PP107 Effectiveness And Safety Of Cytoreductive Surgery And Heated Intraperitoneal Chemotherapy For Pediatric Peritoneal Carcinomatosis: A Living Evidence Synthesis

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Introduction: The evidence synthesis developed to inform decision-making on the use of cytoreductive surgery (CRS) and heated intraperitoneal chemotherapy (HIPEC) for pediatric peritoneal carcinomatosis showed that currently available evidence is of very low quality. As new evidence could arise within the following months, we adopted a rigorous living evidence synthesis (LES) approach to provide a timely update and favor decision-making based on actual evidence.
Methods: This LES started with a baseline synthesis about the effects of CRS and HIPEC on pediatric peritoneal carcinomatosis. On 31 August 2023, we set up the evidence monitoring for up to 12 months. Following the Living Evidence to Inform Health Decisions (LE-IHD) framework, we planned and developed the evidence monitoring, supported by technological enablers. We searched for ongoing studies in trial registries every three months. New eligible studies were assessed following a systematic and reproducible process to decide on their incorporation in the evidence summary. This process was periodically reviewed to determine the continuation/withdrawal of the living mode.
Results: The baseline synthesis identified one systematic review suggesting that CRS and HIPEC could increase overall survival in pediatric peritoneal carcinomatosis (very low-quality evidence), but no comparative data could be obtained against usual care. To date, the evidence monitoring has not identified new relevant studies on the impact of CRS and HIPEC in overall and disease-free survival, morbidity, or quality of life in pediatric peritoneal carcinomatosis. At the time of the conference, we will report on nine months of monitoring and regular updates including key messages on any changes in the evidence synthesis conclusions.
Conclusions: For HTA reports based on very low-quality evidence (uncertain results), the LE approach allows for timely updating of conclusions, adding value in decision-making. The LE-IHD framework facilitates HTA developers' tasks for planning and conducting LE synthesis to inform health decisions.

PP108 A Systematic Review Of Reactogenicity And Safety Of Recombinant Zoster Vaccine For Prevention Of Herpes Zoster In Adults

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Introduction: Herpes zoster (HZ), also known as shingles, is characterized by a vesicular skin rash, often associated with acute pain and itching. The safety profile of the recombinant zoster vaccine (RZV) in adults aged 50 years and older and in adults aged 18 and older who are at increased risk of HZ was assessed in this systematic review.
Methods: A comprehensive electronic search was performed in Embase, MEDLINE, the Cochrane Library, and clinical trials registries. Searches were limited to the period from 2008 to July 2023. Article screening and data extraction were carried out by two independent reviewers. Risk of bias was assessed using the Cochrane revised Risk of Bias 2 (RoB2) tool for randomized controlled trials (RCTs). The Risk of Bias in Non-Randomized Studies of Interventions (ROBINS-I) tool was used to assess the quality of non-randomized studies. An adapted version of the Newcastle–Ottawa Scale was used for the appraisal of quality of non-comparative studies.
Results: Eighteen RCTs, four observational cohort studies, seven single-arm trials, and 11 single-arm observational studies were identified. Compared with placebo, solicited local (RZV: 74.1 to 84.0%; placebo: 7.9 to 11.9%) and systemic reactions (RZV: 53.0 to 66.1%; placebo: 6 to 11.4%) were more common in the vaccinated cohorts. Reactions were generally transient and mild to moderate in intensity. The most frequent reactions reported were pain at the reaction site, fatigue, and myalgia. The incidence of potential immune-mediated diseases (pIMDS), serious adverse events (SAEs), and fatalities was similar in vaccine and placebo groups. No SAEs, pIMDs, or deaths were reported as vaccine related.
Conclusions: The available data on RZV shows that while local and systemic adverse events are common with RZV, these are typically transient, and SAEs are uncommon in both the general population and those at increased risk of HZ.

