

4.0.03 DOC Cmte minutes

Thyroid cancer Committee meeting 1

Date: 16/07/2020, 13:30-16:30

Location: Virtual meeting

Minutes: Confirmed

NICE National Institute for
Health and Care Excellence

Committee members present:		
Richard Grünewald [RG] – Chair		(Present for notes 1 – 6)
Jeremy Davis [JD] – Topic advisor		(Present for notes 1 – 6)
John Buscombe [JB]		(Present for notes 1 – 6)
Preetha Chengot [PC]		(Present for notes 1 – 6)
Neil Cozens [NC]		(Present for notes 1 – 6)
Fiona Eatock [FE]		(Present for notes 1 – 6)
Kate Farnell [KF]		(Present for notes 1 – 6)
Sonja Hoy [SoH]		(Present for notes 1 – 6)
Steve Hyer [SH]		(Present for notes 1 – 6)
Jessica Lishak [JL]		(Present for notes 1 – 6)
Kate Newbold [KN]		(Present for notes 1 – 6)
Iain Nixon [IN]		(Present for notes 1 – 6)
Anh Tran [AT]		(Present for notes 1 – 6)

In attendance:		
Catrina Charlton [CC]	NICE Guideline Commissioning Manager	(Present for notes 1 – 6)
Sarah Scott [SS]	NICE Public Involvement Programme	(Present for notes 1 – 6)
Carlos Sharpin [CS]	Guideline Lead	(Present for notes 1 – 6)
Mark Perry [MP]	Senior Research Fellow	(Present for notes 1 – 6)
Vimal Bedia [VB]	Research Fellow	(Present for notes 1 – 6)
Alfredo Mariani [AM]	Health Economist	(Present for notes 1 – 6)
Lina Gulhane [LG]	Head of Information Specialists	(Present for notes 1 – 6)
Giulia Zuodar [GZ]	Project Manager	(Present for notes 1 – 6)

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Apologies:

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1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the first meeting on Thyroid cancer. The Committee members and attendees introduced themselves.

The Chair outlined the objectives of the meeting, which included presenting the scope, introducing protocols and discussing protocols:

- External beam radiotherapy
- Radioactive iodine with thyrotropin alfa
- Who needs radioactive iodine

2. Confirmation of matter under discussion, and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was external beam radiotherapy, radioactive iodine with thyrotropin alfa, and who needs radioactive iodine. The following declarations were received:

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
RG	Chair	Private practice (medicolegal services). Very small part of practice, involving only medicolegal reporting on neurological injuries (about 30/year)	Direct, financial	Non-specific Declare and participate
RG	Chair	Received support from Ipsen pharma to attend a conference in Copenhagen on botulinum toxins and their use in the management of neurological disorders in January 2019. The monetary value of this support was about £1000.	Direct, financial	Non-specific Declare and participate
JD	GC member	President, British Association of Endocrine and Thyroid Surgeons (BAETS)	Direct, non-financial, professional	Non-specific Declare and participate

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			onal and persona l	e
JD	GC member	Trustee, British Thyroid Foundation	Direct, non- financial , professi onal and persona l	Non- specific Declare and participat e.
JD	GC member	Chair, KENT and Medway Thyroid Cancer network group (TSSG), Kent and Medway cancer collaborative	Direct, non- financial , professi onal	Non- specific Declare and participat e
JD	GC member	Private practice –most of my clinical practice in thyroid related disease is NHS, but I do see some private patients. I follow the same diagnostic and therapeutic pathways as my NHS practice, based on BTA 2014 guidelines. I see about four thyroid cancer patients per year.	Direct, financial	Specific. Only a few private patients seen related to thyroid cancer. Declare and participat e
JB	GC member	President and Trustee, British Nuclear Medicine Society	Direct, non- financial , professi onal and persona l	Non- specific Declare and participat e
JB	GC member	Member of the Nuclear Medicine Specialty Committee of the Royal College of Physicians. As part of this role I have made comments on NICE guidelines. I am aware I will not be able to comment on the thyroid cancer guidelines if I am still in this role.	Direct, non- financial , professi onal and	Non- specific Declare and participat e

