

ern Europe. A multidisciplinary and pan European experts' working group has been established to discuss the development of best practices to optimise future HTAs for HPV vaccination. **RESULTS:** Our research shows that a systematic, transparent and comprehensive approach was inconsistently used in previous HTAs leading to different conclusions. However, all HTAs raised some uncertainties and remaining open questions at time of assessment that need to be further addressed. The experts' group reached consensus on the following points: 1) Epidemiological trends and projections of HPV infection and diseases should be considered to better estimate the expected impact of vaccination on HPV burden; 2) Changes in knowledge, perceptions and attitudes towards HPV vaccination should be documented, as they may affect the medical and economical efficiency of vaccination programmes. 3) Dynamic transmission models (accounting for herd immunity) should be used, considering decision-analytic aspects (incremental comparisons, time horizon, discounting, model validation), to help assessors handling validity and uncertainties on key parameters (HPV transmission, vaccine effectiveness, duration of protection); 4) HPV vaccination as any health technology should be subject to an ongoing HTA process that integrates new monitoring outcomes and research findings. **CONCLUSIONS:** HTAs of HPV vaccination were used to inform policy-making for girls' vaccination, while uncertainties remained at first assessment time. Evidence generated since latest HTA should continuously be integrated in new HTAs, to better inform country policy decisions and adjust/extend policies in place accordingly.

#### RESEARCH POSTER PRESENTATIONS – SESSION III SELECTED HEALTH CARE TREATMENT STUDIES

##### SURGERY - Clinical Outcomes Studies

###### PSU1

#### 3-YEAR REAL-WORLD OUTCOMES WITH THE SWEDISH ADJUSTABLE GASTRIC BANDTM IN FRANCE

Ribaric G

Johnson & Johnson, Norderstedt, Germany

**OBJECTIVES:** To prospectively ascertain outcomes typical of the French national experience with the Swedish Adjustable Gastric BandTM (SAGBTM) in a consecutive-series, patient sample. **METHODS:** A common protocol for prospective data collection was provided to both urban and rural centres across regions of continental France. The protocol stipulated collection of data for body mass index (BMI, kg/m<sup>2</sup>), excess weight (kg), comorbidities, quality of life (QoL), and adverse events. **RESULTS:** Thirty-one surgeons in 28 teams implanted SAGBs. The cohort of 517 patients included 88.0% female; mean age of 37.5 years; mean disease duration, 15.3 years; mean preoperative BMI, 41.2. Measures of obesity were significantly reduced at 3 years, with a within-patient mean BMI reduction of 9.0 (95% CI: 8.5, 9.5; p<0.0001), excess body weight reduction of 24.5 kg (23.1, 25.9; p<0.0001), and corresponding 47.4% EWL (44.3, 51.0). Arthropathy, hypertension, dyslipidemia, and gastro-oesophageal reflux disease were the 4 most frequently cited comorbidities. Comorbidity prevalence fell significantly from a baseline of 74.3% (773 reported comorbidities in 381/513) to 27.2% (161 comorbidities in 116/424); thus, at 3-year follow-up, 72.8% reported no comorbidity. The majority of SAGB patients (68.3%) experienced no adverse events. Confirmed adverse events associated with the SAGB procedure totaled 290, occurring in 31.7% of patients. An overall adverse event rate of 0.19 events per patient-year. There was 1 unrelated death. Obesity-specific BAROSTM and non-disease specific Euro-QoLTM presented improvement in QoL over 3 years post-SAGB implantation. Global QoL improvement was significantly associated with magnitude of BMI reduction (p<0.001) **CONCLUSIONS:** SAGB was effective at 3 yrs; BMI was reduced by 9.0 kg/m<sup>2</sup>, from 41.0 to 32.2 kg/m<sup>2</sup>. Average number of comorbidities per patient decreased over time. The 3-year implant-survival rate was 87.0%. SAGB-induced weight loss was associated with substantially improved QoL.