PP109 Which Review Is Right For You? Choosing A Review Methodology

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Introduction: While systematic reviews (SRs) are regarded as the gold standard in healthcare evidence reviewing (and a requirement of

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many health technology assessments [(HTAs)]), other types of review also play an important role throughout a product's lifecycle. Drawing on more than thirty years' experience in conducting reviews, we present key points to consider when deciding which review type might be required.
Methods: SRs are recommended when a comprehensive search and synthesis approach is required, for example HTAs. They have highly structured methods, emphasizing bias minimization, transparency, and replicability. "Rapid," "pragmatic," or "targeted" reviews are increasingly popular due to their accelerated timelines and reduced costs, with methodological shortcuts possible at various stages. Scoping reviews explore what is known about a topic and typically have a broad research question. "Reviews of reviews" or "overviews" identify existing SRs on an established topic. Finally, "living reviews" follow the same process as an SR or rapid review but incorporate new evidence on a continual or regular basis.
Results: Rapid reviews may be appropriate when flexibility exists regarding the scope and review methods. Any limitations due to methodological shortcuts must be acknowledged in a transparent manner. Scoping reviews are useful for pioneering research ahead of an SR, or early in a product's development phase, when an overall understanding of the evidence base is required. Reviews of reviews are particularly useful when the size of the primary study literature means that a review of primary studies would be unfeasible. Living reviews are best suited to topics where the evidence base is changing rapidly, or the best information is needed quickly.
Conclusions: When considering conducting or commissioning a review, organizations should consider the intended audience for the review, the resources, time, and budget available, and the size of the existing literature. Although SRs remain the gold standard, a rapid review, scoping review, or review of reviews may offer a more suitable way to approach a given research question.

Poster Presentations (online)

PD01 Budget Impact Analysis Of Expanding Newborn Inherited Metabolic Diseases Screening In Shanghai, China

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Introduction: China has a high incidence of birth defects. Tandem mass spectrometry (MS/MS) screening enables rapid detection of multiple inherited metabolic disorders and has been widely promoted globally. This study aimed to conduct a budget impact analysis of replacing phenylketonuria screening with MS/MS by calculating the financial impact of reimbursing the costs of MS/MS screening.
Methods: An Excel-based budget impact analysis model for MS/MS screening was developed. The number of newborns in Shanghai from 2024 to 2026 was estimated using the birth rate trend among the permanent population of Shanghai over the past decade. By integrating clinical screening data, along with the corresponding screening costs and diagnostic fees for the gold standard test, the financial impact of replacing phenylketonuria screening with MS/MS screening was calculated. The screening data for this study was extracted from a tertiary hospital in Shanghai. Demographic data were obtained from statistical websites, while cost data were derived from literature and a tertiary hospital in Shanghai.
Results: The fiscal expenditures for phenylketonuria screening were CNY1.75 million (USD0.25 million), CNY1.65 million (USD0.23 million), and CNY1.56 million (USD0.22 million) for 2024, 2025, and 2026, respectively. In contrast, the corresponding fiscal expenditures for MS/MS were CNY25.23 million (USD3.54 million), CNY23.78 million (USD3.33 million), and CNY22.41 million (USD3.14 million). The additional fiscal expenditure for MS/MS, compared with phenylketonuria screening, was CNY23.48 million (USD3.29 million), CNY22.13 million (USD3.10 million), and CNY20.85 million (USD2.92 million), showing a yearly decreasing trend.
Conclusions: The financial impact of MS/MS screening was controllable. It was recommended that the cost of MS/MS screening in Shanghai be covered by government funding. The promotion of newborn screening using MS/MS deserves priority consideration and publicity in Shanghai, China.

PD02 Budget Impact Analysis: A Challenge To Incorporating Medications For Ultrarare Diseases In The Brazilian Healthcare System

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Introduction: The decision-making process for incorporating technologies for ultrarare diseases (URD) has been a challenge for health technology assessment agencies worldwide. These challenges have been presented in debates about the budget impact of incorporating technologies for URD. This is an important issue because there are other dimensions of the economic and social impact of URD that require consideration.

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