abobotulinumtoxinA 15 U/kg/leg was significantly better compared to onabotulinumtoxinA 4 U/kg/leg (−0.99 [−1.49; −0.50]), onabotulinumtoxinA 4 U/kg/leg + casting (−0.81 [−1.30; −0.32]) and numerically (although not statistically significantly) better than onabotulinumtoxinA 8 U/kg (−0.70 [−1.64; 0.22], Pbetter=93%). For GAS, abobotulinumtoxinA 15 U/kg/leg was numerically better than onabotulinumtoxinA 12 U/kg/leg. On Tardieu scale-spasticity grade, abobotulinumtoxinA was comparable to other treatments. AbobotulinumtoxinA 15 U/kg/leg showed the highest SUCRA value on MAS and GAS. On tolerability, abobotulinumtoxinA was found to have comparable or fewer adverse events than onabotulinumtoxinA 4 U/kg/leg.

CONCLUSIONS:

Our analyses suggest that abobotulinumtoxinA offers a comparable or favourable efficacy on tone (measured by MAS), spasticity (Tardieu scale-spasticity grade), functional outcomes (GAS) and tolerability versus onabotulinumtoxinA, in the management of children with lower limb spasticity. The results must be interpreted in the context of the heterogeneity of the evidence base and sparse evidence base.

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PP04 Co-Constructing Recommendations With Patients And Health Professionals

AUTHORS:

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INTRODUCTION:

Decision-making about replacement or modification of an implantable cardioverter defibrillator (ICD) must be patient-centered and clinically appropriate. We engaged both patients and health care professionals in a multi-method approach in order to recommend structures and processes that facilitate informed and shared decision-making.

METHODS:

A systematic literature review (2000 to 2017) was performed focusing on the patient's perspective and the optimal organization of structures and processes for decision-making. A province-wide field evaluation based on medical chart review was carried out to provide 'real world' evidence in Québec's six ICD implanting centers (1 July to 31 December, 2016; N = 418). Patients and health care professionals reviewed the findings of the review and field evaluation, and deliberated recommendations in an anonymous manner by electronic mail. A joint meeting focused on proposed recommendations concerning shared decision-making.

RESULTS:

The patients provided feedback on the literature review based on their ICD experience, and highlighted the need for better and more interactive decision aids, clinical information and time, and a private space for sensitive discussions. The field evaluation underlined the variability of treatment choices at the time of replacement and that more than one in ten patients had undergone ICD deactivation. Proposed recommendations focus on multi-disciplinary, integrated follow-up of patients and outline best practice for incorporating patient wishes and life objectives when discussing treatment options. The multi-round consultation process allowed both patients and professionals to co-construct recommendations with our evaluation team.

CONCLUSIONS:

This multi-method approach enriched our interpretation of literature and 'real world' data and facilitated identification and prioritization of important themes. Partnership with both patients and clinicians added a new and energizing dynamic to our evaluation and recommendation processes. We acknowledge the contribution of the members of the patient committee and the clinical experts committee.

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PP05 Developing Equity In Remote Locations Through Telediagnosis

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INTRODUCTION:

Clinical background: Until recently, populations living in remote areas did not have access to specialist care and quality diagnostic services and thus depended on the low response capacity of their local health system. Subsequently, there were equity issues between urban and rural populations. Therefore it was considered telediagnosis applications should be directed towards developing better equity in the provision of services in remote locations without access to specialists. This study has evaluated the results of a new telemedicine system in remote public hospitals in Paraguay, in order to show how the response capacity of the local integrated health service delivery networks has been improved by providing access to tertiary level diagnostic services by specialists. Objective: This study aims to evaluate the utility of telemedicine as a tool for developing better equity in the provision of services in remote locations.

METHODS:

This was a descriptive study, where the results of using telemedicine for diagnosis in remote public hospitals were evaluated as a tool to improve access to diagnostic services countrywide between 2014–2017. For these purposes, type and frequency of pathology diagnosed was determined.

RESULTS:

A total of 311,562 telediagnoses were performed in fifty-seven hospitals. The 191,435 electrocardiogram diagnosis performed in the fifty-five hospitals were mainly normal (62.1%), unspecified arrhythmias (12.5%), and sinus bradycardia (10.4%). Also 115,924 teletomography tests were performed in twelve hospitals, where 54.4 percent corresponded to head as a consequence of accidents (motorcycles) and cerebrovascular diseases, 13.8 percent to chest, and the rest the other anatomical regions. Regarding the 4,184 electroencephalogram tests performed, antecedents of seizure (54.3%), evolutionary controls (14.0%), and headache (11.5%), were mainly diagnosed. The nineteen ultrasound studies corresponded to prenatal controls.

CONCLUSIONS:

Despite the results of the telediagnosis implemented in the public health to develop better equity in the provision of services in remote locations, a widespread use-assessment should be analyzed before this tool is adopted.

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PP06 HER2 Evaluation By CISH And SISH In Breast Cancer: A Meta-Analysis

AUTHORS:

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INTRODUCTION:

Molecular techniques play a critical role in identifying breast cancer patients with overexpressed human epidermal growth factor receptor-2 (HER2). New bright field techniques such as chromogenic in-situ hybridization (CISH) and silver in-situ hybridization (SISH) have emerged to overcome some of the challenges associated with the reference standard, fluorescence in-situ hybridization (FISH). We conducted a literature review and synthesis to characterize the accuracy of HER2 tests, and inform decisions about test selection.

METHODS:

We searched MEDLINE and EMBASE databases using these eligibility criteria: studies evaluating invasive breast cancer samples which examined agreement between CISH or SISH, and FISH, and reported sensitivity, specificity, or concordance. We performed a bivariate meta-analysis of sensitivity and specificity using a generalized linear mixed model in Stata. We used likelihood ratio tests from meta-regression to compare accuracy between HER2 tests.

RESULTS:

The search identified 4,475 articles, of which thirty-one were included. A total of thirteen studies (43%) evaluated dual-color SISH, twelve single-color CISH, and six dual-color CISH. The summary estimates for sensitivity and specificity were, respectively, 0.97 (95%CI 0.83–0.99) and 0.99 (95%CI 0.96–1.00) for single-color CISH, 0.98 (95%CI 0.92–0.99) and 0.98 (95%CI 0.91–0.99) for dual-color CISH; 0.92 (95%CI 0.86–0.95), and 0.96 (95%CI 0.91–0.98) for SISH. Significantly higher specificity was reported for single-color CISH than SISH (chi-square 4.12; p = 0.04), while dual-CISH had higher sensitivity than SISH (chi-square: 4.63; p = 0.03). These differences were not maintained when studies with cohorts enriched with equivocal samples were excluded.

CONCLUSIONS:

The agreement between new bright field tests (SISH and CISH) and FISH is high (>92 percent). Indirect