Spain, Italy and the United Kingdom were recruited. The IG had access to the apps and game for six months, and to smart sensors for the last two months. Schools were recruited by convenience sampling. Participants in both groups undertook (i) anthropometric measurements, (ii) diet (KIDMED), physical activity (PAQ-A) and sleep (HELENA study) validated questionnaires, and (iii) ad-hoc lifestyles knowledge questionnaire. PEGASO, if used, continuously recorded diet and physical activity. User experience was assessed through focus groups.

RESULTS:

Five hundred and fifty-eight participants were included (IG:365 / CG:193). The mean (standard deviation; SD) age was 14.8 (0.8), and 52.3 percent were girls. At baseline, mean scores (SD) of KIDMED, PAQ-A and weekday and weekend sleep hours were 5.60 (2.41), 2.48 (0.66), 8.34 (1.07) and 9.99 (1.66), respectively. The percentage of correct answers of lifestyle's knowledge was 65.2 percent (range 13–100 percent). The IG and CG did not show differences for main outcome variables. At six months, a higher percentage of participants in the IG reported an increase of at least one point in the adherence to Mediterranean Diet (43.8 percent vs. 35.4). No differences were observed for other lifestyles. Focus group results showed a predisposition of adolescents to use mHealth for health promotion; the platform was considered to be useful and complete and personalized suggestions were positively valued. Participants reported few limited interest ion the game and several technical issues.

CONCLUSIONS:

Although participants were motivated and excited about their involvement in the study, and that PEGASO was something desirable for them, the system only showed some impact in specific areas – namely, diet – and could improve some its technological features. Several challenges and opportunities are associated with the implementation of mHealth.

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PP137 Colorectal Cancer Screening In The Philippines: Cost-Utility Analysis

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INTRODUCTION:

Colorectal cancer (CRC) is the fourth leading cause of cancer deaths in the Philippines. In 2014, the Philippine Health Insurance Corporation (PhilHealth) created a CRC treatment package. The study aimed to determine the cost-utility and budget impact of CRC screening strategies.

METHODS:

A discrete-event microsimulation model was used to simulate four screening modalities: (i) guaiac-fecal occult blood test (gFOBT) followed by colonoscopy every 10 years; (ii) fecal immunochemical test (FIT) followed by colonoscopy every 10 years; (iii) FIT followed by flexible sigmoidoscopy; and (iv) colonoscopy screening every 10 years. These interventions were all compared to no screening. Parameter values were taken from a rapid review of the medical literature and primary data collection from a nationally representative sample of tertiary hospitals.

RESULTS:

All screening modalities were very cost effective considering that the incremental cost-effective ratios (ICERs) were lower than the gross domestic product per capita threshold suggested by the World Health Organization. Sensitivity analysis showed that the ICERs of all screening modalities evaluated remained below this threshold. The strategy of using FIT followed by colonoscopy every 10 years had an ICER of USD 6,025, with an annual budget impact of USD 6.5 million, assuming low compliance. With moderate compliance this could increase to USD 18.7 million annually.

CONCLUSIONS:

PhilHealth may introduce a benefit package for outpatient screening of colorectal cancer using the screening modality of annual FIT followed by colonoscopy every 10 years.

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PP138 Cost-Effectiveness Analysis Of Influenza A (H1N1) Chemoprophylaxis

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