVAR or open repair of an abdominal aortic aneurysm, which imaging techniques are most useful for detecting postoperative complications, further aneurysm expansion and aneurysm rupture?

### 6. AOB

The committee were reminded of the time and venue of the next committee meeting.

#### **4.0.3 DOC Cmte minutes**

**Date of next meeting:** Tuesday 8<sup>th</sup> March 2016

**Location of next meeting:** NICE offices, London