

#### 4.0.3 DOC Cmte minutes

### Cataracts Guideline Committee mtg 5 – development

**Date:** 01/02/2016 and 02/02/2016

**Location:** Derwent, Spring Gardens, London

**Minutes:** Final



<b>Committee members present:</b>	
Mike Burdon (Chair)	Present for all
Kamal Bishai (KB)	Present for all
Arthur Brill (AB)	Present for all
Emily Lam (EL)	Present for all
Janet Marsden (JM)	Present for all
Yvonne Needham (YN)	Present for all
Geoff Roberson (GRob)	Present for all
Paul Rosen (PR)	Present for all
Gillian Rudduck (GRud)	Present for part way through item 2 to 10
Nick Wilson-Holt (NWH)	Present for all
Jennifer Yip (JY)	Present for all
Keith Allman (KA) – co-opted	Present for day 2 - partway through item 7 to item 10

<b>In attendance:</b>		
Chris Gibbons (CG)	ICG – Health Economist	Present for all
Wes Hubbard (WH)	NICE – Information Specialist	Present for all
Holly Irwin (HI)	ICG – Project Manager	Present for all
Gabriel Rogers (GR)	ICG – Technical Advisor (HE)	Present for all
Caroline Keir (CK)	NICE – Guideline Commissioning Manager	Present for items 1 to partway through item 8

<b>Observing:</b>	
Rosa Dominguez	NICE – ICG (present for day 1 items 1 to 5)
Sharlene Ting (ST)	ICG – Technical Analyst - dialled in to teleconference to observe and take notes

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#### Apologies:

Sarah Stephenson	NICE – Guideline Commissioning Manager
Michael Glowala (Day 2)	Committee member (co-opted)

#### 1. Welcome and objectives for the meeting – Day 1

The Chair welcomed the Committee members and attendees to the fifth meeting on Cataracts. He noted the apologies received, as detailed above. The Chair also advised of ST's forthcoming maternity leave and thanked her on behalf of the committee for her significant contribution to the guideline to-date.

The DOI register was made available to the Chair. The Chair requested that committee members and attendees outline all potential conflicts of interest, as outlined below.

**New** declarations of interest defined as requiring consideration, for this or future meetings, by the NICE Conflict of Interest policy are outlined below:

Attendee	Declaration	Action
Yvonne Needham	Honorarium received for delivering a presentation on NMC revalidation at a Novartis funded study day in Feb 2016	Non-specific, personal-financial

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 minutes of the last meeting were confirmed as an accurate record.

The Chair outlined the objectives of day 1, which included:

- Revisiting review questions (RQs) 5&8 recommendations following early editor input.
- Comment on early overview of the guideline structure (chapters and RQs).
- Consider analysis for RQ7 'What is the effectiveness of strategies used to select intraocular lens constants in order to optimise biometry calculation?'
- Consider analysis for RQ6 'What are the most appropriate formulae to optimise biometry calculation?'

#### 2. Review chapter and recommendations for RQs 5 & 8

HI explained that, following committee agreement of a draft chapter (RQ) the editor will comment on the wording of recommendations. Draft chapters are then saved as final drafts within a

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guideline master document. HI shared draft chapters for RQs 5 & 8, asking for committee input on a number of comments. Following discussion, the committee agreed amendments to the draft recommendations and suggested additional content to the chapters.

**Actions:** GRud and YN to provide HI a brief clinical introduction for their allocated RQ, for inclusion at the start of the chapter.

PR to supply 'significant astigmatism' threshold information to HI.

GRob to provide HI some wording to explain 'predicted error' for inclusion within RQ8 chapter.

HI to circulate amended chapters for RQs 5 & 8, for final comment including any additional input by the committee in relation to the LETR table and rationale for research recommendations.

### 3. Draft guideline structure

HI presented an overview of the proposed guideline chapter headings and how the RQs relate to these. The committee made some suggestions, which were noted and will be taken into consideration when populating the master copy of the guideline.

### 4. Review question 7 presentation of evidence

The Chair introduced PR, who provided a brief introduction to RQ 7 'What is the effectiveness of strategies used to select intraocular lens constants in order to optimise biometry calculation'. The Chair thanked PR for his introduction.

