PD02 A Literature Review Of Treatment Schemes And Effects For Beta Thalassemia In China

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Introduction. The incidence of beta thalassemia varies greatly in different regions of China. Blood transfusion combined with iron chelation and hematopoietic stem cell transplantation (HSCT) is the main treatment for beta thalassemia in China. This study aimed to reveal the specific treatment schemes used for patients with beta thalassemia and to evaluate their effects.
Methods. A search strategy was developed to identify articles published between 1 January 2010 and 30 August 2021 in the following literature databases: PubMed, Embase, the China National Knowledge Infrastructure, Wanfang Data, and the Chinese BioMedical Literature Database.
Results. The most used iron chelation schemes in China for patients with beta thalassemia included deferoxamine (DFO) monotherapy, deferiprone (DFP) monotherapy, deferasirox (DFX) monotherapy, and combinations of DFP and DFO. Most studies reported that combinations of DFP, DFO, and DFX monotherapy performed better than DFO or DFP monotherapy alone in reducing the blood, heart, and liver iron load. However, the adverse effects of iron chelation affected patient compliance with treatment to a certain extent. Stem cells for patients receiving HSCT in China were mainly donated by human leukocyte antigen (HLA)-matched siblings or unrelated individuals. The five-year overall survival rate after HSCT ranged from 83 to 90 percent, while the five-year beta thalassemia-free survival rate ranged from 65 to 87 percent. Graft-versus-host disease and infection were the most common serious complications experienced by transplant recipients.
Conclusions. For patients in China with beta thalassemia, the most effective iron chelation treatment schemes were combinations of DFP, DFO, and DFX monotherapy. HSCT from HLA-matched siblings or unrelated donors resulted in a significant improvement in the cure rate for beta thalassemia. However, patients still need safer and more effective innovative treatments, and further evidence on existing treatments needs to be generated from larger scale studies in the Chinese population.

PD03 Uptake Of Health Technology Assessment In Hospitals: A Scoping Review

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Introduction. The use of Health Technology Assessment (HTA) in hospitals contributes to decision-making, professional training, greater interaction with technical to scientific knowledge, resource-saving, and partnerships. Hospitals are strategic for the field of clinical management and quality of care and are open to partnerships with national and international agencies and groups. Despite the hospital-based (HB)-HTA movement, the incipient application of HTA to the hospital decision-making process is related to incipient planning, and there is still much room for progress worldwide. The aim of this study was to analyze the uptake level of HB-HTA in diverse contexts.
Methods. A scoping review was conducted according to the methodology of the Joanna Briggs Institute, whose data analysis model consisted of the combination of Donabedian's structure, process, and outcome categories and the dimensions of the project Adopting Hospital Based Health Technology Assessment in European Union (AdHopHTA).
Results. We identified 270 studies, and after removing duplicates and reading full texts, 36 references met the eligibility criteria. Thirty-six hospitals were identified, of which there were 24 largescale hospitals with extra bed capacity. Twenty-three hospitals were affiliated with universities. Canada stood out with five university hospitals, four of which with public funding. Half of the identified hospitals had HB-HTA units (18/36). Hospitals with full uptake level of HTA corresponded to 75 percent of the sample (27/36), and the remainder had partially uptake level of HTA, or 25 percent of the hospitals in the review (9/36). There were no hospitals with incipient uptake level of HTA.
Conclusions. Measuring the uptake level of HTA in hospitals contributed to understanding how their participation has occurred in the field of HB-HTA. This study revealed the importance of identifying factors such as sustainability, growth, and evolution of HB-HTA in countries with and without a tradition in this field.

PD05 Novel Non-Thermal Ablation Technology For The Treatment Of Atrial Fibrillation

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Introduction. Pulsed-field ablation (PFA) is a new non-thermal ablative approach for treating paroxysmal and persistent atrial fibrillation (AF). It provides an alternative to the conventional thermal techniques of radiofrequency ablation and cryoablation. PFA is currently performed with the Farapulse PFA system (Boston Scientific, USA), which recently received CE marking in Europe. In this study, we describe the current evidence on the efficacy, safety, and cost-effectiveness of this new technology.
Methods. The Early Awareness and Alert System of the Agencia de Evaluación de Tecnologías Sanitarias-at the Instituto de Salud Carlos

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