

VP96 Activities To Optimize Quality And Efficiency Of Medicines In Scotland

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Introduction. The growing prevalence of non-communicable diseases, combined with greater recognition of the effectiveness of lipid lowering agents (LLAs), has fuelled their increasing use in recent years. Similarly, increasing recognition of mental health and, arguably, societal expectations and pressures, has driven appreciable growth in antidepressant prescribing in recent years. Concurrent with this, growing resource pressures enhanced by the continual launch of new premium priced medicines necessitates reforms and initiatives within finite budgets. Scotland has introduced multiple measures in recent years to improve both the quality and efficiency of prescribing. There is a need to document these initiatives and outcomes to provide future direction.

Methods. Assessment of the utilization (items dispensed) and expenditure of key LLAs (mainly statins) and SSRIs between 2001 and 2017 in Scotland alongside initiatives.

Results. Multiple interventions have increased international non-proprietary name (INN) prescribing (99% for statins and up to 99.9% for SSRIs). They have also increased preferential prescribing of generic versus patented statins with low costs for generics, reduced inappropriate prescribing of ezetimibe due to effectiveness concerns, and increased the prescribing of higher dose statins (71% in 2015). These measures have resulted in a 50% reduction in LLA expenditure between 2001 and 2015 despite a 412% increase in utilization. Initiatives to reduce the prescribing of escitalopram as lack of evidence demonstrating cost-benefits over generic citalopram, along with high INN prescribing, achieved a 73.7% reduction in SSRI expenditure between 2001 and 2017 despite a 2.34-fold increase in utilisation. Concerns with paroxetine, and more recently citalopram and escitalopram following safety warnings, resulted in a considerable reduction in their use alongside a significant increase in sertraline.

Conclusions. Generic availability coupled with multiple measures has resulted in appreciable shifts in statin and SSRI prescribing behavior and reduced ezetimibe prescribing, resulting in improvements in both the quality and efficiency of prescribing to provide future direction.

VP98 Horizon Scanning For New Alternatives To The Treatment Of Leishmaniasis

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Introduction. The usual treatment of American Cutaneous Leishmaniasis is based on intravenous drugs of the 1940s and causes adverse events, having as first choice pentavalent antimonials that require clinical and laboratory follow-up in the hospital

setting. The present study aimed to identify potentially more effective and safe oral therapies, applying Technological Horizon Scanning.

Methods. The searches were divided into three blocks: clinical trials through the Clinical Trials Registry Platform on the WHO search portal; searches in the PubMed, Embase, Cochrane Library, Lilacs and Center for Reviews and Dissemination databases; and search for patents in the Orbit base. The searches aimed at identifying drugs, authors, institutions and therapeutic classes in order to proceed with scanning process.

Results. We found 197 studies and selected 33 in the Americas region. Of these, seventeen (51%) investigated miltefosine, six (18%) had azithromycin, four (12%) Fluconazole, two (6%) pentoxifylline, two (6%) allopurinol and one (3%) terbinafine. Of the 26 clinical studies, twelve presented positive results for oral medications, six related to miltefosine, two to fluconazole, two to pentoxifylline, one to azithromycin and one to allopurinol. Through the analysis of patents, 35 documents involving 32 institutions and 134 inventors were identified. Of the 32 institutions that registered patent documents, Novartis is the one with the highest number of inventors.

Conclusions. Miltefosine is in the incorporation phase in the Brazilian health system, evaluating its performance and effectiveness in the services. Pentoxifylline was recently incorporated as a coadjuvant to the treatment, and Fluconazole presented positive results, however with a small number of patients and uncertain outcomes. It is recommended to carry out more research directed to the drug association, since the studies indicate the possibility of decreasing occurrence of relapses, dosages and treatment time, increasing adherence to treatment.

VP99 Study On The Responsiveness Of Primary Medical Institution In ZJ & QH

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Introduction. The health system responsiveness, defined as non-medical aspect of treatment relating to the protection of the patients' legitimate rights, is the intrinsic goal of the WHO strategy for 21st century, and is an important index to measure the service ability of medical institutions.

Methods. The data were collected in 2016-2017 and consists of the first visits for patients of grass-roots medical institutions. SPSS21.0 was used to complete statistical description and tests including multiple linear regression model analysis and structural equation analysis.

