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OP70 Economic Impact Of Macular Edema Diseases, A Retrospective Study

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INTRODUCTION:

Inhibitors of Vascular Endothelial Growth Factor (VEGF) have made possible the treatment of the Retinal Vascular Diseases (RVD) for which there were limited therapeutic resources. The aim of this work was to estimate annual direct costs of major macular edema diseases in Italy in particular Choroidal Neovascularization (CNV), Diabetic Macular Edema (DME) and Retinal Vein Occlusions (RVO) from the hospital perspectives.

METHODS:

This descriptive study was aimed at quantifying direct costs incurred by five hospitals in Italy. Administrative and clinical databases of Policlinico Tor Vergata in Rome were analyzed for a 6-year period. In this context, it was possible to stratify patients depending on the disease and number of eyes treated. From these results, a survey with structured questionnaires was developed involving four other hospitals in Italy. Thanks to that, direct costs (drugs and specialist) were estimated from the hospitals perspective in 2016.

RESULTS:

Interviews included 7,356 individuals of which 1,860 were treated in both eyes. Within the considered five hospitals, 64 percent of treated patients had CNV, 21 percent DME, and 15 percent RVOs. The average annual administration rate of anti-VEGF treatment resulted in 4.03 (Standard Deviation, SD 3.46) per patient eye: 4.69

(SD 1.75) for cases enrolled for less than one year (naïve) and 3.38 (SD 0.82) per patients treated for more than one year (experienced). Naïve patients had a mean per capita annual cost of EUR2,368 per eye (EUR2,536 for CNV; EUR2,280 RVO; EUR1,986 DME) of which EUR2,952 was related to the administration of on-label drugs mainly Eylea, Lucentis, Macugen, Ozurdex and EUR49 due to off-labels such as Avastin. Experienced patients average annual cost per eye was EUR1,689: EUR2.179 for the on-label drugs, EUR34 due to off-labels (EUR1,839 for CNV; EUR1,327 RVO; EUR1,399 DME). The average rate of the specialist annual visit was four times; the most frequent types were Optical Coherence Tomography (OCT), Angiography, and Fundus Photography (FP).

CONCLUSIONS:

This is a first attempt to study direct costs incurred from the hospital perspective associated with RVD with overexpression of VEGF in Italy. This might represent a first step for further analysis assessing the burden of RVD diseases from the Italian National Health System perspective globally.

OP71 Evidence-Based Searching For Health Technology Assessment – Keeping Up-to-Date With Summarized Research In Information Retrieval (SuRe Info)

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INTRODUCTION:

Increasing numbers of research papers about information retrieval for Health Technology Assessments (HTA), systematic reviews and other evidence syntheses are being published. It is

time-consuming for information specialists to keep up-to-date with the latest developments in the field. To help searchers with this challenge, the Interest Group on Information Retrieval (IRG) of Health Technology Assessment International (HTAi) has compiled the best available research evidence on information retrieval aspects into an open-access web resource: Summarized Research in Information Retrieval for HTA (SuRe Info). The resource can be accessed at <http://www.sure-info.org>

METHODS:

The Sure Info team run topic-specific search strategies in selected relevant databases to identify information retrieval methods publications that fulfil the SuRe Info inclusion criteria. Eligible publications receive a structured abstract containing a brief critical appraisal. Key messages for search practice based on the appraisals and accepted best practice are summarized into topic-specific chapters.

RESULTS:

SuRe Info currently offers fourteen chapters, with more in development. SuRe Info chapters fall into two categories: (i) chapters about general search methods that are used across all types of research, such as how to develop search strategies and the availability and use of search filters, and (ii) chapters summarizing the methods to use when searching for specific aspects of HTA (as defined in the European Network for HTA (EUnetHTA) HTA Core Model[®]), including searching for evidence on clinical effectiveness and safety, and identifying economic evaluations. References at the end of each chapter are linked to appraisals of publications that have been used to develop each chapter. Links to the full-text of the publications are provided when freely available. The SuRe Info chapters are reviewed every six months and updated if new evidence is identified or if resources change.

CONCLUSIONS:

SuRe Info is a unique resource, identifying and summarizing current best research evidence on information retrieval aspects for HTA. It supports the timely uptake of potential efficiencies arising from new

evidence that may be incorporated into the evidence identification processes of HTA organizations.

OP72 Adherence Of Budget Impact Analyses To Principles Of Good Practice

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INTRODUCTION:

Budget Impact Analysis (BIA) is an integral element of a comprehensive Health Technology Assessment. Prior systematic reviews showed significant methodological dissimilarities in BIAs published from 2002 to 2015 (1,2). Aimed to improve the generalisability and transferability of outcomes, a guidance on methods was updated in 2014 (3). The objective of this study was to measure the adherence to Principles of Good Practice of BIAs published after the release of the updated guidelines.

METHODS:

Fifteen features representative of methodological appropriateness were identified from the Principles of Good Practice. A systematic review of the extant literature was conducted to identify BIAs published from January 2015 to December 2016. The adherence of each BIA to the Principles of Good Practice was defined by the number of representative characteristics taken into consideration as a percent of the total.

The full study protocol is available online: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016049287

RESULTS:

A sample of thirty-nine published BIAs were included in the analysis. The mean adherence of BIAs to the Principles of Good Practice was 69 percent (10.4 representative features out of 15). The highest