807. EFFICACY ASSESSMENT OF A TRAINING PROGRAMME FOR PHYSICIANS ON DEATH CERTIFICATION

S. Maeso-Martínez, M. Montesinos, B. Arana, M. Expósito, J. Rotinen, L. Cirera

Centro Nacional Epidemiología, ISCIII; Dirección General de Salud Pública, Consejería de Salud de Murcia; Mater Private Hospital Brisbane.

Background/Objectives: Ensuring high-quality Cause of Death (CoD) statistics is fundamental to public health. Some educational initiatives have been implemented but limited research is available on the efficacy evaluation of medical courses for improving CoD certification. We aimed to assess the efficacy of a training program for physicians to improve the quality of causes of death certification in Spain.

Methods: The workshop was addressed to in-training physicians (MIR Specialist training program) during 2012 and 2013 in the Spanish region of Murcia. This descriptive observational epidemiological study assessed the efficacy of medical certification of 18 face-to-face workshops by a pre/post-test, before and after the course, of three exercises of real CoD certificates given to 289 MIR during that period. We evaluated and scored (well/bad, adding up 1 point for each well done): writing, acronyms, and sequence as form indicators; placement of immediate, intermediate, and initial CoD, affixes, and omissions as concept indicators; and correct Basic Cause of Death (CABAS) as result indicators. We performed McNemar tests for all indicators (form, concept, and result).

Results: We included 1,604 exercises with 17,637 items. All the items evaluated showed improvement after completing the course. Four indicators and three groups were incorrect (< 50%) at initial exercises, all being correct (> 50%) at final exercises. After the course, the most notable improvements, greater than 35%, were immediate, intermediate and initial cause, causal sequence and described causes; and groups: causes, concept and causes with CABAS. In the initial test, 54% individual indicators were correct, while in the final examination, 81% were correct, with an improvement of 27% (p-value < 0.05). In 27 of the 30 comparisons (11 items for 3 exercises) there was a marked improvement after the course (p-values < 0.001). In the third exercise, immediate cause, acronyms and casual sequence, improvements were less emphatic or non-significant (p-value 0.001, 0.002, 0.278). Legible writing obtained less clear or non-significant improvements in all exercises (p-value 0.096, 0.027, 0.210). In the initial test, CABAS was correct in 67% of exercises, while in the final test was correct in 94% of exercises, with a 27% improvement ($p < 0.05$).

Conclusions/Recommendations: The effectiveness of the training program for physicians on death certification was remarkable. Observed performance markedly improve after the educational intervention. Institutions involved should consider implementing training on death certification and should evaluate the positive impact on mortality quality statistics.

809. HOW TO STEM THE TIDE? DEVELOPMENT OF THREE SCOPING REVIEWS IN BIOMARKERS AND PERSONALIZED PREVENTION

E. Plans Beriso*, C. Babb-de-Villiers*, D. Petrova, E. García-Ovejero, O. Craciun, N. Fernández-Martínez, H. Turner, C. Barahona-López, P. Diez, O.R. Hernández, *et al.*

ISCIII; PHGF; ibs.GRANADA; CIBERESP.

The "PeRsOnalized Prevention roadmap for the future HEalThcare" (PROPHET) project, seeks to assess the effectiveness, clinical utility and existing gaps in current personalized preventive approaches, and to develop a Strategy Research and Innovation Agenda (SRIA) for the European Union. The first draft of the SRIA concept paper needs to incorporate the state of the art of personalized prevention carried out through scoping reviews. Among them, our work aimed to answer whether there is any biomarker or combination of biomarkers that can help to better identify subgroups of individuals with different risks of developing a particular disease for primary or secondary prevention. These results were needed at early stage of the project; despite covering such a broad topic, it had to be carried out in record time (4 months) by a geographically dispersed team (Granada, Madrid, United Kingdom). Our challenge has been to maintain effective coordination and speed without losing scientific rigor. Between Feb-June 2023, our team conducted three independent scoping reviews (for cardiovascular diseases, neurodegenerative diseases and cancer, respectively) that involved quick and difficult decisions to narrow down the inclusion criteria, study populations, biomarkers included, and types of prevention. To maintain consistency, we created different glossaries and had multiple meetings and constant contact between team members. As a first step, we identified key terms on the topics of interest, helped by expert consultations, identification of significant publications and several specific tools (SR-Accelerator, etc.). A pilot study was conducted to refine the search matrix and to initiate coordination among reviewers. However, in order to shorten timeframes, we limited peer review to 10% of the records in all phases. The protocol, published in OSF, served as a guide for the report. All phases, when possible, overlapped to deliver the report on time. In addition, we made interactive evidence maps to show the results graphically, thanks to the creation of a script, using R and Python, to allow the input of the datasheet extraction file into the mapping application. Despite these challenges, we successfully met the project deadlines.

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57. BENEFICIOS DE LA PARTICIPACIÓN EN ENSAYOS CLÍNICOS: UNA UMBRELLA REVIEW

A. Bouzalmate-Hajjaj, P. Massó-Guijarro, K.S. Khan, A. Bueno-Cavanillas, N. Cano-Ibáñez

Department of Preventive Medicine and Public Health, Faculty of Medicine, University of Granada; Preventive Medicine Unit, Universitary Hospital Virgen de las Nieves; Instituto de Investigación Biosanitaria de Granada (IBS,GRANADA); CIBER de Epidemiología y Salud Pública (CIBERESP-Spain).

Antecedentes/Objetivos: La participación en ensayos clínicos aleatorizados (ECA) implica tomar parte en el descubrimiento de los efectos de las intervenciones sanitarias. La cuestión de si los resultados en salud de los participantes de los estudios, específicamente los del grupo control, son diferentes a los de los no participantes sigue siendo controvertida. El objetivo de esta *umbrella review* fue evaluar si la participación en los ECA aporta beneficios para la salud, en comparación con la no participación.

Métodos: Se realizó un registro prospectivo (PROSPERO CRD42021287812), y se realizaron búsquedas bibliográficas en las bases de datos Medline, Scopus, Web of Science y Cochrane Library desde el inicio hasta junio de 2022 para identificar revisiones sistemáticas relevantes con o sin metaanálisis. Dos revisores independientes realizaron la extracción de datos y la evaluación de la calidad de los estudios (AMSTAR-2).

Resultados: De 914 registros, seis revisiones sistemáticas que resumían 380 comparaciones de participantes de ECA con no partici-