PP482 Invasive Electroencephalography In The Pre-Surgical Diagnosis Of Pharmacoresistant Epilepsy

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Introduction. Worldwide, more than 50 million people suffer from epilepsy, and there are 16–51 new cases per 100,000 population each year. Up to 30 percent of patients with epilepsy are pharmacoresistant, who are candidates for surgical treatment. Invasive electroencephalography (iEEG) is a mandatory method in the arsenal of epileptic centers, and is gradually becoming the gold standard for invasive determination of boundaries between the affected and functional zones of the cortex and subcortical brain. Treatment costs correlate with the severity of the disease, with patients having uncontrolled seizures incurring eight times the costs compared to those with controlled epilepsy.

Methods. To assess the clinical and cost-effectiveness of the iEEG in the pre-surgical diagnosis of pharmacoresistant epilepsy, a systematic search of literature by keywords in the MEDLINE database was conducted. The search resulted in sixty-six articles. The analysis included twenty studies that met the search criteria.

Results. Most studies including meta-analysis show very low rates of complications of iEEG. Literature data demonstrate cost-effectiveness of the method in patients with pharmacoresistant epilepsy in comparison with continued antiepileptic drug therapy. As an integrated method, rather than a simple method, it takes maximum account of clinical, neurophysiological and anatomical-functional data to achieve accurate localization of the epileptogenic zone. Currently, iEEG is a clinically effective method to improve the safety and specificity of resective surgery.

Conclusions. With the use of iEEG, mortality and disability of patients with pharmacoresistant epilepsy will be significantly reduced. It has also been proven that epilepsy surgery leads to significant financial savings in the treatment of pharmacoresistant epilepsy. The results of the clinical and economic evaluation (mini-HTA report) have been submitted to the Ministry of Healthcare for decision-making on including iEEG in government reimbursement system.

PP495 Addressing The Interactions Between Health Regulation And Health Technology Assessment In Brazil

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Introduction. The interaction of health technology assessment (HTA) and health regulatory agencies has been widespread, especially for decision-making in health system coverage. The objective of this paper is to report the HTA-regulatory interaction in Brazil.

Methods. This is a case study on the interaction between HTA and regulation in Brazil. Technical documents and Brazilian legislation on health regulation and HTA were analyzed. The study was conducted in July 2019.

Results. HTA-Regulatory Interaction in Brazil is still incipient. There is no responsible agency for interaction between agencies, as there is in Europe and Canada, for example. In the last 4 years, cooperation has started between the Brazilian Health Surveillance Agency (Anvisa) and the Oswaldo Cruz Foundation (Fiocruz) for post-registration monitoring of medicines. During this partnership, 170 post-marketing drug opinions were prepared, assisting the regulatory agency in decision-making.

Conclusions. Brazil legislation guarantees essential medicines at low cost or free. The interaction between HTA and regulation has the potential to reduce the time taken to incorporate technology to the patient, in addition to ensuring greater safety for users of the Unified Health System. In this sense, it was observed that the interaction between health regulation and science and technology institutions has innovative potential in this approach.

PP498 Decision Support Tool For Investments In Health Technology Replacement: Experience Of A Public Teaching Hospital In Brazil

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Introduction. Based on the needs assessment of the medical and non-medical departments, the Investment Committee of the Hospital de Clínicas de Porto Alegre (HCPA), a teaching hospital in Brazil, recommends on which technologies the limited financial resources should be invested. Technology inclusion requests are evaluated by the hospital's technology assessment unit. For technology replacement, we have found models to assess the criticality of medical equipment, but they were insufficient to support the decision, which involves all departments of our hospital. This study aimed to develop an automated tool to support decision making regarding investments in equipment replacement in the hospital.

Methods. A working group was set up with professionals from healthcare administration, clinical engineering and research departments. From the hospital's inventory database, we developed the tool using Google SheetsR. We have defined three departments for pilot testing of the tool: hemodynamics, laundry, and basic research. These departments represent the areas of healthcare, support services, and teaching and research in the hospital.

Results. The criticality of medical equipment is assessed based on the criteria of function, physical risk, impact, remaining equipment life cycle, intensity of use and number of corrective

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