by the Ministry of Health (MOH) Drug Advisory Committee (DAC) in Singapore. In 2021 ACE introduced the company-led submission (CLS) process for cancer medicines, which allows pharmaceutical companies to request evaluations alongside regulatory reviews. This review reports key findings from the first year of its implementation.
Methods: A total of 10 CLS topics from the first year of implementation were included. We reviewed the status and outcomes of the DAC recommendations. We also used descriptive statistical methods to evaluate the time from HTA submission to first HTA recommendation and from regulatory approval to first HTA recommendation. The timelines were further analyzed by whether submissions were parallel submissions (i.e., HTA submission in tandem with regulatory review) or sequential submissions (i.e., HTA submission after regulatory approval). These statistics were compared with overseas reference jurisdictions (Australia, Canada, and the UK).
Results: At the time of review, three topics were pending discussion. Of the remaining seven topics, three (43%) received positive recommendations for inclusion on the MOH Cancer Drug List and three (43%) received negative recommendations. The DAC was unable to make a recommendation on one topic. The median time from HTA submission or regulatory approval to first HTA recommendation was 172 days (range 169 to 263 days) and 279 days (range 53 to 374 days), respectively. Notably, parallel submissions (75 days; n=2) had considerably shorter timelines from regulatory approval to first HTA recommendation than sequential submissions (328 days; n=4). These timelines were within the range of the overseas reference countries.
Conclusions: Parallel CLS allows HTA processes to be conducted in tandem with regulatory reviews, moving HTA recommendations upstream and expediting patient access to clinically effective and cost-effective medicines. Efforts will be made to further evolve the CLS process to achieve timely reimbursement reviews from regulatory approval and to expand this process to noncancer medicines.

PD119 Interventions To Improve Long COVID Symptoms: A Systematic Review Of Randomized Controlled Trials

Cillian McDowell (cmcdowell@hiqa.ie), Barrie Tyner, Shibu Shrestha, Leah McManus, Fearghal Comaskey, Patricia Harrington, Kieran A. Walsh, Michelle O' Neill and Máirín Ryan

Introduction: Long COVID, which encompasses a range of prolonged and persistent symptoms that occur after the acute SARS-CoV-2 infection period, can have substantial negative physical, mental, social, and economic effects. This systematic review aimed to assess the effectiveness and safety of interventions to improve long COVID symptoms to inform updates to the interim long COVID model of care in Ireland.
Methods: Studies were identified in the MEDLINE, Embase, and CENTRAL databases through February 2023. Inclusion criteria were: (i) participants with long COVID, as defined by the study authors; (ii) random assignment to either an intervention or a comparison group; and (iii) quantitative assessment of the severity or frequency of long COVID symptoms. Exclusion criteria were: (i) signs or symptoms not reasonably attributable to prior SARS-CoV-2 infection; (ii) interventions not intended to treat long COVID; and (iii) not a randomized controlled trial. Two reviewers independently screened studies, extracted data, and assessed study quality using the Cochrane risk-of-bias tool for randomized trials. The results were synthesized narratively.
Results: Fifty-seven studies were included, and 283 potentially relevant ongoing trials were identified. Twenty-four trials investigated pharmaceutical and other medical interventions, most of which were examined in single studies. Thirty-three trials investigated non-pharmaceutical interventions. Risk of bias was high in 41 of the 57 (72%) studies. Interventions targeted a diverse range of long COVID symptoms. Studies generally had small sample sizes and short follow-up periods and did not adequately examine intervention safety. Evidence for the effectiveness of pharmaceutical and other medical interventions was limited. Potential short-term improvements were seen for some people following personalized exercise and physiotherapy and rehabilitation programs. However, long-term outcomes were not assessed.
Conclusions: Effective interventions to improve the symptoms of long COVID remain elusive and those included in this review do not yet have sufficient evidence to support them. In the absence of strong evidence for specific interventions, a holistic approach should be used to support people with long COVID.

PD122 Evaluating The Efficacy Of Cytokine Filtration In Cardiac Surgery For Endocarditis: A Comprehensive Study

Marcus Carvalho Borin (marcusborin@gmail.com), Carina Rejane Martins, Daniel Pitchon dos Reis, Geraldo Jose Coelho Ribeiro, Julia Teixeira Tupinambas, Karina de Castro Zocrato, Lelia Maria de Almeida Carvalho, Marcela Pinto de Freitas, Maria da Gloria Cruvinel Horta, Mariana Michel Barbosa, Mariza Cristina Torres Talim, Sergio Adriano Loureiro Bersan and Silvana Marcia Bruschi Kelles

Introduction: Despite medical advancements, endocarditis still results in high mortality rates. Surgery, while often essential, elevates the risk of hyperinflammation, sepsis, and cytokine release. The use of a cytokine filter to prevent this remains controversial. This study reviewed existing literature to assess the efficacy of cytokine filters and to support its integration into supplementary health services.

https://doi.org/10.1017/S0266462324003593