Results. There are differences in perceived responsiveness of primary medical institutions in Qinghai and Zhejiang. Zhejiang residents believe that the primary medical institutions have better medical environment, medical staff have better attitudes to explain problems, treatment plan explanation is more clear, and the attitude toward listening to patient condition is more serious. However, Qinghai residents think that the waiting time of the basic medical institutions is shorter and the degree of trust in the medical staff is higher. There are differences in health system responsiveness among different groups. According to the standard of $\alpha=0.05$, factors such as ethnicity, household registration

type, the medical insurance type, the occupational type, the marital status, the educational level have a significant impact on the perceived responsiveness of primary medical institutions.

Conclusions. Health system responsiveness exists in the region, which may be related to the differences in the economic development level, the state of health service and the management and investment in health services among different regions. On the other hand, residents living in the same area are more similar in terms of living environment, socio-economic status, ideology and culture, and health beliefs than those from different regions. This may be one of the reasons the results of health system responsiveness assessment are closer than for residents in different regions.

VP100 Ultraradical Ovarian Cancer Surgery Comparative Clinical Effectiveness

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Introduction. Ovarian Cancer is usually diagnosed at an advanced stage. Extensive or ultra-radical surgery aims to improve the outcome by removing all visible tumour. National Institute for Health and Care Excellence UK 2013 Guidance expressed concern about its efficacy and safety, recommending research comparing complication rates, survival and quality of life with those following standard surgery. We present prospective observational data on quality of life and survival following surgery for advanced ovarian cancer. Innovative methods were used to collect patient reported outcomes and complex surgical information to compare outcomes of surgery of greater or lesser complexity used in routine practice.

Methods. A cohort study collected disease, surgical, complications, survival and quality of life data (validated instruments including EURO-QOL, EORTC-30 and OVA28) across a 2-year period in 12 United Kingdom sites and in parallel studies in Melbourne, Australia and Kolkata, India.

Results. Two hundred and sixty patients undergoing cytoreductive surgery were recruited in 12 months. Centres varied in utilisation of complex surgical procedures. Excluding patients with inoperable disease, 125 patients underwent low, 70 intermediate and 63 high Surgical Complexity Score (SCS) procedures. Complete cytoreduction with < 1cm residual disease was achieved in 100/125 (80 percent) low, 65/70 (92 percent) intermediate, and 57/63 (90 percent) high SCS groups ($p = 0.023$). Compliance with 12 months questionnaires was 89%. All surgical groups had improved EORTC QLC 30 Global at 12 months compared with

prior to operation, with overlapping 95% confidence intervals and no between group differences at 12 months. Complications, survival and quality of life adjusted for disease burden and surgical complexity over 2 years' follow-up will be described.

Conclusions. Results will inform the update of NICE Interventional Procedures guidance recommendations on clinical governance arrangements for ovarian cancer surgery and enable clinicians and patients to better understand the outcomes of surgery, informing the consent process.

VP101 Intrauterine Surgical Interventions: A Rapid Review

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Introduction. Adverse conditions during pregnancy, such as myelomeningocele (MMC), fetal-fetal transfusion syndrome (STFF) and congenital heart disease (CHD) not only significantly increase the risk of fetal death, but also increase the occurrence of severe postnatal sequelae.

Methods. We conducted a rapid review of the efficacy and safety of intrauterine interventions in MMC, STFF and DCC in comparison to traditional interventions. We searched Pubmed via Medline, Cochrane Library and Center for Reviews and Dissemination databases using the terms indexed and synonyms for each intervention.

Results. For STFF, the available scientific evidence indicates that laser ablation is effective and presents better outcomes when compared to other interventions, such as high overall survival rate, better perinatal outcomes and less chance of brain injury. Even though intrauterine interventions in CHD present high rates of live births, high neonatal mortality rates are also reported. Evidence on the efficacy and safety of intrauterine surgical interventions for myelomeningocele and CHD is inconclusive. Regarding myelomeningocele, no significant differences were observed for the outcomes of postnatal mortality, rate of ventriculostomy placement, reversal of posterior brain herniation, motor response and placental rupture.

Conclusions. There is no consensus regarding the efficacy and safety of intrauterine surgical interventions for myelomeningocele and CHD. Regarding STFF, laser ablation is accepted as an effective intervention. It is necessary to conduct prospective studies in order to evaluate the effect of these interventions, considering the specifications of each condition and the ethical aspects.