

was proposed to procure Synolis V-A intra-articular injection as an alternative for these patients.

METHODS:

A rapid health technology assessment was carried out on the following PICO elements: Population - Patients with knee osteoarthritis, Intervention - Synolis V-A, Comparator - Synvisc, Outcomes - Risk of flare reaction/pseudoseptic arthritis.

Based on a preliminary scan of the literature, a simple search was conducted for all publications on Synolis V-A, and for reviews on the risk of flare/pseudoseptic reaction with Synvisc.

RESULTS:

No publications reporting on flare/pseudoseptic reactions with Synolis V-A were found. There are limited case series of patients treated with Synolis V-A, with most evidence coming from a prospective post-marketing surveillance case series, which showed reduced pain and functional impairment at 6 months. Adverse reactions were rare. CGH's own small trial of Synolis V-A did not show any flare reactions.

In contrast, flare/pseudoseptic reactions with Synvisc are an established phenomenon. A systematic review of randomized controlled trials documented one flare reaction among 381 patients (0.26 percent) in Synvisc compared to none in patients receiving other hyaluronan products. Small case series of patients on Synvisc showed incidences of flare reaction of 21 percent (in repeat treatment) to 27 percent. CGH's own experience is that flare occurs in 4.7 percent of patients on Synvisc.

CONCLUSIONS:

It is reasonable for the hospital to stock an alternative for patients who show repeated flare reactions to Synvisc. The limited evidence base is not a barrier to using Synolis V-A as an alternative, given the local experience.

PP044 Adherence To Enzyme Replacement Therapy In Gaucher Disease

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INTRODUCTION:

Gaucher disease (GD) is a genetic autosomic disorder for which treatment has been funded by the Brazilian government since the 1990s. In our state most patients are treated with enzyme replacement therapy (ERT) and followed by our Reference Center under the recommendation of the Ministry of Health Brazilian guidelines. There is a lack in the literature about adherence of patients to treatment. The objective was to describe adherence to the treatment in a cohort of all GD patients in the southern state of Brazil.

METHODS:

This was a cohort study of all GD patients treated with velaglucerase α , taliglucerase α and imiglucerase from January 2010 to January 2015. Adherence was measured as recommended by the Brazilian guidelines as to perform more than 50 percent of the anticipated infusions per year.

RESULTS:

Our study included thirty-seven patients of both genders. Doses of ERT varied from 15 to 45IU/kg for type 1 patients and from 30 to 60 IU/kg for type 3 patients. A mean of 83 percent of anticipated infusions were performed and from all patients only one did not adhere to the treatment during the 5 years of our study. The majority of the patients performed at least 50 percent of all anticipated infusions.

CONCLUSIONS:

We noted a very high rate of adherence to treatment with a very few adverse effects. Our data might be showing that the very high rate of adherence in these

chronic disease patients may be attributed to the value of treatment by patients and their family, and also due to the existence of a multidisciplinary team at the reference center. These data might be useful for public health policy making in other countries.

PP046 Screening In Women Vaccinated Against Human Papillomavirus: Governing Innovation

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INTRODUCTION:

In Italy, the cohorts of women who were offered Human papillomavirus (HPV) vaccination in 2007/08 will reach the age for cervical cancer (CC) screening from 2017. According to the National Prevention Plan 2014–18, HPV-based screening must be implemented for women ≥ 30 years old, following the Italian Health Technology Assessment (HTA) report recommendations (1). The simultaneous shift from cytology-based screening to HPV test-based screening gives the opportunity for unprecedented reorganisation of CC prevention.

METHODS:

The National Screening Monitoring Centre and the Italian Group for Cervical Screening, following a commitment by the Italian the Ministry of Health (MoH), identified the consensus conference as the most suitable method for addressing this topic. The objective was defining the best screening methods in girls vaccinated against HPV and the knowledge needs for defining evidence-based screening strategies. During the consensus celebration (24 November 2015) a jury made recommendations about questions and proposals formulated by a panel of experts representative of Italian scientific societies involved in CC prevention and based on systematic reviews (2).

RESULTS:

The jury considered changing the screening protocols for girls vaccinated in their 12th year as appropriate. Tailored screening protocols based on vaccination status could be replaced by “one size fits all” protocols only when a herd immunity effect has been reached. Vaccinated women should start screening at age 30, instead of 25, with the HPV test. Furthermore, there is a strong rationale for applying longer intervals for re-screening HPV negative women than the currently recommended 5 years, but research is needed to determine the optimal screening time points. For non-vaccinated women and for women vaccinated in their 15th year or later, the current protocol should be kept.

CONCLUSIONS:

As further action, in 2016 the Ministry of Health funded a Health Technology Assessment program of the new screening protocol proposed by the consensus conference and a cohort study for determining a safe interval in vaccinated women.

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PP047 Intravenous Iron Sucrose Therapy In Real-World Anemic Patients

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