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			personal	
JB	GC member	Member of the Inter Collegiate Standing Committee on Nuclear Medicine (ICSCNM)	Direct, non-financial, professional and personal	Non-specific Declare and participate
JB	GC member	Consultancy role for Advanced Accelerator Applications (AAA). This is related to the treatment of Neuroendocrine tumours (NETs). This company does not make anything to do with thyroid cancer	Direct, financial	Non-specific Declare and participate
JB	GC member	Gave and attended lectures organised by Boston BTG (now Boston Scientific). This company does not have products related to the diagnosis or treatment of thyroid cancer. Most recent lecture given December 2019 was unpaid in the end.	Direct, financial	Non-specific Declare and participate
JB	GC member	Attended lectures on treatment of colon liver metastases in the liver and hepatocellular cancer organised by Sirtex Medical. This company provides treatment options for liver cancer patients. Attendance paid for by Sirtex.	Direct, financial	Non-specific Declare and participate
PC	GC member	Private diagnostic histopathology reporting practice. I do half a day per week, about 10% of my private reporting work is thyroids. I report those using the same Royal College of Pathologist guidelines and criteria as I do for my NHS thyroid cases. Small amount of cases.	Direct, financial	Only a few private patients seen related to thyroid cancer. Declare and participate.
NC	GC member	Undertakes a small amount (maximum of 0.5 days per week) of private medical practice, within the same area of expertise as NHS work. Approximately 6-8 ultrasounds per week privately (excluding holiday times) with a maximum of half of these (usually less) being	Direct, financial	Specific. Only a few private patients seen related to

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		primarily thyroid scans. The number of Fine Needle Aspirates for thyroid patients is in single figures per year, usually no more than about half a dozen. Receives referrals directly from clinicians he works with within NHS practice.		thyroid cancer. Declare and participate
FE	GC member	Treasurer and Trustee of British Association of Endocrine and Thyroid Surgeon (BAETS)	Direct, non-financial, professional and personal	Non-specific Declare and participate
FE	GC member	BAETS representative on Royal College of Surgeons of England Cancer Services Committee	Direct, non-financial, professional and personal	Non-specific Declare and participate
KF	GC member	CEO of the Butterfly Thyroid Cancer Trust (BTCT)	Direct, non-financial, professional and personal	specific Declare and participate
KF	GC member	On the trial organizing committee for the HOT Trial NIHR128699 looking at the role of hemi versus total thyroidectomy in low risk thyroid cancer. Unlikely to start recruitment until after the guideline is published.	Direct, non-financial, professional and personal	Specific Declare and participate
KF	GC member	Committee member on the forthcoming new British Thyroid Association thyroid cancer guidelines	Direct, non-financial, professional	Specific . The guideline will be produced collaborat

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			and personal	ively by consensus. Declare and participate.
SH	GC member	Speaker on an evening meeting for Nurses on management of tyrosine kinase inhibitor (TKI) toxicities in Thyroid Cancer organized by Esai Ltd. Payment received for the session.	Direct, financial	Non-specific Declare and participate
SH	GC member	Chair of an all-day nurses meeting and speaker for Sanofi Genzyme. Done during annual leave and paid for my time to do session and organise event with 2 other CNSs from the 45 colleagues across the UK as part of the Thyroid Cancer Nurses Network. Over 12 months before the start of the development of the guideline.	Direct, financial	Non-specific Declare and participate
JL	GC member	Nil		
KN	GC member	Honoraria from ESAI Ltd for discussing management of the side effects of lenvatinib. Lenvatinib is not being reviewed in this guideline.	Direct, financial	Non-specific Declare and participate
KN	GC member	Honoraria from Sanofi-Genzyme for talks on vandetanib for the treatment of medullary thyroid cancer.	Direct, financial	Non-specific Declare and participate
KN	GC member	Private practice: 2 hours per week relate to thyroid cancer, and treat about 2 people per month with radioactive iodine.	Direct, financial	Specific. Only a few private patients seen related to thyroid cancer. Declare and

