GLP-1 receptor agonist, and α-glycosidase inhibitor. The top three monotherapies for reducing total cholesterol level were metformin, GLP-1 receptor agonist, and dipeptidyl peptidase-4 (DPP-4) inhibitor. For combination therapies, the top three treatments for reducing HbA1c level were GLP-1 receptor agonist plus metformin, insulin plus metformin, and glinide plus metformin. The top three combination therapies for reducing BMI level were glinide plus metformin, GLP-1 receptor agonist plus metformin, and DPP-4 inhibitor plus metformin. The top three combination therapies for reducing total cholesterol level were insulin plus metformin, GLP-1 receptor agonist plus metformin, and α-glycosidase inhibitor plus metformin.

Conclusions. Pharmacological treatments had better efficacy than placebo or lifestyle interventions, while combination drug therapies were superior to monotherapies.

PP94 Clinical Effectiveness Of Regorafenib For Metastatic Colorectal Cancer

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Introduction. Colorectal cancer (CRC) is the third most common malignant neoplasm among men and the second most common among women. According to the World Cancer Report, the number of people suffering from this disease is growing steadily. In 2012, there were more than 1.36 million new cases of CRC, and approximately 694,000 people died from this disease worldwide.

Methods. A sensitive literature search identified 12 relevant publications, including: a CORRECT phase III study assessing the effect of regorafenib in patients with metastatic CRC that continued to progress despite using all standard treatment methods; a CONCUR Phase III study evaluating the clinical effect of regorafenib in Asian patients with metastatic CRC; a CONSIGN study conducted after the CORRECT and CONCUR studies that assessed the safety profile of regorafenib prior to market entry; and various systematic reviews evaluating the safety of regorafenib.

Results. The efficacy and safety of regorafenib for treating patients with metastatic CRC was evaluated in two major clinical studies: CORRECT and CONCUR. Although the studies were randomized, double-blind, and placebo-controlled, they were conducted in different patient populations. Before treatment with regorafenib, patients received, depending on the country, fluoropyrimidines, oxaliplatin, irinotecan, or bevacizumab, and patients with the wild-type KRAS gene also received cetuximab and panitumumab. Results from both studies indicated that regorafenib had a clinically significant positive effect on rates of progression-free survival and overall survival in patients with treatment-resistant metastatic CRC.

Conclusions. Regorafenib can be recommended as a monotherapy for resistant metastatic CRC when there are no contraindications to use. Considering the safety profile of regorafenib, further research is needed to determine the best dosage of regorafenib and the most appropriate clinical and molecular biomarkers for determining which patients would benefit most from this treatment.

PP98 Educating Medical Students Toward Quality-Targeted Leadership

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Introduction. Classic health technology assessment (HTA) is based on safety, efficacy, and costs. However, in the dynamic world of medicine, "real-world" experience is used to improve HTA. Aggregating evidence is a constant challenge. Physicians are traditionally trained in professionalism (knowledge and skills) and compassion, concentrating on the patient and disease rather than the technology. Currently, medical education also emphasizes quality of care by promoting standardization, and reducing mistakes by root cause analysis. We aimed to integrate the key parameters of safety, effectiveness, quality measures, economic aspects, and assessment guidelines for real-world experience in medical education.

Methods. A group of medical students participated in a targeted HTA-orientated education program, which focused on the identification of challenges and barriers in the adoption of health technologies, and then completed a structured survey.

Results. The program included 243 students. They raised four major emerging challenges: (i) to initiate a culture of quality and HTA-targeted perception for individual physicians; (ii) to better understand the role of different stakeholders in the health system; (iii) to be exposed to considerations of budget allocation; and (iv) to incorporate patient preferences, expectations, and engagement so that patient-centered care becomes a critical part of HTA.

Conclusions. Incorporating values of HTA-targeted quality at an early stage of medical education, while future physicians are developing their professional identity, may create a professional, quality-focused leadership group in health care. The understanding and implementation of these "new" dimensions may serve as a platform for building smart capability to ensure better decision making processes among caregivers and medical managers.

PP99 Hospital-Based Health Technology Assessment Units In Brazil: Present And Future

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Introduction. Since 2007, 23 Núcleos de Avaliação de Tecnologias em Saúde or hospital-based health technology assessment (HB-HTA) units have been established in teaching hospitals across Brazil. These units aim to promote the development of health technology assessment in hospitals, assisting the decision-making process for implementing new technologies and evaluating and promoting the rational use of widespread technologies.

Methods. An online questionnaire was sent by e-mail to all HB-HTA units registered in the Brazilian Network for Evaluation of Health Technologies. Information was acquired to comprehensively assess the activity of the units.