where there are concerns to optimize resource use. This will (need to) continue to enable access to safe, (cost-) effective and affordable medicines.

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PP023 Applying Oncology Patient Registries As A Health Technology Assessment Tool

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INTRODUCTION:

The limited healthcare resources have to be invested efficiently; Health Technology Assessment (HTA) is applied ever more often in many health care systems for "rational decision-making". The oncology patient registries (OPR) track the eligibility of patients and the complete flow of treatments, guaranteeing appropriateness in use of pharmaceutical products, according to approved indications.

METHODS:

Normative legal acts and other regulatory documents in the field of oncology medical and pharmaceutical activity, include content and maintenance oncology registries. The system, process and information analysis, direct observation, comparative analysis, logical modelling, sociological methods (surveys and expert opinions) are applied.

RESULTS:

A temporary coverage/funding of oncology drugs often requires additional collection of data on safety, effectiveness, cost-effectiveness, and the appropriate use of the drug. Many of the oncology drugs show little or marginal effectiveness at time of approval and reimbursement agencies demand further data before deciding whether to cover the new drug. Pragmatic clinical trials, patient access schemes and standard data requirements on patient relevant outcomes in OPR are some of the approaches to generate further evidence and to fill the gap between knowledge on efficacy at time of approval and demanded knowledge on effectiveness for coverage decisions. For each monitored drug, patients eligible for treatment are registered in the specific therapeutic indication dynamic monitoring database to collect epidemiologic and clinical data, including data on the safety profile, and ex-post information missing at first evaluation stage.

CONCLUSIONS:

OPR provide a detailed view of the morbidity, mortality and resource utilization associated with an oncologies diseases entity. This data is of prime importance in coming to decisions on coverage of a drug or treatment. The collation of information is also quick and efficient owing to better methods of data management. OPR of Kazakhstan are equipped with sophisticated data processing software and technologies.

PP024 Changes In Reporting Characteristics Of Systematic Reviews For The United Kingdom

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INTRODUCTION:

A recent publication reported that increasing numbers of systematic reviews are being published and, although standards have improved, many are still poorly conducted and reported, especially non-Cochrane systematic reviews (1). The aim of this study was to assess the quality of the conduct and reporting of systematic reviews undertaken for the United Kingdom (UK) Health Technology Assessment (HTA) programme and published in the International Journal of Technology Assessment in Health Care (2) and compare those undertaken in 2004 and 2014.

METHODS:

A comparative sample of all systematic reviews published in 2004 and 2014 in the UK HTA monograph series was identified by a structured search of MEDLINE in August 2016. After piloting of the form, two reviewers each extracted relevant data. These data were tabulated and summarized.

RESULTS:

The search identified twenty-three systematic reviews from 2004 and thirty from 2014. By 2014, compared with 2004, a smaller proportion of treatment (53 percent versus 70 percent) and pharmaceutical (20 percent versus 57 percent) reviews were being published. In 2014, there were much higher percentages of review registrations (70 percent versus 0 percent) and available protocols (90 percent versus 17 percent); increased explicit inclusion of unpublished literature (65 percent versus 39 percent); less frequent use of local checklists (32 percent versus 61 percent) for critical appraisal; more complete reporting of study flow for inclusion (97 percent versus 57 percent) and exclusion (91 percent and 65 percent) of studies; and there were more reviews reporting limitations affecting the review itself (73 percent versus 49 percent). The process had clearly become more reflective and rigorous. However, some previous weaknesses persisted, including the general absence of any assessment of publication bias and the failure to report overall numbers of patients in the review.

CONCLUSIONS:

Marked improvements can be seen in the conduct and reporting of systematic reviews published by the UK HTA programme as a result of the publication and general acceptance of the PRISMA statement (3) and the increased application of a smaller number of relevant standards.

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PP025 Thrombopoietin Receptor Agonist For Treatment Of Adults With Chronic Immune Thrombocytopenic Purpura

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INTRODUCTION:

This study aims to report the clinical effectiveness and cost-effectiveness of Thrombopoietin (TPO) receptor agonist for the treatment of adults with spontaneous Immune Thrombocytopenic Purpura (ITP) in Taiwan.

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