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				participate
KN	GC member	<p>Local principle investigator (PI) at the Royal Marsden for IoN trial (Is Ablative Radio-iodine Necessary for Low Risk Differentiated Thyroid Cancer Patients). Trial ongoing. (https://clinicaltrials.gov/ct2/show/NCT01398085).</p> <p>Co-author of Mallick U, Harmer C, Hackshaw A, Moss L, IoN Trial Management Group. Collaborators: Mallick U, Beare S, Evans C, Farnell K, Forsyth S, Gerrard G, Hackshaw A, Harmer C, Harrison B, Hyer S, Johnson SJ, Lemon C, Lewington V, Lunt C, Moss L, Newbold K, Nicol A, Nutting C, Reed N, Stephenson T, Wadsley J, Watkinson J, Yap B. Iodine or Not (IoN) for low-risk differentiated thyroid cancer: the next UK National Cancer Research Network randomised trial following HiLo. Clinical oncology (Royal College of Radiologists (Great Britain)). 2012 Apr;24(3):159. Trial ongoing. http://www.isrctn.com/ISRCTN80416929</p>	Direct, non-financial, professional and personal	Specific Declare and participate. Review action if study publishes during this guideline's development
KN	GC member	<p>Local PI at the Royal Marsden for SEL-I-METRY trial (Can Selumetinib make advanced thyroid cancer sensitive to radioactive iodine therapy again?). Recruitment closed September 2019. (http://www.isrctn.com/ISRCTN17468602)</p>	Direct, non-financial, professional and personal	Non-specific Declare and participate
KN	GC member	<p>Chief investigator (CI) on an academic study at the Royal Marsden studying the role of ctDNA as a biomarker in thyroid cancer. Study is currently recruiting. (https://clinicaltrials.gov/ct2/show/NCT04133870).</p>	Direct, non-financial, professional and personal	Non-specific Declare and participate
KN	GC member	<p>Will be local PI at the Royal Marsden for the COSMIC study which is investigating cabozantinib in patients with iodine refractory thyroid cancer who have already received first-line kinase inhibitor.</p>	Direct, non-financial, professional	Non-specific Declare and

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		(https://clinicaltrials.gov/ct2/show/NCT03690388).	onal and persona l	participat e
KN	GC member	<p>Was the local PI at the Royal Marsden for the HiLO trial (A Multicentre Randomised Trial of High- Versus Low-Dose Radioiodine, With or Without Recombinant Human Thyroid Stimulating Hormone, for Remnant Ablation After Surgery for Differentiated Thyroid Cancer). Non-industry funded study supported by grants from Cancer Research UK, University College London and the University College London Hospital Comprehensive Biomedical Research Centre. Results of which were published in 2012 (see next entry)</p> <p>Co-author on the published results for the trial: Mallick U, Harmer C, Yap B, Wadsley J, Clarke S, Moss L, Nicol A, Clark PM, Farnell K, McCready R, Smellie J, Franklyn J, John R, Nutting C, Newbold K, Lemon C, Gerrard G, Abdel-Hamid A, Hardman J, Macias E, Roques T, Whitaker S, Vijayan R, Alvarez P, Beare S, Forsyth S, Kadalayil L, Hackshaw A. Ablation with low-dose radioiodine and thyrotropin alfa in thyroid cancer. New England Journal of Medicine. 2012 May 3;366(18):1674-85. https://www.nejm.org/doi/full/10.1056/nejmoa1109589</p>	Direct, non- financial , professi onal and persona l	Specific Declare and participat e. Not a main author on the study, member's input is needed to ensure the guideline has the appropriat e expertise in this area, the study is non- industry funded .
IN	GC member	On the trial organizing committee for the HOT Trial NIHR128699 looking at the role of hemi versus total thyroidectomy in low risk thyroid cancer. Unlikely to start recruitment until after the guideline is published and also definitely will not complete before then.	Direct, non- financial , professi onal and persona l	Specific Declare and participat e
IN	GC member	Private Practice ENT Surgery. I currently do approximately 2 hours per week and have only treated 1 thyroid cancer in the private sector in my career.	Direct, financial	Non- specific. Only a few private patients seen

