INTRODUCTION:

Stereo-electroencephalography (SEEG) has been shown to be a valuable tool for the anatomo-electroclinic definition of the epileptogenic zone (EZ) in some patients with medically refractory epilepsy considered for surgery. In Spain, many of those patients are not offered this diagnostic procedure. The objective of our health technology assessment (HTA) report was to evaluate the effectiveness, safety and cost-effectiveness of SEEG to define the EZ in patients with refractory epilepsy considered for surgery compared to no SEEG intervention (i.e. remaining with further antiepileptic drugs).

METHODS:

We undertook a systematic review with meta-analyses on the effectiveness and safety of SEEG. A cost-effectiveness analysis was conducted using a Markov model which simulates the costs and health outcomes of individuals for a lifetime horizon from the perspective of the Spanish National Health Service (NHS). The effectiveness measure was quality-adjusted life years (QALYs). We ran extensive sensitivity analyses, including a probabilistic sensitivity analysis.

RESULTS:

The EZ was found in 92 percent of patients who underwent SEEG, 72 percent were eligible for epilepsy surgery and 33 percent were free of seizures after surgery (47 percent of those who received surgery). Any complications related to insertion and monitoring of SEEG and the subsequent intervention occurred in 1.3 percent of patients. In the base case analysis, SEEG led to higher QALYs and healthcare costs with an estimated incremental cost-effectiveness ratio of EUR 10,368 (USD 12,217) per QALY. The sensitivity analyses showed that the results of the study were robust.

CONCLUSIONS:

SEEG is a cost-effective technology in patients with refractory epilepsy considered for surgery when compared to no SEEG intervention.

PD31 Financial Impact Of Target Molecular Therapies In A Brazilian Hospital

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INTRODUCTION:

The therapy using molecular-targeted (MTT) and monoclonal antibodies (MA) are examples of new therapeutic technologies in search of greater clinical effectiveness and reduction of adverse effects in the fight against frequent diseases. Generally, new technologies have a high cost impact on the health system. The objective of this study was to evaluate the financial impact generated by the use of MTT and MA therapies in the teaching Hospital de Clínicas, Porto Alegre, Brazil.

METHODS:

The first 60 higher monetary spending drug items of the last 12 months were analyzed. From them, drugs which fit in the categories under study, and have been regularly used, were identified. The monthly expenditures with each item were tabulated and compared with the total expenditures on drugs, in order to calculate the budgetary impact. The major groups of diseases treated with each agent were analyzed.

RESULTS:

Two MTT agents (gefitinib and infliximab) and three MAs (rituximab, basiliximab and abciximab) were identified. The highest expenditure items, respectively, per year, were the oncological medicines rituximab (USD127,890) and gefitinib (USD96,923), followed by the immunosuppressive basiliximab (USD88,998) and the immunomodulatory infliximab (USD68,642), and the platelet aggregation inhibitor abciximab (USD47,886). These values corresponding to, respectively, 1.1 percent, 0.8 percent, 0.8 percent, 0.6 percent and 0.4 percent of total drug expenditure per year (USD11,866,124). Trastuzumab, bortezomib and imatinib were often used, but directly supplied by the public system, in a way that didn't impact the hospital budgetary management.

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CONCLUSIONS:

MTT and MA have an important impact on health budgets, and are mainly used to treat some types of cancer, cardiovascular disease and autoimmune disorders. These aspects should be considered in the management of drugs in hospitals of high complexity.

PD33 Incorporation Of New Medicines In Brazil: A Descriptive Analysis

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INTRODUCTION:

Health Technology Assessment (HTA) is important to the rational decision in healthcare systems. In Brazil, HTA is carried out by the national commission for the incorporation of technologies in the public system (Conitec), which issues reports with recommendations. This work aims to describe these recommendations and the factors influencing them.

METHODS:

A descriptive analysis was conducted on Conitec's reports of incorporation of medicines between 2012 and 2016. The medicines were classified according to the Anatomical Therapeutic Chemical system (ATC).

RESULTS:

One hundred and twenty-eight reports were assessed. Most requests were issued by the pharmaceutical industry (n=72; 47 percent), followed by the Ministry of Health (n=63; 41 percent). More reports issued by the Ministry of Health had positive recommendations compared to manufacturers (n=22 vs. n=50; $\chi2=30.231$, df=1, $p<0.001$). Other antivirals were the most common class with requisitions (n=16), followed by TNF-α inhibitors (n=14) and selective immunosuppressants (n=12). Other antivirals had the most positive recommendations (n=12; 75 percent), followed by TNF-α inhibitors (n=7; 50 percent) and selective immunosuppressants (n=7; 58 percent). The difference was significant ($\chi2=88.65$, df=63, p=0.02). TNF-α inhibitors was the class with the most negative recommendations (n=7; 50 percent), followed by monoclonal antibodies (n=6; 67 percent). Sixty-two reports contained economic assessments. Fifty-four presented incremental cost-effectiveness ratio (ICER) data and 57 presented the budget impact. Twenty-three reports showed data indicating dominance of the medicine, but only five of these were recommended for incorporation. Drugs for cancer have been recommended despite high ICER values. Decision makers accepted all the recommendations issued by Conitec.

CONCLUSIONS:

Data suggest that the economic evaluation is secondary to the decision of incorporation. The pharmaceutical industry is the largest applicant for the incorporation of medicines, but these requests are significantly less accepted than those made by the Ministry of Health. Conitec's recommendations are well-accepted by policy-makers. It was not possible to determine an implicit cost-effectiveness threshold.

PD34 São Paulo Congenital Heart Corrections: Three-Years' Assist Registry

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INTRODUCTION:

Death from congenital heart disease (CHD) can be avoided, contributing to reduced infant mortality. The objective of this study was to identify the profile of patients undergoing surgical correction for CHD in three São Paulo State hospitals, and to determine factors that contribute to morbidity and mortality.

METHODS:

The Voluntary Pediatric Cardiovascular Surgery Multicenter Registry (ASSIST) was created in 2014 through a Research Grant Program for the Public Healthcare System (Pesquisas para o Sistema Único de Saúde, PPSUS)* project, a federal-state joint strategic

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