equivocal methodological challenges, we classified issues raised in the economic review, particularly those related to surrogacy, treatment pathways, and long-term benefit assumptions (extrapolation, duration of benefit, and cure). We made comparisons with respect to the approaches to long-term benefit assumptions and treatment pathways for drug indications that also had appraisals by the National Institute for Health and Care Excellence (NICE, UK) and the Pharmaceutical Benefits Advisory Committee (PBAC, Australia).
Results: Seventeen drug indications for adjuvant/neoadjuvant treatment of solid tumors were included. Reimbursement was recommended in Canada for 83 percent of drug indications, all were reviewed and recommended in the UK, and 11/15 (73%) have been recommended in Australia. Assessments described overall survival (OS) as immature, but interim OS data appeared to be supportive. There was considerable variability in approaches to long-term benefit assumptions by both submitters and reviewers. Modifications to the assumptions were made in two-thirds of reviews before acceptance by HTA. There was notable inconsistency in approaches to handling treatment-waning, while cure assessment time greater than or equal to five years from initiation was consistently considered appropriate by reviewers.
Conclusions: While all assessments recognized immature OS data, positive reimbursement recommendations were common. There was important variability in application of methods to estimate long-term treatment effectiveness, particularly determining appropriate, evidence-informed assumptions for duration of benefit and cure. This research can support guidance, methodological advancements, and consensus-building to appropriately capture benefits and assess uncertainties for treatments in early-stage cancers with more consistency.

PP81 The Importance Of Networking To Produce Better Health Technology Assessment Evaluations: An HTA Guideline For Orthoses And Prostheses In Brazil

Ketinlly Yasmyne Martins, Rodolfo Castelo Branco, Katia Galdino (katiagaldino@servidor.uepb.edu.br), Lauriston Medeiros, Eduardo Jorge V Oliveira and Monica Vinhas de Souza

Introduction: Health technology assessment (HTA) studies focused on equipment have particularities. The evaluation of orthoses (ORT) and prostheses (PRT) is even more challenging and tends to present more difficulties when compared to technologies such as medicines. Furthermore, in Brazil there are different manufacturing and dispensing processes for these technologies throughout the country; this heterogeneity could also affect the sustainability of the system itself. Objectives: (i) evaluate and disseminate the elements necessary to carry out adequate and sustainable assessments of non-implantable ORT and PRT and; (ii) produce a guideline on HTA assessment for non-implantable ORT and PRT.
Methods: Visits were made to ORT and PRT centers throughout Brazil to collect data on the production chain, dispensing, adaptation, and evaluation of the patient's clinical results. At the same time, systematic literature reviews were carried out on two topics: (i) elements that must be considered in the manufacture, dispensation, and adaptation of non-implantable ORT and PRT; and (ii) HTA guidelines/examples focused on ORT and PRT.
Results: Eight of a total of 12 centers throughout different Brazilian regions were visited. A scoping review was carried out on body-sizing methods for manufacturing non-implantable ORT and PRT, and the differences and particularities of each method. Another systematic review on existing HTA guidelines and the HTA assessment of ORT and PRT is ongoing. The data of the three phases will be analyzed and translated in a Brazilian guideline of HTA for non-implantable ORT and PRT.
Conclusions: With the network of regional and national centers and the sum of different actors (such as government agencies, universities, and health centers), working together for common ground and the sustainability of the health system in complex areas such as HTA of ORT and PRT would be viable. Even with this effort, the work to be done and the challenges are significant.

PP82 Prevention And Intervention Software Applications For People At Risk Of Suicide: Effectiveness And Safety

Amado Rivero-Santana, Andrea Duarte-Díaz (andrea.duartediaz@sescs.es), Yolanda Álvarez-Pérez, Renata Linertová, Alezandra Torres-Castaño, Himar González-Pacheco, Carmen Guirado-Fuentes, Analía Abt Sacks, Vanesa Ramos García, Ana Toledo-Chávarri, Francisco Javier Acosta-Artiles, Pedro Serrano-Pérez, Carme Carrion, Marta Guillén and Lilisbeth Perestelo-Pérez