CG presented an introduction into the review question, including the outcome of the literature review. GR then delivered a presentation on the methodology of network meta analysis (NMA) before explaining the NMA results relating to this RQ. The committee discussed the findings and made a number of comments and suggestions on the studies included, before drafting recommendations.

### 5. Review question 6 presentation of evidence

The Chair introduced NWH who provided a brief introduction to the RQ 'What are the most appropriate formulae to optimise intraocular lens biometry calculation?'. The Chair thanked NWH for his introduction.

CG presented an overview of the methodology used, advising the committee that the evidence would be considered separately for people who have not undergone previous corneal refractive surgery (virgin eyes) and those that have. CG confirmed that the evidence review for the latter subgroup population requires clinical input by the Committee to help with the data analysis by the team.

GR shared the results of technical appraisal of evidence for 'virgin eyes'. The committee discussed the results before agreeing recommendations.

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#### 6. Welcome and objectives for the meeting – Day 2

The Chair welcomed the committee to day 2 of guideline committee meeting 5. He advised the committee of a planned change to the NICE guidelines manual, to clarify the underlying principles when considering recommendations which could represent a potential increase in resource use.

The Chair invited members of the committee to declare any additional potential conflicts of interest. No new conflicts were declared.

The Chair outlined the objectives of day 2, which included:

- Consider analysis for RQs 9 & 10 ‘What are the procedural causes of wrong lens implant errors?’ and ‘What strategies should be adopted to reduce the risk of wrong lens implant errors?’
- Discuss and agree a number of review protocols

It was agreed to wait to consider analysis for RQs 9 & 10 until KA was present.

#### 7. Review protocol discussion and agreement

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

RQ3 – ‘What are the indicators for referral for cataract surgery?’

RQ4 – ‘What are the optimal clinical thresholds in terms of severity and impairment for referral for cataract surgery?’

#### 8. Review questions 9 & 10 presentation of evidence

The Chair introduced KA, who provided the context for RQ 9 ‘What are the procedural causes of wrong lens implant errors?’ and RQ 10 ‘What strategies should be adopted to reduce the risk of wrong lens implant errors?’. The Chair thanked KA for his summary.

CG presented an overview of the qualitative methodology used to analyse the evidence, before moving on to present the evidence for both review questions. Following discussion the committee agreed a number of recommendations.

#### 9. Review protocol discussion and agreement

The committee revisited RQ14, to respond to a query from the technical team in relation to the draft content. An amendment to the draft was agreed.

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

RQ1 – ‘What information do people with cataracts and their carers find useful, and what format (for example written or verbal) do they prefer it to be provided in?’

RQ2 – ‘What information on cataract surgery do people and their carers find useful when deciding

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whether surgery is appropriate for them, and before, during and after any operation(s) they elect to undergo? What format (for example written or verbal) do they prefer it to be provided in?’

RQ33 – ‘What are the early and late complications of cataract surgery?’

RQ23 – ‘What is the effectiveness of interventions (for example, prophylactic laser surgery) to prevent retinal detachment in people with myopia undergoing cataract surgery?’

RQ24 – ‘What is the effectiveness of bilateral simultaneous (rapid sequential) cataract surgery compared with unilateral eye surgery?’

RQ25 – ‘What is the appropriate timing of second eye surgery, taking into account issues such as refractive power after first eye surgery?’

**Action:** ICG technical team to confirm the position regarding inclusion of extracapsular cataract surgery with the Guideline Commissioning Manager.

#### 10. Next steps

HI advised the committee that they would receive the amended final draft chapters for RQs 5 & 8, plus draft chapters for RQs 6, 7, 9 & 10 and draft review protocols for comment by Friday 12<sup>th</sup> February. The Chair thanked everyone for their input to the meeting.

**Actions:** HI to resend the committee the list of RQ allocations, plus examples of clinical introductions. Committee members allocated to draft chapters should produce a draft brief clinical introduction to their review question and send this to the project manager by end of February 2016.

**Date of next meeting:** Monday 14<sup>th</sup> March, 10.00am-5.00pm

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