

## METHODS:

The assessment involves a critical analysis of national and international guidelines identified by a systematic literature search, and stakeholders' views (professionals and public authorities).

## RESULTS:

Since the 1990s, new tools were introduced (that is, polymerase chain reaction (PCR) for diagnosis and follow-up), and performances were improved for both enzyme immunoassay tests and PCR. Despite those change, replications are still performed nowadays in France.

Neither guidelines nor stakeholders' contributions mentioned any replication tests' clinical relevance. The Ministry of Health confirms that replications have not any legal basis contrary to HIV diagnosis procedures. Also the French National agency for health products safety confirms there are neither technological pitfalls nor reagent vigilance signals involving HBV or HCV *in vitro* diagnostic tests. Furthermore, after 1<sup>st</sup> line positive results, a second blood sample is always collected to test other markers such as HBV DNA or HCV RNA which represent the best 2<sup>nd</sup> proof of infection.

## CONCLUSIONS:

This work has enlightened a lack of clinical relevance for the replication of the same serological makers' detection. It may obliterate soon this French medical dogma. This work has illustrated that short assessment based on critical guideline analysis linked with stakeholders' views allows a rapid answer without assessment quality reduction. This HAS work will contribute to medical practice rationalization and cost reduction.

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# VP126 The Effectiveness And Safety Of Barbed Sutures In Bariatric Surgery

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## INTRODUCTION:

Knotless barbed sutures can eliminate knot tying during the bariatric surgery (BS) (1). Since effects reported by patients and surgeons are ambiguous, the aim of this study was to establish the safety and efficacy of barbed sutures for intestinal sutures to close the gastrojejunal anastomosis in obese patients undergoing BS.

## METHODS:

PubMed, EMBASE, Cochrane Register of Clinical Studies, and ClinicalTrials.gov were searched for randomized controlled trials (RCTs) and cohort studies comparing barbed sutures with conventional sutures in BS (until 30 June 2016). Quality assessment was conducted using to Cochrane recommendations. Review Manager was applied to analyze the data, and we sequentially omitted each study to perform sensitivity analyses.

## RESULTS:

A total of five cohort studies (low to moderate risk of bias) (n = 859), and no RCTs provided eligible patients. BS includes laparoscopic Roux-en-Y gastric bypass and Laparoscopic sleeve gastrectomy. Comparing to conventional sutures, pooling data showed that suture time (Mean Difference, MD = -5.73, 95 percent Confidence Interval, CI -6.25 to -5.21, P < .01) and operative time (MD = -7.67, 95 percent CI -10.49 to -4.85, P < .01) decreased significantly in the barbed group. Although the postoperative complications did not suggest significant changes (Odds Ratio, OR = 1.56, 95 percent CI .79 to 3.07, P = .2), the pooling results of hospital stay suggested that a significantly longer duration happened in the barbed groups, despite the fact that there may be only 0.18 day longer. (MD = 0.18, 95 percent CI .06 to .29, P = .003).

## CONCLUSIONS:

The barbed suture is an effective and safe surgical technique in BS. More evidence with randomized design, larger sample sizes and longer follow up need to compel validations of this state-of-the-art product in the future (2,3).

## REFERENCES:

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2. Lin Y, Lai S, Huang J, et al. The efficacy and safety of knotless barbed sutures in the surgical field: a systematic review and meta-analysis of randomized controlled trials. *Scientific reports*, 2016;6: 23425.
3. Allen JW, Rivas H, Cacchione RN, et al. Intracorporeal suturing and knot tying broadens the clinical applicability of laparoscopy. *JSL*.2003;7(2):137.

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## VP129 Social Cost Benefit Analysis (SCBA) Of Three Alcohol Policy Measures

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### INTRODUCTION:

Alcohol abuse and addiction lead to a high disease burden for the persons concerned. Moreover, it has economic consequences for society, including costs of health care, costs due to reduced productivity, criminal activities, traffic accidents, and violence, both in private and public domains. The aim of this study was to perform a social cost-benefit analysis (SCBA) of three policy measures (tax increase, reducing number of sales venues, and advertising ban) over a period of 50 years,

along with the distribution of costs and benefits among stakeholders (1).

### METHODS:

The analysis follows Dutch guidelines for performing SCBAs. Costs and benefits in eight different domains were comprehensively identified. Model simulations were used to estimate future social costs and benefits of three policy measures, compared to not intervening.

### RESULTS:

Over a period of 50 years, the greatest social benefits were expected from a tax increase. The cumulative discounted net monetary benefit over a period of 50 years is EUR12 billion (95 percent Confidence Interval, CI EUR11-EUR13billion) in the 50 percent tax increase scenario. The net benefits of the other two measures are smaller. The cumulative discounted value to society of a 10 percent decrease in outlet density over a 50-year period amounts to EUR4 billion (range: EUR3 - EUR5 billion). A total media ban with an estimated reduction of 4 percent in alcohol consumption leads to an expected cumulative discounted value to society over a 50-year period of EUR7 billion.

### CONCLUSIONS:

All policy scenarios lead more or less to positive effects for society. The greatest benefits are associated with measures aimed at raising the excise tax on alcohol. Estimations as made in this study may serve to inform alcohol policy in the Netherlands.

### REFERENCES:

1. de Wit GA, Van Gils PF, Over EAB, et al. Social cost-benefit analysis of regulatory policies to reduce alcohol use in The Netherlands 2016-0133. Bilthoven: RIVM, 2016 (<http://www.rivm.nl/bibliotheek/rapporten/2016-0065.pdf>).