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				related to thyroid cancer. Declare and participate
IN	GC member	Bristol Meyer Squibb £750 honorarium for presenting on circulating tumour DNA in head and neck cancer	Direct, financial	Non-specific Declare and participate
IN	GC member	Extensively published on this subject which has had some impact on national and international guidelines to date https://www.ncbi.nlm.nih.gov/pubmed/?term=nixon+i+thyroid	Direct, non-financial, professional and personal	Specific See following declarations for specific studies.
IN	GC member	Spoke at a symposium on immune therapy for Bristol Myer Squib and was paid ~£400 honorarium.	Direct, financial	Non-specific Declare and participate
IN	GC member	Nixon IJ, Shah JP, Zafereo M, Simo RS, Hay ID, Suarez C, et al. The role of radioactive iodine in the management of patients with differentiated thyroid cancer - An oncologic surgical perspective. European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology. 2020;46(5):754-62. Article on whether to treat.	Direct, non-financial, professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Chan S, Karamali K, Kolodziejczyk A, Oikonomou G, Watkinson J, Paleri V, et al. Systematic Review of Recurrence Rate after Hemithyroidectomy for Low-Risk Well-Differentiated Thyroid Cancer.	Direct, non-financial, professional	Specific. Declare and participate. Review

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		European thyroid journal. 2020;9(2):73-84.	onal and persona l	action if study included in guideline.
IN	GC member	Rovira A, Nixon IJ, Simo R. Papillary microcarcinoma of the thyroid gland: current controversies and management. Current opinion in otolaryngology & head and neck surgery. 2019;27(2):110-6.	Direct, non-financial , professional and persona l	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Nixon IJ, Simo RS, Kim D. Refining definitions within low-risk differentiated thyroid cancers. Editorial comment. Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery. 2018;43(5):1195-200.	Direct, non-financial , professional and persona l	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Nasef HO, Nixon IJ, Wreesmann VB. Optimization of the risk-benefit ratio of differentiated thyroid cancer treatment. European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology. 2018;44(3):276-85. Article on whether to treat.	Direct, non-financial , professional and persona l	Specific. Declare and participate. Review action after question protocols finalised and if study included in

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				guideline
IN	GC member	Goncalves Filho J, Zafereo ME, Ahmad FI, Nixon IJ, Shaha AR, Vander Poorten V, et al. Decision making for the central compartment in differentiated thyroid cancer. European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology. 2018;44(11):1671-8. Article on whether to treat.	Direct, non-financial , professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Asimakopoulos P, Nixon IJ. Surgical management of primary thyroid tumours. European journal of surgical oncology: the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology. 2018;44(3):321-6. Article on whether to treat.	Direct, non-financial , professional and personal	Specific. Declare, stay to answer questions and withdraw for decision making related to thyroidectomy.
IN	GC member	Shaha AR, Silver CE, Angelos P, Nixon IJ, Rodrigo JP, Sanabria A, et al. The central compartment - Center of controversy, confusion, and concern in management of differentiated thyroid cancer. European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology. 2017;43(11):1981-4. Article on whether to treat.	Direct, non-financial , professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Wang LY, Palmer FL, Migliacci JC, Nixon IJ, Shaha AR, Shah JP, et al. Role of RAI in the management of incidental N1a disease in papillary thyroid cancer.	Direct, non-financial ,	Specific. Declare and participate

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		Clinical endocrinology. 2016;84(2):292-5. Observational study	professional and personal	e. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Nixon IJ, Wang LY, Ganly I, Patel SG, Morris LG, Migliacci JC, et al. Outcomes for patients with papillary thyroid cancer who do not undergo prophylactic central neck dissection. The British journal of surgery. 2016;103(3):218-25. Observational study	Direct, non-financial, professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Nixon IJ. Well-differentiated thyroid cancer - are you overtreating your patients? Endokrynologia Polska. 2016;67(1):60-6. Article on whether to treat.	Direct, non-financial, professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	McNamara WF, Wang LY, Palmer FL, Nixon IJ, Shah JP, Patel SG, et al. Pattern of neck recurrence after lateral neck dissection for cervical metastases in papillary thyroid cancer. Surgery. 2016;159(6):1565-71. Observational study	Direct, non-financial, professional and personal	Specific. Declare and participate. Review action after question

