

National Institute for Health & Clinical Excellence**Type 2 diabetes****Guideline Development Group (GDG) meeting 2**Friday 25th January 2013

Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BT

GROUP MEMBERSHIP

In Attendance	
GDG Members	
Damien Longson (DL) (Chair)	Natasha Jacques (NJ)
Yvonne Johns (YJ)	Sailesh Sankar (SS)
Natasha Marsland (NM)	Maria Cowell (MC)
Jonathan Roddick (JR)	Prunella Neale (PN)
Mohamed Roshan (MR)	Ian Lewin (IL)
Amanda Adler (AA)	David Edwards (DE) – co-opted expert
Anne Fittock (AF)	Christine Bundy (CB) – co-opted expert
NICE Staff	
Stephanie Mills (SM)	Michael Heath (MH)
Abi Senithinathan (AS)	Steven Ward (SWard)
Gabriel Rogers (GR)	
Adam O'Keefe (NICE Observer)	
Lesley Edgar (NICE Observer)	
Jenny Kendrick (JK)	
Toni Tan (TT)	
Apologies:	
Nicole Elliott (NE)	
Claire Turner (CT)	

MINUTES OF THE MEETINGFriday 25th January 2013**1.1 Agenda item 1: Introductions & guideline development group (GDG) working**

DL welcomed all new GDG members. Apologies for the meeting were received from and NE and CT. No conflicts of interest were declared over and above what been declared prior to the meeting by any persons in attendance. MH took the opportunity to tell the group a bit more about the overall governance of the 4 diabetes guidelines and confirmed with the group that the final scopes for the guidelines were now signed off.

DL set out the objective for the day was to discuss the evidence on the pharmacological management of erectile dysfunction.

1.2 Agenda item 2: Question 7 - clinical evidence for erectile dysfunction

AS took the group through which studies had been included for the evidence review on treatment of erectile dysfunction and also explained some of the key principles of network meta-analysis (NMA). The group discussed the benefits and limitations of the different studies and also the measurement tools for rating improvement in erectile function. CB and DE informed the discussions through their expert knowledge of the clinical area.

The group remarked on the equality issues around looking at erectile dysfunction in men with type 2 diabetes.

1.3 Agenda item 3: Question 7 continued

DL thanked the experts, CB and DE, for their contribution and asked them to kindly leave as the GDG came on to deeper discussion and making recommendations. The group considered adverse events which emerged from the evidence and talked about what would be a clinically meaningful improvement in erectile function. SM showed the group the recommendations that were made about erectile dysfunction in clinical guideline (CG) 66.

1.4 Agenda item 4: Health economics

SWard presented to the group the studies had been found relating to erectile dysfunction. The group debated the weakness of the evidence on health economics in the area.

SWard also talked with the group about prioritisation of areas for further health economic analysis.

1.5 Agenda item 5 and 6

Further updates on evidence reviews were postponed to the next meeting.

1.6 Agenda item 6: Summary of the day/ AOB (previously agenda item 7)

DL thanked everyone for their hard work and input. The group quickly went through the minutes of GDG 1 which were agreed without any amendments to be made. SM explained that next steps would be to send everyone the presentation from the day, GRADE tables for information and outstanding questions the analysts had on clinical issues and health economics. SM informed the group that the next meeting would be on 24th & 25th April 2013 in Manchester.