

assessment to examine the degree to which care in the insured package is provided to patients. The full cycle consists of four phases: screening, in-depth analysis, implementation, and evaluation. The results of the in-depth analysis are discussed with the stakeholders. This is followed by written agreements on multiple actions to improve healthcare from the patient perspective. For CIN these actions encompass improvements in a top-down fashion; for example, by updating guidelines to eliminate unwanted practice variation and creating tools for shared decision-making. These actions were supplemented by the development of audit and feedback information on a national and local level. The development was supported by a second national appropriate care program, Healthcare Evaluation and Appropriate Use. The results of the first production run of the audit and feedback information were disseminated by the Dutch Society of Obstetrics and Gynaecology and more than 50 healthcare institutions. This information was used to prioritize modular guideline updates and helped pinpoint the main areas of improvement of individual healthcare institutions. A future production run of audit and feedback information will facilitate the Plan-Do-Check-Act cycle on a local and national level.

**Conclusions.** In the case we present, the collaboration between appropriate care programs and healthcare professionals led to a synergy between top-down (updating and disseminating guidelines and tools for shared decision-making) and bottom-up (learning from audit and feedback information) activities to improve curative care for women with CIN.

## PP118 Cyclic Mental Health Technology Assessment with Priority Setting And Involving Stakeholders - A Case Report From The Netherlands

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**Introduction.** For almost ten years a cyclic appropriate care program has been in place in The Netherlands, known as Zinnige Zorg. The program spanned the full International Classification of Diseases (10<sup>th</sup> Edition). In 2016 a project on mental health was started. A full cycle consisted of four phases: screening (including priority setting), in-depth analysis, implementation and evaluation. During the in-depth analysis phase, the mental health practice as it was provided was compared to the advice in the guidelines. The mental health project is now in the implementation phase. Professionals, mental healthcare institutions, health insurers and patients are now collaborating to reach the goals that have been set at the closure of the analysis phase.

**Methods.** Project documentation was analysed to describe the way stakeholders were involved in priority setting as well as their subsequent involvement in implementation of appropriate care actions.

**Results.** The present case report describes two factors that are important in engaging stakeholders:

(i) Priority setting started with interviews with different stakeholders. This led to a selection of 9 themes for investigating appropriate care.

(ii) For these themes stakeholders formulated 45 issues, together with their consequences for mental health patients, without formulating solutions. If necessary they were reformulated as: [group of patients x] experiences [bottleneck y in mental healthcare], this leads to the patients [negative consequence z]. Next, 9 issues were prioritized and 4 selected, with input from the stakeholders.

Finally, two diseases were selected for which the issues were investigated in depth. This focus enables development of specific implementation steps and evaluation of their effects.

**Conclusions.** Currently, stakeholders are collaborating in a constructive manner in the implementation phase of this cyclic appropriate care program to improve mental health care for patients experiencing psychosis or post-traumatic stress disorder. Important characteristic of the process that might have supported the present collaborative effort in implementation were (i) early involvement of the stakeholders and (ii) an orientation on problems experienced by patients in the priority setting phase.

## PP119 Results And Lessons Learned From The Cyclic Appropriate Care Program From National Health Care Institute Of The Netherlands

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**Introduction.** Since 2013, the National Health Care Institute in the Netherlands has systematically analyzed the appropriateness of care provided under public health insurance. Here we present the method used, the results up to now, and what we have learned from it.

**Methods.** The appropriate care program consists of four phases: screening, in-depth analysis, implementation, and evaluation. Stakeholder involvement is a central part of the process. For every ICD-10 area, a screening took place to select care trajectories for in-depth analysis with a potential for wiser choices and more appropriate care. The in-depth analysis indicates which improvements can be made to reach more appropriate care, by assessing guideline adherence. During the implementation phase, which is primarily carried out by clinicians, patients and health insurers, actions are taken to improve care on the identified points. In the evaluation phase, we examine to what extent improvements have been achieved.

**Results.** Currently, all ICD-10 areas have been screened and 29 selected care trajectories have been subjected to in-depth analyses. The analyses resulted in the identification of more than a hundred areas for potential improvement of the appropriateness of care. For most topics implementation of changes is currently taking place. The four most important impact-enhancing lessons learned by applying the working method are: (i) ICD-10 areas as a starting point for screening are not the most efficient method to reach the biggest impact. (ii) The screening should take a societal perspective. (iii) All public and private parties involved should fulfill their role

and take responsibility. (iv) To fulfill our own role better, the working method should be more connected to health technology assessment for reimbursement decisions.

