

Health Technology Assessment (HTx). To improve stakeholder engagement in modernizing HTA, it is important to keep paying attention to project management, relationships, and how to facilitate fora and meetings to improve mutual understanding. Two factors to pay more attention to are branding of the coproduction and consideration of formal structures.

PP118 A Survival Analysis Of The Lag Times In The Publication Of Network Meta-Analyses

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Introduction. The use of inconsistent and outdated information may significantly compromise healthcare decision-making. We aimed to assess the extent of lag times in the publication and indexing of network meta-analyses (NMAs).

Methods. Searches for NMAs on drug interventions were performed in PubMed (May 2020). Lag times were measured as the time between the last systematic search and the date of the article's submission, acceptance, online publication, indexing, and Medical Subject Heading (MeSH) allocation. Correlations between lag times and time trends were calculated by means of Spearman's rank correlation coefficient. Time-to-event analyses were performed considering independent variables such as geographical origin, journal impact factor, Scopus CiteScore, and open access status.

Results. We included 1,245 NMAs. The median time from last search to article submission and publication was 6.8 months and 11.6 months, respectively. Only five percent of authors updated their literature searches after submission. There was a very slight decreasing historical trend for acceptance ($r = -0.087$; $p = 0.01$), online publication ($r = -0.08$; $p = 0.008$), and indexing lag times ($r = -0.080$; $p = 0.007$). Journal impact factor influenced the MeSH allocation process (log-rank $p = 0.02$). Slight differences were observed for acceptance, online publication, and indexing lag times when comparing open access and subscription journals.

Conclusions. Authors need to update their literature searches before submission to reduce evidence production time. Peer reviewers and editors should ensure that authors comply with NMA standards and encourage the development of living meta-analyses.

PP119 Innovative Screening System For COVID-19 Using Application Of Artificial Intelligence For Telemedicine

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Introduction. Artificial intelligence (AI) and innovative technology offer opportunities for enhanced health care during the COVID-19 pandemic. Populations living in low-income countries do not have access to reverse transcription polymerase chain reaction (RT-PCR) testing for COVID-19 and, thus, depend on the scarce resources of their health system. In this context, an automated screening system for COVID-19 based on AI for a telemedicine platform could be directed towards alleviating the current lack of trained radiologists who can interpret computed tomography images at countryside hospitals.

Methods. This descriptive study was carried out in Paraguay by the Telemedicine Unit of the Ministry of Public Health and Social Welfare in collaboration with the Department of Biomedical Engineering and Imaging of the Health Science Research Institute and the University of the Basque Country. The utility of the screening system for COVID-19 was analyzed by dividing the results from two tailored AI systems implemented in 14 public hospitals into four likelihood levels for COVID-19.

Results. Between March and October 2020, 911 COVID-19 diagnoses were performed in 14 regional hospitals (62.6% were men and 37.4% were women). The average age of the patients diagnosed with COVID-19 was 50.7 years; 59.1% were aged 19 to 59 years. The two AI systems used have different background information for detecting COVID-19. The most common findings were severe pneumonia and bilateral pneumonia with pleural effusions. The role of computed tomography was to find lesions and evaluate the effects of treatment. The sensitivity of AI for detecting COVID-19 was 93%.

Conclusions. AI technology could help in developing a screening system for COVID-19 and other respiratory pathologies. It could speed up medical imaging diagnosis at regional hospitals for patients with suspected infection during the COVID-19 pandemic and rationalize scarce RT-PCR and specialized human resources in low-income countries. These results must be contextualized with the local or regional epidemiological profile before widespread implementation.

PP126 Radiofrequency Ablation For Metastatic Spinal Lesions

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Introduction. About 70 percent of metastatic breast, lung, and prostate cancers affect the bones. When this phase of the disease affects the spine, the mobility and quality of life of patients are severely impaired. Radiofrequency ablation (RFA) has become a feasible option in the palliative treatment of vertebral metastases due to its minimal invasiveness and short procedure time. This health technology assessment report aimed to identify, evaluate, and synthesize evidence on the safety, effectiveness, and cost effectiveness of RFA for vertebral metastases.

Methods. A systematic search was conducted to identify literature published from December 2016 to July 2019 in the following