

**Date and Time:** 23<sup>rd</sup> July 2014 (10.30am – 4.00pm)

**Minutes:** to be confirmed

**Guideline Development Group 10:** Coeliac disease

**Place:** NICE offices, London

**Present:** Damien Longson (Chair) (DL)  
Peter Gillett (PG)  
Anne Holdoway (AH)  
Norma McGough (NM)  
Gerry Robins (GR)  
Rita Shergill-Bonner (RSB)  
Jeremy Woodward (JW)  
Steph Briggs (SB)  
Sorrell Burden (SBu)  
Berne Ferry (BF)  
Simon Murch (SM)

**Apologies:** Rajeev Gupta (RG)  
Mohamed Abuzak (MA)  
Mike Forrest (MF)  
David Sanders (DS)

**In attendance:**

<p>NICE Staff:</p> <p>Steph Mills (SM) Louise Shires (LS) Laura Downey (LD)</p>	<p>Rachel Houten (RH) Hugh McGuire (HM)</p>	<p>Apologies:</p> <p>Gabriel Rogers (GR) Mike Heath (MH)</p>
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**Notes**

- DL welcomed the group to the 10<sup>th</sup> meeting of this GDG. Apologies were received from MA, MF and DS. Minutes for the previous meeting were agreed.
- All GDG members were asked to share any new conflicts of interest which have not been previously declared. . No additional conflicts of interest were declared by the group or the NICE team, although LD highlighted that JW was an author on one of the papers which had been included in the evidence reviews to be presented.

3. LD presented review question 8 to the GDG in 2 parts; firstly, LD covered the causes of non-responsive coeliac and refractory coeliac disease and secondly, imaging modalities and predictive factors for the development of lymphoma were presented. The GDG were asked to define working definitions of non-responsive and refractory coeliac disease based on definitions used within the literature. The GDG then moved on to look at the causes of these types of coeliac disease and to generate recommendations.

For the second part of the presentation the GDG looked at imaging modalities such as MRI and CT and predictive factors to detect lymphoma. Although the GDG felt this was an important area, they recognised that the lymphoma guideline was likely to be the place where greater detail on diagnostic imaging should occur. The group considered the importance of referral and specialist input in such complex cases of coeliac disease.

4. LD presented the evidence on referral indications for endoscopic biopsy. The GDG discussed the common presenting symptoms of coeliac disease which were identified earlier in guideline development and which tests may indicate the need for biopsy. The GDG then went on to make recommendations.
5. RH presented to the GDG on the health economic modelling for review question 2 on active case finding. RH asked the GDG to prioritise 5 co-existing conditions out of a long list drawn from the literature. After some debate, the GDG agreed to 6 factors but were made aware that this list may need to be reduced.
6. RH took the opportunity to talk to the GDG about make health economic information more understandable and accessible to committee members. The group agreed this was important and suggested some ideas which would be helpful to enable the technical team to work on implementing this.
7. SM informed the group that the next GDG meeting would be held in London on 10<sup>th</sup> & 11<sup>th</sup> September 2014. DL and SM thanked the group for their hard work.