INTRODUCTION:

A recent publication reported that increasing numbers of systematic reviews are being published and, although standards have improved, many are still poorly conducted and reported, especially non-Cochrane systematic reviews (1). The aim of this study was to assess the quality of the conduct and reporting of systematic reviews undertaken for the United Kingdom (UK) Health Technology Assessment (HTA) programme and published in the International Journal of Technology Assessment in Health Care (2) and compare those undertaken in 2004 and 2014.

METHODS:

A comparative sample of all systematic reviews published in 2004 and 2014 in the UK HTA monograph series was identified by a structured search of MEDLINE in August 2016. After piloting of the form, two reviewers each extracted relevant data. These data were tabulated and summarized.

RESULTS:

The search identified twenty-three systematic reviews from 2004 and thirty from 2014. By 2014, compared with 2004, a smaller proportion of treatment (53 percent versus 70 percent) and pharmaceutical (20 percent versus 57 percent) reviews were being published. In 2014, there were much higher percentages of review registrations (70 percent versus 0 percent) and available protocols (90 percent versus 17 percent); increased explicit inclusion of unpublished literature (65 percent versus 39 percent); less frequent use of local checklists (32 percent versus 61 percent) for critical appraisal; more complete reporting of study flow for inclusion (97 percent versus 57 percent) and exclusion (91 percent and 65 percent) of studies; and there were more reviews reporting limitations affecting the review itself (73 percent versus 49 percent). The process had clearly become more reflective and rigorous. However, some previous weaknesses persisted, including the general absence of any assessment of publication bias and the failure to report overall numbers of patients in the review.

CONCLUSIONS:

Marked improvements can be seen in the conduct and reporting of systematic reviews published by the UK HTA programme as a result of the publication and general acceptance of the PRISMA statement (3) and the increased application of a smaller number of relevant standards.

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PP025 Thrombopoietin Receptor Agonist For Treatment Of Adults With Chronic Immune Thrombocytopenic Purpura

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INTRODUCTION:

This study aims to report the clinical effectiveness and cost-effectiveness of Thrombopoietin (TPO) receptor agonist for the treatment of adults with spontaneous Immune Thrombocytopenic Purpura (ITP) in Taiwan.

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METHODS:

In the clinical effectiveness evaluation section, particularly for the TPO receptor agonist, we searched PubMed, EMBASE, and the Cochrane Central Register of Controlled Trials to identify all randomized trials in chronic ITP. In the economic evaluation section, we performed a long-term cost-effectiveness analysis using a Markov model to evaluate the value of TPO receptor agonist to achieve durable platelet response for chronic ITP patients.

RESULTS:

Our findings revealed that the National Health Insurance (NHI) in Taiwan covers TPO receptor agonists romiplostim and eltrombopag, which have also been recommended by the Pharmaceutical Benefits Advisory Committee (PBAC) of Australia and the National Institute for Health and Care Excellence (NICE) in the United Kingdom. In addition, a systematic review and meta-analysis combining six trials were included to assess the current evidence on the role of TPO receptor agonist in chronic ITP. The primary outcome of randomized controlled trials (RCTs) showed an improving trend in significant bleeding events; however there was not any significant difference between the TPO receptor agonists group and the control group (placebo). The gain in life years and quality-adjusted life-years (QALYs) from introducing long-term use of TPO receptor agonists over current clinical practice were 1.52 years and 1.44 QALYs, respectively. Most of the sensitivity analysis results show that the ICER values were greater than 3GDP per capita in Taiwan.

CONCLUSIONS:

Compared to placebo, and despite a significantly increased platelet response, there was no evidence to demonstrate that TPO receptor agonists did improve significant bleeding events in chronic ITP. The effect on overall survival awaits further analysis. Although long-term studies are lacking, current data demonstrated that adverse effects of TPO receptor agonists were similar to that of placebo.

PP028 Hyperhidrosis Quality Of Life Measures: Review And Patient Perspective

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INTRODUCTION:

Primary hyperhidrosis has no discernible cause and is characterised by uncontrollable excessive and unpredictable sweating, which occurs at rest, regardless of temperature. The symptoms of hyperhidrosis can significantly affect quality of life, and can lead to social embarrassment, loneliness, anxiety and depression.

The aim of this literature review was to identify the tools used to measure quality of life in studies of hyperhidrosis. Patient advisors provided insight and their perspective.

METHODS:

Studies were identified through searches undertaken in January 2016. The search strategies combined topic terms for hyperhidrosis with a recognised search filter for "quality of life". All studies that reported measuring quality of life or described a quality of life measure/tool in the context of primary hyperhidrosis were included. The information on the tools and their use in hyperhidrosis was summarized in a narrative synthesis. Patient advisors contributed to the interpretation of the findings.

RESULTS:

The review included 184 studies and many studies used multiple tools. Twenty-two individual tools were identified. The review identified disease specific, dermatology specific, and general health/utility tools. The most commonly identified tools were the Dermatology Life Quality Index (DLQI), the Hyperhidrosis Disease Severity Scale (HDSS), and the Hyperhidrosis Quality of Life Questionnaire (HQLQ). The

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