**Conclusions.** The program has resulted in the identification of many valuable points for improvement which could lead to more appropriate care in the coming years. The impact of the program could be increased through priority setting from a societal perspective and improving the connection to our other health technology assessment processes.

## PP120 Fluorescent In Situ Hybridization (FISH) Vs Conventional Cytogenetic (CC) For Detecting High-Risk Genetic Mutations In Multiple Myeloma

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**Introduction.** The Revised International Staging System (R-ISS) International Myeloma Working Group (IMWG) recommends a minimal panel to detect high-risk cytogenetics (del17p, t[4;14], t[14;16]) for patients with multiple myeloma (MM). In the Brazilian Public Health System, the use of FISH is currently authorized for rare diseases only, not including MM. In 2021, the Brazilian National Committee for Health Technology Incorporation, with the purpose of broadening the use of FISH to MM patients, requested a review to be undertaken by the Health Technology Assessment Center of University of Campinas' Teaching Hospital. This study presents the results of a meta-analysis comparing FISH vs CC to the detection of the above-mentioned aberrations in MM patients.

**Methods.** On 25 June 2021, a pre-structured search on four databases (Embase, MEDLINE, Cochrane and LILACS) was performed to identify studies comparing FISH and CC results in MM patients for the detection of high-risk cytogenetics (del17p, t[4;14], and t[14;16]) in MM patients' bone marrow samples. Study selection, risk of bias assessment, data extraction (frequency of positive tests) and quality of evidence assessment were performed by two independent researchers. Conflicts were solved in agreement meetings with a third researcher. Meta-analysis was performed using frequency of positives to obtain Risk Difference (RD), a surrogate measure of the surplus positive tests between FISH and CC.

**Results.** From a total of 1346 rendered entries, 11 studies were selected. Only observational studies were available. These studies presented an overall high risk of bias (QUADAS-2). A total of 781 patients were assessed (653 evaluated by FISH and 719 by CC). Meta-analysis results showed that, for t(4;14) FISH detected 12 percent more samples (RD:0.12 [95% confidence interval (CI):0.06-0.19]). For t(14;16), FISH detected 0.42 percent more samples (RD:0.00 [95%CI:-0.01-0.02]). And for del17p, FISH detected 1.6 percent more samples (RD:0.12 [95%CI:0.04-0.20]).

**Conclusions.** FISH appears to be more effective than CC on the detection of t(4;14) and del17p aberrations, and can be a useful tool in hematology practice. The results of t(14;16) presented non-superiority, probably due to the low frequency of this aberration.

## PP122 Magnetic Resonance-guided High-intensity Focused Ultrasound For Non-surgical Treatment Of Prostate Cancer, Uterine Fibroids, Adenomyosis And Pain In Bone Metastases

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**Introduction.** Magnetic resonance imaging guided high-intensity focused ultrasound (MR-HIFU) is a non-invasive technique with a low risk of complications for the patient and few side effects. Integration with MRI allows monitoring of the temperature regime of thermal doses, which protects important structures from overheating, and at the same time directing a high thermal dose to the target tissue.

MR-HIFU in the treatment of uterine fibroids, prostate cancer and the treatment of pain in bone metastases is compared with both traditional methods of treatment (uterine artery embolization, hysterectomy, prostatectomy, etc.).

**Methods.** To assess the clinical effectiveness and safety of non-invasive MR-HIFU, a literature search was performed in the MEDLINE database using the following keywords: "MRgFUS" "MR-HIFU". The following filters were used: (i) article type: meta-analysis, systematic review, guidance; (ii) date of publication: no later than 5 years (from 2016).

**Results.** According to the search terms, 104 publications were submitted to MEDLINE for keywords. After using filters, 57 publications were identified to familiarize themselves with research abstracts. The analysis included six publications according to PICO criteria.

The use of non-invasive MR-HIFU therapy for the treatment of uterine fibroids, prostate cancer and various forms of metastatic bone lesions does not have convincing evidence of advantages over standard treatment methods (surgical resection, embolization, etc.) and may be used only as an alternative technique or in addition to standard therapy.

**Conclusions.** Despite some advantages of the MR-HIFU technology, it is experimental and should only be used as an alternative to surgical treatment. Convincing evidence of the efficacy of MR-HIFU treatment in meta-analyses, systematic reviews, and randomized controlled trials has not yet been published.