###### PSU2

#### THE INCIDENCE OF COMPLICATIONS AFTER ITS THYROIDECTOMY IN PATIENTS WITH THYROID CANCER IN KOREA : USING HEALTH CLAIM DATABASE

Hyun MK<sup>1</sup>, Kim J<sup>1</sup>, Kwon JW<sup>1</sup>, Park YJ<sup>2</sup>

<sup>1</sup>National Evidence-based Healthcare Collaborating Agency (NECA), Seoul, South Korea, <sup>2</sup>Seoul National University College of Medicine, Seoul, South Korea

**OBJECTIVES:** Thyroidectomy is the treatment of choice in most thyroid cancer patients; however the incidence of complications after thyroidectomy cannot be bypassed. However, there are few studies about the complication after thyroidectomy using nationwide health claim data. The aim of this study was to investigate the incidence of complications after thyroidectomy in patients with thyroid cancer and its risk factor in South Korea. **METHODS:** We used national health claim database between 2006 and 2010 including all hospital records covering almost every population by national health insurance system. We included patients aged 20-120 years old with thyroid cancer (ICD-10 codes of C73) who underwent thyroidectomy (P4551-4, P4561) in 2008. To select newly diagnosed patients in 2008, we excluded all patients who were previously reported to have any type of cancer including thyroid cancer, hypoparathyroidism, or vocal cord paralysis between 2006 and 2007. We conducted a follow-up survey of the selected subjects on the national health claim database at least for 2 years after diagnosis. **RESULTS:** Patients who underwent thyroidectomy for thyroid cancer treatment 15,811 (mean age: 48.1±12.6 years). Complication after surgery occurred in 1,148 (7.3%) patients during follow up of 2.4 years; 5.7% of hypoparathyroidism and 1.7% vocal cord paralysis. Only 3.6% of complication (2.6% hypoparathyroidism and 0.6% vocal cord

paralysis) was reported within 1 month after surgery. The development of complication was significantly related with higher age, highly advanced general hospital, urban region. **CONCLUSIONS:** This study results suggest that postoperative care for patients with thyroidectomy is important to detect complications and to treat them appropriately especially in elderly. Further more study is required to identify risk factors of complication after thyroidectomy.

###### PSU3

#### PROLONGED EFFECTIVENESS OF CORONARY ARTERY BYPASS SURGERY VERSUS DRUG-ELUTING STENTS IN DIABETICS WITH MULTI-VESSEL DISEASE: AN UPDATED META-ANALYSIS

Arivaratne TV<sup>1</sup>, Ademi Z<sup>2</sup>, Yap CH<sup>3</sup>, Billah B<sup>4</sup>, Rosenfeldt F<sup>4</sup>, Yan BP<sup>5</sup>, Reid CM<sup>4</sup>

<sup>1</sup>Monash University, Melbourne, Victoria, Australia, <sup>2</sup>University of Melbourne, Melbourne, Australia, <sup>3</sup>Geelong Hospital & Monash University, Geelong, Victoria, Australia, <sup>4</sup>Alfred Hospital & Monash University, Melbourne, Victoria, Australia, <sup>5</sup>Prince of Wales Hospital & Monash University, Hong Kong, Hong Kong, China

**OBJECTIVES:** Individuals with pre-existing multi-vessel disease (MVD) and type-II diabetes mellitus (DM) are at increased risk of complications following coronary revascularisation. The global rise in prevalence of DM warrants frequent monitoring of medium-term outcomes in real-world patients undergoing contemporary coronary artery bypass surgery (CABG) or percutaneous coronary intervention. **METHODS:** We conducted a meta-analysis comparing the effectiveness of CABG versus drug-eluting stents (DES) in the MVD-DM population. Using a set of pre-specified criteria, a search strategy was developed to retrieve published reports to date (April 2012) in the English language. An electronic search for non-randomised controlled studies was conducted in five medical databases (MEDLINE, EMBASE, PUBMED, CINAHL and the Cochrane). A panel comprising three reviewers were involved in systematically screening the selected abstracts, whilst two performed the data extraction. Data were pooled using both fixed- and random-effects models. Effects sizes were measured through relative risks (RR) and 95% confidence intervals (CI). **RESULTS:** Of 13 reports that met our pre-specified criteria, we included 11 studies which enrolled 4,162 patients (2,033 CABG and 2,129 DES). The average length follow-up was 2.5 years (range 12- and 60-months). Whilst no significant mortality benefit was observed by either CABG or DES at mean follow-up (RR = 0.9; 95%-CI: 0.6 to 1.3), CABG was associated with lower risk of myocardial infarction (RR = 0.5; 95%-CI: 0.4 to 0.8), repeat revascularisation (RR=0.3; 95%-CI: 0.2 to 0.4), and MACCE (RR= 0.7; 95%-CI: 0.6 to 0.8). In contrast, CABG was associated with higher risk of cerebrovascular events (CVE) (RR = 1.8; 95%-CI: 1.04 to 3.2). Both procedures showed no significant difference in the combined outcome of all-cause mortality, myocardial infarction or CVE (RR = 0.9; 95%-CI: 0.8 to 1.1). **CONCLUSIONS:** In a real-world population we demonstrated a unique finding of increased risk of myocardial infarction with DES compared to CABG at mean follow-up of 2.5 years.

