management and traditional medicine after 2012. The peak of policy releases occurred when the great reform took place, such as 2009 when reform began, and in 2012 the Twelfth Five-year plan began. There was a decrease in 2013 due to national leadership change (3). Overall, dynamic factors for policy change mainly are social conditions, public issues and opinions, and feedback on former policy effects.

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PP077 Intravitreal Corticosteroids In Macular Edema: Quality Of The Evidence

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INTRODUCTION:

Treatment options for macular edema include intravitreal corticosteroids (1). Traditionally, an injectable suspension of triamcinolone acetonide (TA) had been employed off-label (2); in recent years, authorities have approved sustained-release drug delivery systems (DDSs) for corticosteroids (3). Considering the hypothesis that the use of these drugs is based on widely variable evidence in terms of methodological quality and robustness, the purpose of this analysis is to compare the quality of the evidence on efficacy and safety of three different formulations of intravitreal corticosteroids: the dexamethasone (DEX) implant, the fluocinolone acetonide (FA) implant, and the preservative-free injectable suspensions of TA, in the management of two retinal pathologies: diabetic macular edema (DME) and macular edema secondary to retinal vein occlusion (RVO).

METHODS:

A search of clinical trials on MEDLINE from 1 January 2000 to 16 December 2015 was performed. Studies were included in the analysis if they met the following criteria: (i) related to at least one of the preparations of interest in patients with DME or macular edema secondary to RVO; (ii) included a control group treated with placebo, observation, sham procedures or conventional treatments; and (iii) included visual acuity, retinal thickness and/or safety parameters as outcomes. Results were summarized in a narrative manner.

RESULTS:

Twenty-five publications from nineteen RCTs were included. We observed increased attention of researchers towards TA compared to DEX and FA; however, studies for TA are less robust. Scientific publications related to DEX and FA implants are of higher quality, especially in terms of randomization and masking procedures.

CONCLUSIONS:

Even though each of the three considered corticosteroid-containing medicines are approved for marketing and included in clinical guidelines for treatment of macular edema, a high degree of heterogeneity in terms of quality of evidence has been noticed among them. This observation underlines the need to review the requirements for drug approval and their inclusion in clinical recommendations, as well as the importance of post-markeing monitoring to generate new evidence.

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PP079 The Construction Of Database Using Japanese National Claims Database

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INTRODUCTION:

In 2014, the Ministry of Health, Labor and Welfare (MHLW) in Japan began to assume a cost-effectiveness perspective. Some expensive pharmaceutical and medical devices have been regulated, which resulted in a drastic change of the healthcare system.

The Japanese National Insurance Claims Database (NDB) is an administrative database based on claims data from Medical Insurance Claims since 2008. The government enacted the Act on Assurance of Medical Care for Elderly People during health care reform in 2008. In 2006, the MHLW commenced discussions on a framework for the optimization of the healthcare expenses, which aimed to evaluate the structure of the increase in healthcare expenditure.

The NDB was developed as a tool for investigation and analysis by the MHLW in the context of the Healthcare reform. In addition, the NDB was used for the development of academic research in order to contribute to the implementation and evaluation of healthcare policy management.

A major strength of the NDB is its exhaustiveness or completeness of insurance claims. The NDB collects data from all insured people nationwide and covers all medical institutions in Japan.

METHODS:

We applied to the Expert Meeting on Provision of Medical Insurance Claims to examine the research plan, items extracted, and data management. Inpatient and Outpatient information was extracted on medical procedures and payment. Diagnoses for both inpatients and outpatients are coded according to the International Classification of Diseases Tenth Edition (ICD-10). The coding of treatments and surgeries follow Japan's local procedure and surgical coding, which was specifically developed for insurance claims.

RESULTS:

We generated any personally traceable patient ID from the "hash ID" generated by patient name, sex, date of birth, and insurer number with the aim of protecting personal identifying information in the NDB. The disease of stroke was defined to analyze the database for cost-effectiveness analysis, and to connect disease information to. The prescription claims information described pharmaceutical names, prescription date, total dose, and number of days.

CONCLUSIONS:

Our study showed the new standard way of analysis for cost-effectiveness analysis using the Japanese National Insurance Claims Database.

PP081 Relation Between Pain And Treatment/Activity Based On Mobile App Data

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