

extremely time-consuming (technical performance) and did not provide particularly useful information for the commissioning body. A clearer and more intensive dialog with policy makers to adjust extent of research question and/or outcomes to be investigated would have probably improved usability for final users. Description of methods was partial.

CONCLUSIONS:

The checklist by Kaltenthaler (1) helped us to reflect on the method we used to carry out rapid reviews and to pinpoint possible solutions to improve it.

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PP100 Economic Evaluation Of A New Non-Antibiotic First-line Treatment Of Recurrent Urinary Tract Infections

AUTHORS:

Annamaria Guglielmo, Rocco Damiano, Oriana Ciani, Rosanna Tarricone, Antonio Cicione, Monica Giancotti, Marianna Mauro (mauro@unicz.it)

INTRODUCTION:

Urinary tract infections (UTIs) are common in female patients in general practice. These bacterial infections affect half of all women at least once in their life. Antibiotics are usually prescribed for UTIs, and continuous low antimicrobial prophylaxis is administered to patients at high risk of recurrent UTI (rUTIs) (1). However, a major concern arises due to the increased rates of severe treatment-related side effects and emergence of antimicrobial resistance, which makes rUTIs management more challenging while seeking the use of more expensive alternatives. On this basis, clinical evaluations of rUTI interventions should

be accompanied by economic evaluations in order to guide healthcare policy and decision processes about healthcare resources allocation. The aim of this work was to perform a cost-effectiveness analysis of a novel effective non-antibiotic treatment option for prophylaxis of female patients with a history of rUTIs, based on intravesical administration of hyaluronic acid (HA) plus chondroitin sulfate (CS), as compared to recommended 1st-line antibiotic therapy (2).

METHODS:

A cost-utility analysis was performed in order to estimate the effectiveness of each treatment, according to the number of UTIs annual episodes, and the incremental cost-effectiveness (ICER) for patients with UTI, starting from data collected during a multicentric observational case-cross-over clinical trial involving seven European centers (2). The economic model includes the costs of HA treatment and the costs associated with each UTI, such as costs of UTI diagnostics and antibiotic treatment, additional care by the elderly-care physician, additional nursing care, and hospitalizations, as well as the expected QALY, measured through the Short Form Health Survey (SF-36) questionnaires administered to patients, for both groups (3).

RESULTS:

At this stage, preliminary findings suggest that HA plus CS is a cost-effective alternative to antibiotics for the treatment of recurrent UTIs, that could reduce UTIs events in female patients with a history of recurrent UTI at an acceptable cost.

CONCLUSIONS:

The results of this study support the use of HA plus CS against antimicrobials as 1st-line therapy in the management of rUTIs.

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PP101 A Procedural Method For Networking Local And Regional Stakeholders

AUTHORS:

Jean-Francois Fiset, Christian Bellemare, Pierre Dagenais (Pierre.Dagenais@USherbrooke.ca), Véronique Déry

INTRODUCTION:

In 2015, the province of Québec, Canada went through a major restructuring in its healthcare system which resulted in regional institutional merging. Our hospital-based Health Technology Assessment (HTA) unit is now part of a large network comprising fourteen institutions covering an area of 12,734 km². This new organizational context poses major challenges in terms of addressing various local needs and for involving stakeholders into our assessments. In this paper we present how we addressed these difficulties.

METHODS:

This case study presents the procedural method we developed for involving local and regional stakeholders into an HTA concerning the need to extend a regional

prenatal ultrasound screening program. We describe how we collected local data and networked local to regional stakeholders for producing the assessment and recommendation.

RESULTS:

After completion of the literature review on first trimester ultrasound screening, local data from each institution were collected using a combination of focus group meetings with local managers, gynecologists and ultrasound technologists. Overall, fifteen people were consulted on diverse regional sites, including two services users. In order to assess the perception of the results regarding efficacy, users preferences, cost and organizational impact of expanding the screening program, people were asked to complete an online survey. The results of this survey were then used to write a first draft of a recommendation. A second survey was generated in order to obtain agreement of the fifteen people regarding the recommendation. Overall, this method decreased the time required to complete the assessment and reduced project operating costs. However, divergence of opinions may be difficult to resolve by this method and many rounds of consultation may be needed.

CONCLUSIONS:

Our procedural method using a combination of focus groups and online surveys for collecting local and regional data and opinions from stakeholders and support recommendation, has succeeded to provide well contextualized information for supporting a decision.

PP102 Perceived Quality By Patients Hospitalized At Home Undergoing Domicillary Radiography

AUTHORS:

Ottavio Davini (ottavio.davini@gmail.com), Marika Giacometti, Matteo Scardino, Stefano Cerutti, Antonio