

Poster Presentations

PP02 Cost Effectiveness Of Tamoxifen For Breast Cancer Treatment In Ghana

AUTHORS:

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INTRODUCTION:

In recent years, unlike developing countries, developed countries have seen an increase in the survival of women diagnosed with breast cancer and this has been attributed to early detection through screening and best treatments such as adjuvant systemic therapies with medications like Tamoxifen. The burden of breast cancer in Africa, including Ghana, lies among premenopausal women, with mean age of diagnosis being 46 years. However, survival among these women is low due to reasons such as inability to afford treatment including Tamoxifen, an older but cheaper and effective adjuvant therapy. This study therefore sought to assess the cost effectiveness of Tamoxifen compared to nothing for the adjuvant treatment of early breast cancer among pre- and peri-menopausal women in Ghana to inform funding decisions.

METHODS:

A Markov model was developed using TreeAge pro to incorporate effectiveness, costs and utility data. Effectiveness of Tamoxifen, rate of events and utility weights were derived from published literature. Resource utilization and costs were estimated from Ghanaian clinical expert, national health insurance scheme tariffs and medicines. The analysis was conducted from the perspective of the payer.

RESULTS:

Patients on Tamoxifen incurred additional costs compared to those who received nothing. The key driver of costs was the cost of Tamoxifen. However, these costs were offset by the QALY gained: 3.51. The incremental cost effectiveness ratio (ICER) was GHC 666.15 (USD 150) per QALY gained. In line with the effective measure commonly used in developing countries, the ICER per DALYs averted was GHC 219.96 (USD 50). The results were sensitive to variations in the utility weights and the cost of Tamoxifen. There were no

significant differences between the ICERs of premenopausal and peri-menopausal women in a subgroup analysis.

CONCLUSIONS:

Compared to no treatment, Tamoxifen therapy is highly cost-effective for the adjuvant treatment of breast cancer among pre- and peri-menopausal women in Ghana. The results can be applied to other African countries with similar resource use and treatment protocols

PP03 Evidence Synthesis In Spasticity In Children

AUTHORS:

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INTRODUCTION:

Botulinum toxin type A (BoNT-A) is used in the management of lower limb spasticity in children, which affects more than 2.5 million children worldwide. BoNT-A aims to improve active function and to prevent or delay future musculoskeletal complications. The objective was to evaluate the relative efficacy and safety of different BoNT-A to manage spasticity in children, in the absence of head-to-head evidence.

METHODS:

A systematic literature review was conducted in March 2016 to identify all relevant randomized controlled trials. The evidence base was synthesized by means of Bayesian network meta-analyses. Scenario analyses included standardized mean differences (SMD). The endpoints were Modified Ashworth Scale (MAS), Tardieu scale-spasticity grade and Goal Attainment Scale (GAS) (SMD only) at twelve weeks post-injection, and any adverse events.

RESULTS:

Thirty-eight studies were identified, ten of which met the inclusion criteria for quantitative synthesis. For MAS,

abobotulinumtoxinA 15 U/kg/leg was significantly better compared to onabotulinumtoxinA 4 U/kg/leg (-0.99 [-1.49 ; -0.50]), onabotulinumtoxinA 4 U/kg/leg + casting (-0.81 [-1.30 ; -0.32]) and numerically (although not statistically significantly) better than onabotulinumtoxinA 8 U/kg (-0.70 [-1.64 ; 0.22], $P_{\text{better}}=93\%$). For GAS, abobotulinumtoxinA 15 U/kg/leg was numerically better than onabotulinumtoxinA 12 U/kg/leg. On Tardieu scale-spasticity grade, abobotulinumtoxinA was comparable to other treatments. AbobotulinumtoxinA 15 U/kg/leg showed the highest SUCRA value on MAS and GAS. On tolerability, abobotulinumtoxinA was found to have comparable or fewer adverse events than onabotulinumtoxinA 4 U/kg/leg.

CONCLUSIONS:

Our analyses suggest that abobotulinumtoxinA offers a comparable or favourable efficacy on tone (measured by MAS), spasticity (Tardieu scale-spasticity grade), functional outcomes (GAS) and tolerability versus onabotulinumtoxinA, in the management of children with lower limb spasticity. The results must be interpreted in the context of the heterogeneity of the evidence base and sparse evidence base.

PP04 Co-Constructing Recommendations With Patients And Health Professionals

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INTRODUCTION:

Decision-making about replacement or modification of an implantable cardioverter defibrillator (ICD) must be patient-centered and clinically appropriate. We engaged both patients and health care professionals in a multi-method approach in order to recommend structures and processes that facilitate informed and shared decision-making.

METHODS:

A systematic literature review (2000 to 2017) was performed focusing on the patient's perspective and the optimal organization of structures and processes for decision-making. A province-wide field evaluation based on medical chart review was carried out to provide 'real world' evidence in Québec's six ICD implanting centers (1 July to 31 December, 2016; $N = 418$). Patients and health care professionals reviewed the findings of the review and field evaluation, and deliberated recommendations in an anonymous manner by electronic mail. A joint meeting focused on proposed recommendations concerning shared decision-making.

RESULTS:

The patients provided feedback on the literature review based on their ICD experience, and highlighted the need for better and more interactive decision aids, clinical information and time, and a private space for sensitive discussions. The field evaluation underlined the variability of treatment choices at the time of replacement and that more than one in ten patients had undergone ICD deactivation. Proposed recommendations focus on multi-disciplinary, integrated follow-up of patients and outline best practice for incorporating patient wishes and life objectives when discussing treatment options. The multi-round consultation process allowed both patients and professionals to co-construct recommendations with our evaluation team.

CONCLUSIONS:

This multi-method approach enriched our interpretation of literature and 'real world' data and facilitated identification and prioritization of important themes. Partnership with both patients and clinicians added a new and energizing dynamic to our evaluation and recommendation processes. We acknowledge the contribution of the members of the patient committee and the clinical experts committee.

PP05 Developing Equity In Remote Locations Through Telediagnosis

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