###### PSU4

#### REGIONAL VARIATION IN ANGIOGRAM USE FOR PATIENTS WHO UNDERWENT CORONARY ARTERY BYPASS GRAFT SURGERY

Baser O<sup>1</sup>, Burkan A<sup>2</sup>, Baser E<sup>3</sup>, Koselerli R<sup>2</sup>, Ertugay E<sup>2</sup>, Altinbas A<sup>4</sup>

<sup>1</sup>STATinMED Research/The University of Michigan, Ann Arbor, MI, USA, <sup>2</sup>Social Security Institution, Ankara, Turkey, <sup>3</sup>STATinMED Research, Istanbul, MI, Turkey, <sup>4</sup>Dyskapı Yıllıdırım Beyazıt Education and Research Hospital, Ankara, Turkey

**OBJECTIVES:** Angiograms, whereby a tube is inserted in the arm or groin area and threaded up to the heart to check for blocked arteries that may cause a heart attack, is a necessary but complicated and expensive procedure. This study analyzed the potential overuse of angiograms among patients who underwent coronary artery bypass graft (CABG) surgery in Turkey. **METHODS:** Using the Turkish National Health Insurance Database, patients undergoing CABG surgery in 2010 were identified using the appropriate International Classification of Disease 10th Revision Clinical Modification (ICD-10-CM) diagnosis codes. From this group, patients with more than one angiogram 3 months before surgery were identified. Regional variations were identified using a color-coded map. The relationship between hospital quality and angiogram intensity was assessed using chi-square tests. Hospital quality was determined using the previously validated CompQual index, which uses hospital operational mortality and volume as inputs. **RESULTS:** Out of 39,410 patients identified, 6.65% had more than one angiogram 3 months prior to CABG surgery. There was a wide variation in angiogram use across cities. The proportion of CABG surgery patients with more than one angiogram was the highest in Tekirdag (14.46%), followed by Afyonkarahisar (12.23%) and Erzurum (10.66%). There was a significant relationship between hospital quality and overuse of angiograms. The highest quality hospitals had a higher proportion of patients with a single angiogram prior to CABG surgery (p<0.001). **CONCLUSIONS:** Angiograms, although significantly important to detect blocked arteries, should be applied effectively. Excessive use of angiograms not only decreases the quality of health care but also increases health care costs.

###### PSU5

#### BIARIATRIC SURGERY FROM THE PERSPECTIVE OF BRAZILIAN NATIONAL HEALTH SYSTEM (SUS)

Freitas MG<sup>1</sup>, Souza KM<sup>2</sup>, Silva MT<sup>3</sup>, Elias FTS<sup>4</sup>

<sup>1</sup>Brazilian Ministry of Health, Brasília, Distrito Federal, Brazil, <sup>2</sup>Brazilian Ministry of Health, Belo Horizonte, Minas Gerais, Brazil, <sup>3</sup>Brazilian Ministry of Health, Brasília, DF, Brazil, <sup>4</sup>Ministry of Health of Brazil, Brasília, Distrito Federal, Brazil

**OBJECTIVES:** Bariatric surgery is highly complex process indicated for treating morbid obesity. In the SUS the surgery provided is the laparotomical way. Objectives of the study were: Elaboration of a rapid review about the effectiveness and economical analysis of the bariatric surgery methods for the decision of incorpo-