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				protocols finalised and if study included in guideline.
IN	GC member	Wang LY, Palmer FL, Thomas D, Nixon IJ, Tuttle RM, Shah JP, et al. Level 7 disease does not confer worse outcome than level 6 disease in differentiated thyroid cancer. Annals of surgical oncology. 2015;22(2):441-5. Observational study.	Direct, non-financial, professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	To K, Nixon IJ. The surgical approach to managing differentiated thyroid cancer. The Indian journal of medical research. 2016;143(6):689-95. Article on whether to treat	Direct, non-financial, professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Wang LY, Nixon IJ, Palmer FL, Thomas D, Tuttle RM, Shaha AR, et al. Comparable outcomes for patients with pT1a and pT1b differentiated thyroid cancer: Is there a need for change in the AJCC classification system? Surgery. 2014;156(6):1484-9; discussion 9-90. Observational study.	Direct, non-financial, professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study

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				included in guideline.
IN	GC member	Nixon IJ, Shah JP. Well differentiated thyroid cancer: are we over treating our patients? European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology. 2014;40(2):129-32. Article on whether to treat.	Direct, non-financial , professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Nixon IJ, Ganly I, Shah JP. Thyroid cancer: surgery for the primary tumor. Oral oncology. 2013;49(7):654-8.	Direct, non-financial , professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
IN	GC member	Nixon IJ, Ganly I. Radioactive iodine use in patients with low- and intermediate-risk papillary thyroid cancer. Future oncology (London, England). 2013;9(7):921-3.	Direct, non-financial , professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.

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IN	GC member	Nixon IJ, Ganly I, Patel SG, Palmer FL, Whitcher MM, Tuttle RM, et al. Thyroid lobectomy for treatment of well differentiated intrathyroid malignancy. Surgery. 2012;151(4):571-9. Observational study.	Direct, non-financial, professional and personal	Specific. Declare and participate. Review action after question protocols finalised and if study included in guideline.
SH	GC member	I provide 2-weekly private clinics at Spire St Anthony's Hospital for patients with endocrine disorders. Less than 10% relates to thyroid cancer.	Direct, financial	Specific. Only a few private patients seen related to thyroid cancer. Declare and participate
SH	GC member	I have received honoraria for lectures given on behalf of diabetes therapies and to attend diabetic meetings from Novo, Sanofi, Lilly, Astra Zeneca and Takeda.	Direct, financial	Non-specific. Declare and participate
AT	GC member	Member of the NICE Thyroid Guideline Committee (https://www.nice.org.uk/guidance/ng145) published 20 November 2019	Direct, non-financial, professional and personal	Non-specific. Declare and participate.
AT	GC member	Member of the NICE Subarachnoid Haemorrhage Guideline Committee (https://www.nice.org.uk/guidance/indevelopment/gid-ng10097) currently in development	Direct, non-financial, professional	Non-specific. Declare and participate

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AT	GC member	GP Member of UK Thyroid Cancer Consensus Group – invited to join the group to add primary care perspective and input. The statement has not been published yet.	Direct, non- financial , professi onal and persona l	Non- specific Declare and participat e
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.				
3. Guideline scope				
JB presented the scope to the committee.				
4. Introduction to protocols				
MP gave a presentation on protocols.				
5. Draft protocols				
MP presented draft protocols: <ul style="list-style-type: none"> • External beam radiotherapy • Radioactive iodine with thyrotropin alfa • Who needs radioactive iodine <p>The GC discussed and agreed the protocols.</p>				
6 Any other business				
None.				

Date of next meeting: 2 October 2020

Location of next meeting: Virtual meeting