Introduction: Suicide poses a severe public health challenge worldwide, impacting individuals, families, work, and society. The multifaceted nature of suicide demands a complex approach involving psychological, biological, social, cultural, and environmental factors. Recognizing suicide's status as the leading external cause of death in Spain, prevention increasingly incorporates technology, specifically mobile and software applications.
Methods: A systematic review of the effectiveness and safety of mobile and software applications was conducted (MEDLINE, Embase, CINAHL, and PsycINFO databases). Outcome variables included: suicide; suicidal behavior; suicidal intent; suicidal ideation/thinking; self-perceived suicide risk; using/seeking mental health services; associated mental symptoms; mental health-related quality of life; satisfaction of the user and the health professional;

https://doi.org/10.1017/S0266462324002514

adverse events related to the app, as defined in the included studies. Studies that do not include suicidal behavior, intention, or ideation were excluded. Where available data allowed, a meta-analysis was conducted for each outcome variable.
Results: One systematic review and 13 randomized controlled trials (n=2,952) were analyzed. No significant differences were found in deaths by suicide or suicide attempts. At post-intervention, small but significant reductions were observed in suicidal ideation, hopelessness, depression, and worry, with anxiety reduction slightly above statistical significance. At follow-up (8 to 52 weeks), these variables also obtained significant results, except depression and suicidal ideation. Regarding safety, there was no significant difference in safety phone calls for participants with suicidal ideation.
Conclusions: The evidence on suicide prevention app effectiveness is of low quality, precluding conclusive findings. Attempt reduction is suggested at 21 percent, but the confidence interval includes a potential 60 percent increase. Evidence on suicide-related psychological variables (suicide ideation, depression, hopelessness, and anxiety) is of higher quality (low–moderate), but effects are small and clinically uncertain. Safety findings are uncertain, impacting risk/benefit balance.

PP83 Building Resilient Capacity For The Diagnosis Of Cardiac Pathologies Through Telemedicine: Pilot Study

Pedro Galvan, José Ortellado, Ronald Rivas, Benicio Grossling and Enrique Hilario (ibiomedica@iics.una.py)

Introduction: The evolution of technology in medicine and information and communication technology (ICT) has been an important step to introduce innovative/resilient specialized health services. The emergence of telemedicine offers opportunities to enhance specialized diagnosis services. This study has evaluated the feasibility of using tele-Holter and tele-ABPM (ambulatory blood pressure monitoring) to build a resilient diagnosis network for cardiac pathologies in Paraguayan remote public hospitals.
Methods: This observational descriptive multicenter feasibility study is based on a telemedicine-driven approach for specialized cardiac diagnostic services using Holter and ABPM devices in remote and underserved public hospitals in Paraguay. A telemedicine platform was used to send records of Holter and ABPM devices from the remote hospitals to the cardiologist to screen cardiac pathologies.
Results: During the pilot study, 52 cardiac diagnostic tests were carried out using the tele-Holter and tele-ABPM approach in 10 regional hospitals countrywide. Cardiac diagnosis was performed in 24 patients using Holter and 28 patients using ABPM. The most frequent findings using tele-Holter were normal (91.6%), not sustained ventricular tachycardia (4.2%), and atrial fibrillation (4.2%). Regarding tele-ABPM, the diagnoses performed were arterial hypertension (50.0%), uncontrolled arterial hypertension (40.0%), and normal (10.0%). Overall, an average of 90.0 percent of diagnosed patients suffered high blood pressure and 8.4 percent suffered heart disorder.
Conclusions: According to our results, the use of a telemedicine-driven approach to build a resilient diagnosis network for cardiac pathologies in remote underserved public hospitals in Paraguay is feasible. A widespread use-assessment should be analyzed before this tool is adopted.

PP84 Developing The Network For The Future Of Healthcare Through Telemedicine-Driven Diagnostic Innovation

Pedro Galvan, José Ortellado, Ronald Rivas, Benicio Grossling and Enrique Hilario (ibiomedica@iics.una.py)

Introduction: The healthcare digital landscape has evolved and is crucial in shaping strategies for fortifying the health system, specifically in building a network for the future of health services. There is also considerable interest in digital health to facilitate innovation and access to health services in underserved hospitals. This study has evaluated the results of a telemedicine-driven diagnostic network in remote Paraguayan hospitals.
Methods: This is a descriptive study, where the results using a digital telemedicine-driven diagnosis innovation in remote public hospitals were evaluated as a tool to improve equity and accessibility of specialized diagnostic services countrywide. For these purposes, the type and frequency of diagnosis performed through a digital telemedicine platform was determined.
Results: During the study, a futuristic telemedicine-driven diagnostic innovation was implemented in 67 hospitals countrywide. The digital telediagnosis network facilitated tele-electrocardiography (ECG), teletomography, tele-electroencephalography (EEG), tele-Holter and tele-ABPM (ambulatory blood pressure monitoring). The implemented digital telemedicine network has performed 828,073 tests in total between 2013 and 2023. The most performed diagnoses were ECG (543,815 tests) followed by teletomography (266,750 tests), EEG (17,418 tests), Holter (43 tests), and ABPM (28 tests).
Conclusions: According to our results, the telemedicine-driven diagnostic innovation network facilitates faster and more equitable access to tertiary-level diagnostic services for patients in remote underserved public hospitals in Paraguay. A widespread use-assessment is necessary before this platform is implemented.

https://doi.org/10.1017/S0266462324002514