

chronic disease patients may be attributed to the value of treatment by patients and their family, and also due to the existence of a multidisciplinary team at the reference center. These data might be useful for public health policy making in other countries.

PP046 Screening In Women Vaccinated Against Human Papillomavirus: Governing Innovation

AUTHORS:

Paolo Giorgi Rossi (paolo.giorgirossi@ausl.re.it),
Francesca Carozzi, Antonio Federici, Guglielmo Ronco,
Marco Zappa, Silvia Franceschi

INTRODUCTION:

In Italy, the cohorts of women who were offered Human papillomavirus (HPV) vaccination in 2007/08 will reach the age for cervical cancer (CC) screening from 2017. According to the National Prevention Plan 2014–18, HPV-based screening must be implemented for women ≥ 30 years old, following the Italian Health Technology Assessment (HTA) report recommendations (1). The simultaneous shift from cytology-based screening to HPV test-based screening gives the opportunity for unprecedented reorganisation of CC prevention.

METHODS:

The National Screening Monitoring Centre and the Italian Group for Cervical Screening, following a commitment by the Italian the Ministry of Health (MoH), identified the consensus conference as the most suitable method for addressing this topic. The objective was defining the best screening methods in girls vaccinated against HPV and the knowledge needs for defining evidence-based screening strategies. During the consensus celebration (24 November 2015) a jury made recommendations about questions and proposals formulated by a panel of experts representative of Italian scientific societies involved in CC prevention and based on systematic reviews (2).

RESULTS:

The jury considered changing the screening protocols for girls vaccinated in their 12th year as appropriate. Tailored screening protocols based on vaccination status could be replaced by “one size fits all” protocols only when a herd immunity effect has been reached. Vaccinated women should start screening at age 30, instead of 25, with the HPV test. Furthermore, there is a strong rationale for applying longer intervals for re-screening HPV negative women than the currently recommended 5 years, but research is needed to determine the optimal screening time points. For non-vaccinated women and for women vaccinated in their 15th year or later, the current protocol should be kept.

CONCLUSIONS:

As further action, in 2016 the Ministry of Health funded a Health Technology Assessment program of the new screening protocol proposed by the consensus conference and a cohort study for determining a safe interval in vaccinated women.

REFERENCES:

1. Ronco G, Biggeri A, Confortini M, et al. Health technology assessment report: HPV DNA based primary screening for cervical cancer precursors. *Epidemiol Prev.* 2012;36(3-4 Suppl 1):e1-72.
 2. Giorgi Rossi P, Carozzi F, Federici A, et al. Italian Screening in HPV vaccinated girls Consensus Conference group. Cervical cancer screening in women vaccinated against human papillomavirus infection: Recommendations from a consensus conference. *Prev Med.* 2016; 25. pii: S0091-7435(16)30375-9.
-

PP047 Intravenous Iron Sucrose Therapy In Real-World Anemic Patients

AUTHORS:

Armando Alcobia, Ana Soares, Maria Francisca Delerue,
Hélder Mansinho, Hélder Pereira, Jorge Félix

(jorge.felix@exigoconsultores.com), Diana Ferreira, Madalena Plácido, Marta Afonso-Silva, Marta Vargas Gomes, Miguel Amorim, Beatriz Pinto, Carlota Moura, Sara Rabiais, Valeska Andreozzi

INTRODUCTION:

Anemia is a major problem, frequently resulting from iron deficiency (1). Guidelines recommend the administration of intravenous (IV) iron, leaving blood transfusions for critical patients due to the potential impact in length of stay (LOS) and mortality (2,3). We aimed to characterize IV iron sucrose utilization and health resource utilization in anemic patients.

METHODS:

This is a retrospective ongoing cohort study. Patient records from a general Portuguese Hospital with an administration of iron sucrose in 2014–2015 were reviewed. Adult anemic patients with at least one hemoglobin (Hb) evaluation before and after the administration of IV iron were included. Endpoints assessed were: Hb level (baseline, 4 and 8 weeks after), anemia correction rate at weeks 4 and 8, blood transfusions, length of stay (LOS), rate of readmissions (<30 days) and inpatient mortality. Statistical analysis included non-parametric and chi-square tests to assess differences between groups and a logistic regression model, using a 5 percent significance level.

RESULTS:

Data was collected for 401 patients (63.1 percent female; mean age Standard Deviation, SD: 62.6 (21.7) years) and 431 IV iron sucrose administration episodes. Mean cumulative iron dose was 679.5 mg. Baseline Hb level was 84.5 g/l and increased to 94.3 g/l (week 4) and to 103.0 g/l (week 8). Blood transfusions were performed in 53.8 percent of the episodes. Overall 157 (36.4 percent) episodes had a >20 g/l increase in Hb level. Blood transfusions were associated with a higher proportion of Hb level increase >20 g/l (44.0 percent versus 27.9 percent, $p < .001$). The overall mean LOS was 15.3 days, although episodes with transfusions had a significantly longer duration (17.5 days versus 12.7 days; $p < .001$). Overall readmission rate was 25.8 percent, with a higher proportion in episodes with blood transfusions

(29.3 percent versus 21.6 percent). A total of 36 patients (9.0 percent) died at the hospital before discharge. Transfusions performed during or after IV iron administration increased 3.1 times the risk of in-hospital death (95 percent Confidence Interval, CI: 1.3-7.0; $p = .008$), after adjusting for age and sex.

CONCLUSIONS:

We observed a high rate of blood transfusions in this cohort treated with intravenous iron sucrose for anemia. Transfusions were associated with substantial burden of resource consumption and in-hospital mortality.

REFERENCES:

1. Camaschella C. Iron-deficiency anemia. *N Engl J Med*. 2015;2015(372):1832-43.
2. Goddard AF, James MW, McIntyre AS, Scott BB. Guidelines for the management of iron deficiency anaemia. *Gut*. 2011;60(10):1309-1316.
3. Vincent JL, Baron JF, Reinhart K et al. Anemia and blood transfusion in critically ill patients. *JAMA*. 2002;288(12):1499-507.

PP048 Quality Of Health Care Through Integration: Experience Of Cochlear Implantation

AUTHORS:

Lyazzat Kosherbayeva, Aigul Medeulova (medeulova@bk.ru), Abdulla Alzhanov

INTRODUCTION:

The State Program for Health Development of the Republic of Kazakhstan (RK) "Densaulyk" for 2016–2019 initiated the modernization of primary health care with the introduction of family practice in order to ensure the availability, completeness and quality of health services on the basis of an integrated healthcare system focused on the needs of the population. The aim of this study was to determine the effectiveness of the cochlear implantation (CI) programs.