still irregular, mainly in public sector, even five years after its incorporation by the Brazilian Health Ministry. Although universal access is one of Brazilian Public Health System main directives, there is evidence of a serious issue regarding its services equity.

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VP10 Impact Of Health Technology Assessment On Policy And Clinical Decision Making In Korea

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INTRODUCTION:

Since established in 2009, the National Evidence-based healthcare Collaborating Agency (NECA) has been the sole government-funded Health Technology Assessment (HTA) institution in Korea, yet little effort has been made to systematically evaluate the influence of its products. In this study, we aimed to measure the impact of the HTA products of NECA on clinical and policy decisions by introducing a systematic framework.

METHODS:

We included HTA reports published from 2009 to 2015. Among the 141 research reports published during this period, there were 67 HTA reports. We gathered data on the influence by literature and news article search, review of administrative documents and directly listening to the decision makers. The influence was categorized into three decision types: changes in clinical guidelines, administrative decision on investment/disinvestment and healthcare policy making. Whether a research report was used directly in decision making, or followed by subsequent researches or round-table conference, was recorded to examine the knowledge transfer process.

RESULTS:

In total, 67.2 percent of the included HTA reports were used to support clinical and policy decisions. Twenty-seven reports had influenced administrative decisions on investment/disinvestment. Ten provided evidence for new health policies or legislation. Eight were reflected in clinical guidelines. The impact of HTA reports published by NECA was more evident when the research was directly requested by decision-making bodies such as government institutions. Although most HTA reports were conducted in collaboration with clinicians, the use of results by clinicians was limited. Definitive results were more likely to be used, but reports with competing interests had fewer impacts.

CONCLUSIONS:

HTA by NECA had impacts on the rational use of healthcare resources in Korea, and NECA has established its role as an intermediary between governmental decision-making bodies and clinicians. However, more continuous approaches rather than one-time HTA research are needed for HTA on controversial topics to have impacts on decision making.

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VP17 Hepatitis C Virus Treatment: A Meta-Analysis Of Long-Term Efficacy

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INTRODUCTION:

The efficacy of second generation direct-acting antiviral agents (DAAs-2), in terms of sustained viral response (SVR) 12 weeks after the end of treatment (EOT), has widely been proven; however, long-term efficacy is still controversial due to the low number of available studies with a small number of patients. The objective of this study is to conduct a systematic review and, if possible, a meta-analysis of existing clinical evidence of the long-term efficacy (SVR longer than 12 weeks after EOT) of DAAs-2 for hepatitis C virus (HCV) treatment.

METHODS:

A systematic review was performed with the use of CENTRAL, MEDLINE, Embase, Pubmed and SBBL-CILEA/METACRAWLER databases. Trials were initially screened by the title; secondly, full papers and abstracts were analysed. The meta-analysis included randomised controlled trials (RCTs) with adult patients affected by HCV, treated with DAAs-2 and assessed for longer than 12 weeks after EOT. Study quality assessment was undertaken using the Jadad scale. Heterogeneity

analysis of the studies was conducted with chi-square and I2. The statistical analysis of the efficacy rate was performed using the meta package with the R software. The effect estimate was expressed in risk ratio (RR) with 95% confidence interval (CI 95%) and pooled using a random effects model.

RESULTS:

Of the 106 identified studies, 11 high quality RCTs were included for meta-analysis (25 were duplicate publications, 70 did not meet the inclusion criteria). Considered genotypes were 1 (n = 9), 2 (n = 1), 3 (n = 1). Meta-analysis included 3,720 patients (2,698 treated with DAAs-2; 1,022 treated with placebo or a first generation DAA±Ribavirin±Pegylated interferon). Heterogeneity between studies was high (p<0.001; I2 = 90.2%); however, it was absorbed by the model (τ2 = 0,08). Long-term efficacy was expressed as SVR 24 weeks after EOT, since longer timescales were not available. According to the pooled RR, the incidence of efficacy was 1.5 (CI 95%: 1.24−1.83, p < 0.001).

CONCLUSIONS:

The meta-analysis demonstrated that DAAs-2 for HCV treatment have long-term efficacy at SVR 24 weeks after the EOT; however, the number of studies is mostly based on genotype 1. More RCTs are required to confirm long-term efficacy at more than six months after EOT for all treated genotypes.

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VP18 Antibiotics And Orthopedic Surgery Without Implant: A Meta-Analysis

AUTHORS:

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INTRODUCTION:

According to guidelines, antibiotic prophylaxis in orthopedic surgery without implant is not recommended for the reduction of the incidence of surgical site infections (SSI); however, the evidence level is low. Surveys have shown that preoperative antibiotics for orthopedic procedures without implant are administered routinely by surgeons due to medico-legal concerns. Such practice may have an important impact on costs, side effects and the emergence of antibiotic resistance. Therefore, the objective of the review is to evaluate existing clinical evidence.

METHODS:

A systematic review was performed with the use of Pubmed, EMBASE/MEDLINE, CENTRAL, SBBL-CILEA/METACRAWLER, ISRCTN Registry, ICTRP and ClinicalTrials.gov databases. Trials were initially screened by the title and abstract; secondly, full papers were analysed. The meta-analysis included randomized controlled trials (RCT) with patients undergoing surgery as treatment for any orthopedic impairment that did not need implantation. Heterogeneity analysis of the studies was conducted with chi-square. The statistical analysis of the infection rate was performed using the meta package with the R software. The effect estimate was expressed as risk ratio (RR) and pooled using a random effects model. Study quality assessment was undertaken using the Jadad scale.

RESULTS:

Of the 184 identified papers, 129 were excluded since they did not meet inclusion criteria and 45 were discarded because they were considered to be duplicate publications. After analyzing the 10 potentially relevant studies, only two were included. The study population consisted of 1,152 patients. No heterogeneity was observed; however, the studies were outdated and associated with a high risk of bias. According to the pooled RR, the incidence of infection in the intervention group was lower than the control group favoring prophylaxis (RR = 0.39, 95% CI: 0.16−0.96, p = 0.040).

CONCLUSIONS:

The meta-analysis demonstrated, in contrast to the guidelines, that antibiotic prophylaxis can reduce the incidence of SSI in elective orthopedic surgeries without implant; however, the low number of available studies and the high risk of bias show that the effect estimate is not statistically significant. Considering that antibiotic prophylaxis is usually administered in clinical practice, RCTs are required to establish whether antibiotic prophylaxis in orthopedic procedures without implant is recommended or if this practice could cause more harm.

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