broad mental health interventions. In light of our findings, we consider the reasons for this lack of information and review relevant literature on the subject. Potential barriers to research in this context include: (i) challenges in understanding the value of broad mental health services, such as the mental and physical health nexus, intersectoral costs and benefits, and interpersonal impacts, (ii) methodological difficulties, such as data availability, patient heterogeneity, and the challenge of extrapolation, and (iii) parity of esteem. We make recommendations for resolving this problem with regard to funding, data collection, modelling methods, and outcome measurement.

. . . .

PP75 Genetic Testing For Bladder And Kidney Cancer: An Interactive Evidence Map

AUTHORS:

Jonathan Treadwell (jtreadwe@ecri.org), Amy Tsou

INTRODUCTION:

Recently, voluminous research and commentary have touted genetic and molecular testing to improve the management of urologic cancer. The purposes of such testing include screening, risk assessment, diagnosis, prognosis, pharmacogenetics, and monitoring (for example, recurrence, predicting treatment response). An interactive graphical tool ("evidence map") would help policy makers examine the current state of research, identify prevailing trends, and prioritize research efforts.

METHODS:

A professional information specialist searched MEDLINE/EMBASE for articles published in 2010 or later that primarily focused on genetic/molecular testing and either kidney or bladder/urothelial cancer. Two research analysts classified all relevant abstracts regarding to cancer type, genetic marker(s), clinical purpose(s), assay methods, publication type, and author country/region. We created an interactive map using HTML5 and JavaScript.

RESULTS:

We identified 4,731 articles, 828 (18 percent) of which met our inclusion criteria. Our map has interactive

filters which allow flexible selection of articles and automatic updating of the counts. For example, one can quickly redraw the map to focus only on U.S./European systematic reviews and meta-analyses. Research on bladder/urothelial cancer focuses on both diagnosis and prognosis, with some interest in monitoring. In kidney cancer, research on prognosis outweighs research on diagnosis. Overall, research on genetic/molecular markers is in an exploratory phase, e.g. for kidney cancer prognosis alone, 173 empirical studies considered hundreds of different markers.

CONCLUSIONS:

Assessing prognosis is a common purpose of genetic tests for both bladder/urothelial and kidney cancer. Increased research on the monitoring of bladder/urothelial cancer may be due to its high recurrence rates, whereas lower interest in genetic tests to diagnose kidney cancer may be due to effective imaging tests. For policy makers, evidence maps can inform decisions about the scope of commissioned systematic reviews as well as the targets for recommendation statements. Interactive features allow maps to be redrawn to align with users' specific interests.

. . . .

PP76 Providing Information About Rheumatoid Arthritis Guideline In Brazil

AUTHORS:

Carolina Dias (carolinazd@ufmg.br), Marcus Borin, Juliana Alvares, Augusto Guerra, Francisco Acurcio

INTRODUCTION:

Specialized Component of Pharmaceutical Service (SCPS) is a strategy to access high cost medicines in the National Health System (NHS) of Brazil, ensuring the completeness of medical treatment in which lines of care are defined in the Clinical Protocols and Therapeutic Guidelines (CPTG). To access the SCPS, the physician has to give to the patient a filled form, following some requirements and the CPTGs. In order to improve rational prescription and to facilitate patients' access to medicines, we visited physicians and presented key information regarding the CPTGs of rheumatoid arthritis (RA) and the SCPS medicines request process; then, we sought to know their perceptions.

METHODS:

From August to September 2017, 43 specialists and general practitioners that prescribed medicines of SCPS in Minas Gerais were visited by researchers about the CPTG of RA and how to prescribe to provide easier access to these medicines to their patients. After the visits, a researcher contacted the physicians by phone to evaluate their satisfaction with the visits and about the program through a brief questionnaire.

RESULTS:

Twenty-eight physicians answered to our phone call, providing a response to the questionnaire. Sixty-eight percent indicated they were very satisfied with the visit. Fifty percent stated that the content of the visit was relevant to their practice, and 60.7 percent said that the distributed material was going to be useful for their professional practice. Regarding the guidelines, 43 percent affirmed that the visit really helped them to improve their understanding of medicine requests in the NHS and 42.9 percent said that the visit increased their understanding of which patients are eligible for RA treatment in the SCPS; 57.1 percent of those affirmed that the visits increased their knowledge.

CONCLUSIONS:

The physicians, who were mostly specialists, already had knowledge about CPTG and prescription practices of SCPS's medicines, nevertheless, they showed interest in the visits to review and improve their knowledge and clinical practice.

. . . .

PP81 Engagement Of Healthcare Professionals In Health Technology Assessment With Negative Results

AUTHORS:

Luciana Gallo (lucianaggallo@gmail.com), Flavia Elias, Ana Carolina Pereira, Wildo Araujo

INTRODUCTION:

We conducted health technology assessments (HTAs) of the interventions used between 2012 and 2014 to improve the treatment of homeless people with pulmonary tuberculosis in the Federal District of Brazil. The HTA, which was not ordered by policymakers, was based on the evidence-based national theoretical model compared with local interventions indicated in focus groups, semi-structured interviews, and secondary data produced by the Health Secretariat. The results demonstrated that the implementation of the interventions was unsatisfactory. Our objective was to present the feedback process for policymakers and the Health Secretariat, particularly its challenges.

METHODS:

The feedback was categorized as: (i) an executive abstract with key messages (i.e. underreporting of cases in the surveillance system, lack of primary care, and underestimation of the health problem) reported to policymakers involved in the surveillance and healthcare systems; and (ii) oral presentations in eight meetings organized by the research group and local policymakers.

RESULTS:

Between 2016 and 2017 we conducted eight feedback meetings. All of the professionals (n = 8) involved in the Tuberculosis Surveillance and Control Program were present in at least one of the meetings, but healthcare professionals and the Secretary of Health did not participate. The barriers presented by the professionals were: (i) lack of material resources (i.e. cars and gas, phones, diagnostic tests, medications); (ii) lack of human resources (i.e. suboptimal professional staff); and (iii) feeling insecure when performing extramural activities due to the potentially unsafe work environment.

CONCLUSIONS:

Gathering feedback on a HTA that was not ordered by policy makers can be a challenge. Mainly we demonstrated a negative result on research done in a vulnerable population with a neglected disease, in this case tuberculosis. However, this provided an opportunity for professionals in the surveillance system to discuss the challenges of implementing tuberculosis control among the homeless population.

. . . .

PP83 Early Assessment Of Proof-Of-Problem To Guide Health Innovation

AUTHORS:

Anouck Kluytmans (Anouck.Kluytmans@radboudumc.nl), Marcia Tummers, Gert Vanderwilt, Janneke Grutters