

4.0.3 DOC Cmte minutes

Cataracts Guideline Committee – development

Date: 12/10/2015

Location: Dee, City Tower, Manchester

Minutes: Final

NICE National Institute for
Health and Care Excellence

Committee members present:	
Mike Burdon (Chair)	Present for all
Keith Allman (KA)	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 from part-way through item 3
Yvonne Needham (YN)	Present for all
Geoff Roberson (GRob)	Present for all
Paul Rosen (PR)	Present for all
Gillian Rudduck (GRud)	Present for all
Nick Wilson-Holt (NWH)	Present for all
Jennifer Yip (JY)	Present for all

In attendance:		
Jaimella Espley (JE)	NICE – Senior Medical Editor	Present for items 1 & 2
Chris Gibbons (CG)	ICG – Health Economist	Present for all
Leonie Gregson (LG)	NICE – Senior Medical Editor	Present for items 1 & 2
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
Sharlene Ting (ST)	ICG – Technical Analyst	Present for all

Observing:	
Eileen Taylor	NICE – Quality Standards

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Apologies:	
Michael Glowala (MG)	Committee member
Sarah Stephenson	NICE – Guideline Commissioning Manager

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the third meeting on Cataracts. He noted the apologies received, as detailed above. In particular, the Chair welcomed Emily Lam, new lay member on the committee, to the meeting.

The Chair highlighted the importance of declaring conflicts of interest. He asked each attendee to briefly introduce themselves and declare any new conflicts. No conflicts were declared with the following exceptions:

Attendee	Declaration	Action
Paul Rosen	PR highlighted that a previously declared conflict (Advisory Board member with Thea) could potentially be a conflict with the review question on antibiotics.	Declare and participate in drafting the review protocol

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

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

- Information for the committee on reviewing evidence & on writing recommendations
- Considering evidence for RQ5 ‘What is the effectiveness of different techniques for undertaking biometry?’
- Agreeing priority areas for undertaking health economic analysis
- Agreeing review protocols

2. Evidence review process

ST gave a presentation outlining the process undertaken by the ICG technical team when reviewing and presenting evidence, including the role of the committee in considering the outputs and making recommendations. The committee was given the opportunity to ask any questions.

LG then delivered a presentation on the role of the editor and key considerations

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when drafting recommendations. This included details of a number of different NICE products which will relate to the Cataracts clinical guideline when it is produced.

The Chair thanked both ST and LG for their presentations.

Action: HI to send out a copy of presentations to the committee.

3. RQ5 presentation of evidence

GRud provided a brief contextual clinical introduction to review question 5 'What is the effectiveness of different techniques for undertaking biometry?'. The Chair thanked GRud for her introduction.

ST delivered the evidence review presentation for this question. The committee discussed the evidence which was recorded in the 'linking evidence to recommendations' (LETR) table. The committee chose to defer making recommendations until they had seen the evidence review for the other related biometry questions.

Action: HI to circulate draft chapter including the LETR table for comment by the committee.

4. Health economic priorities

CG presented background information on the methodology behind health economic modelling and how this would relate to the proposed approach to developing new health economic analysis for the guideline. There was opportunity for the committee to ask questions.

CG explained that the health economic plan would be shared with and signed off by the Chair and that this would be submitted for consideration and approval by the internal NICE commissioning team over the next several weeks.

5. Review protocols

The Chair fed back comments received from the commissioning team, who commended the committee for drafting review questions that were a best reflection of the scope.

ST outlined a couple of outstanding queries relating to review questions 21 and 22 and also the draft review protocol relating to multifocal lenses. Changes were discussed and agreed by the committee.

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

RQ25 – 'What is the effectiveness of prophylactic antiseptics (for example, topical

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iodine) and antibiotics to prevent endophthalmitis after cataract surgery?’

RQ26 – ‘What is the effectiveness of prophylactic topical corticosteroids and/or NSAIDs to prevent inflammation and cystoid macular oedema after cataract surgery?’

ST advised that RQs 25 and 26 will likely be undertaken in collaboration with the Cochrane Eyes and Vision group . The results will be presented in 2016.

RQ6 – ‘What are the most appropriate formulae to optimise intraocular lens biometry calculation?’

RQ7 – ‘What is the effectiveness of strategies used to select intraocular lens constants in order to optimise biometry calculation?’

RQ8 – ‘What other factors should be considered such as, who should undertake biometry and when should preoperative biometry be assessed?’

ST advised that it is intended that we will present the evidence reviews for these questions at the next meeting in December.

RQ10 – ‘What is the optimal type and administration of anaesthesia for cataract surgery?’

RQ11 – ‘What is the effectiveness of sedation as an adjunct to local anaesthesia during cataract surgery?’

RQ12 – ‘What is the effectiveness of hyaluronidase as an adjunct to local anaesthesia during cataract surgery?’

RQ13 – ‘What factors should be considered when selecting the type and administration of anaesthesia?’ The committee agreed that this question should be made more specific to focus on the circumstances in which general anaesthesia is to be considered because factors for other types of anaesthesia would be covered in RQ10.

6. Any other business

None

7. Next steps

HI advised the committee that they would receive the draft chapter for RQ5 for comment prior to the next meeting. She also advised that the committee would receive copies of the review protocols drafted during the meeting, for final comment.

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The Chair thanked everyone for their input to the meeting.

Date of next meeting: Monday 7th December, 10.00am-5.00pm

Location of next meeting: NICE offices, Manchester