INTRODUCTION:

The Ministry of Health in Uruguay has a health technology assessment division that provides decision makers with evidence-based information on the efficacy, safety, and costs of health technologies to be included in the Comprehensive Plan of Health Care. Since 2010, patients have begun to demand access to unfunded, high-cost technologies through writs of protection. Judicialization of the right to health increased rapidly from 2010 to 2014. In this context, a Technical Advisory Commission was created in 2015 to assess patient requests on a case-by-case basis. The purpose of this study was to evaluate the results obtained with a new strategy developed to face the judicialization of access to high-cost technologies.

METHODS:

The methodology used to evaluate the implementation of the strategy consisted of reviewing a database of access requests from October 2016 to October 2017. The demographic characteristics, technologies requested, prescriptions, and results of the process were analyzed.

RESULTS:

In the study period 654 technologies were requested for funding through the process. The included population had a mean age of 60 years; sixty-two percent were men. Of the technologies requested, eighty-five percent were drugs and fifteen percent were devices. The requested technologies included cancer treatments (thirty-five percent) or drugs and devices for the treatment of rheumatologic, ophthalmologic, infectious, neurologic, and cardiovascular conditions. The six most requested technologies (forty-five percent of all requests) were: abiraterone for prostate cancer; aortic endoprosthesis for vascular aneurysm; lenalidomide, rituximab, and azacitidine for oncohematologic diseases; and cetuximab for colorectal cancer. The Ministry of Health funded thirty-six percent of the requests.

CONCLUSIONS:

The new strategy was successful in reducing the judicialization of access to unfunded, high-cost technologies in Uruguay, and it helped to prioritize the inclusion of new drugs in the national formulary.

VP09 Trastuzumab For Metastatic Breast Cancer Access Assessment In Brazil

AUTHORS:

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INTRODUCTION:

Trastuzumab is the most recent biological therapy incorporated by the Brazilian Health Ministry for HER-2 overexpressed metastatic breast cancer treatment (2012). The aim of this study was to investigate if access to this technology is appropriate.

METHODS:

We performed a web-based questionnaire, which received answers from October 2016 to April 2017. Oncologists that work in the care of patients with overexpressed HER-2 metastatic breast cancer were the focus of the survey. Forty-three professionals informed work location, sector (public, private or both) and trastuzumab access. This research was approved by Brazilian Ethics Committee (CAE 59076316300005260).

RESULTS:

Among 43 valid answers, nine informed they work in the public sector, 10 in the private sector and 24 in both sectors. In total, 33 reported to work in public and 34 in private sector. We observed that 17 (51.5 percent) participants who work in the public sector do not have access to trastuzumab, while in private sector only one participant (2.9 percent) reported the lack of access to this technology for HER-2 overexpressed metastatic breast cancer treatment. Regarding the respondents who informed the lack of access, six (33.3 percent) work in Northeast Brazilian region, six (33.3 percent) in Southeast, two (11.1 percent) in South, one (5.6 percent) in Central-West and three (16.7 percent) did not give this information. Eleven respondents reported they do not have another treatment option for these patients, while seven informed access only to chemotherapy without biological therapy.

CONCLUSIONS:

Trastuzumab is a biological therapy that can increase HER-2 overexpressed metastatic breast cancer patients overall survival by nine months on average. The questionnaire results indicate that its access in Brazil is

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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.

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.

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

AUTHORS:

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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

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