

serious complications; however, one study reported intense pain and postoperative infection. Pathological changes due to retention of asymptomatic IM3Ms were reported by three studies. Nine SRs of the management of third molars were included in this review, however none focused solely on IM3Ms.

CONCLUSIONS:

Consistent with previous systematic reviews, we found no RCT data to support or refute the prophylactic removal of asymptomatic IM3Ms, despite extensive searching of the literature. The review however did identify evidence from two longitudinal studies demonstrating the outcomes when asymptomatic IM3Ms are left in situ.

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PP111 Toward Healthy Coagulation In Hemophilia

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INTRODUCTION:

Healthcare advances in hemophilia have led to near-normal life expectancies in a disorder previously associated with early death. Unlike other disorders where the therapeutic goal is to restore deficiencies to normal levels, prophylaxis in hemophilia is used to achieve a plasma level of FVIII > 1%, such that severe hemophilia may be reduced to a moderate/mild phenotype. With the development of new therapies, treatment goals are evolving from on-demand treatment or prevention of bleeds to one where the risk of bleeding is minimal/absent. To accelerate this development, a new treatment paradigm is needed, with consensus from key stakeholder communities, to facilitate a shared vision for the future of hemophilia healthcare.

METHODS:

A panel of hemophilia providers, patient advocates, and industry representatives convened to develop a new treatment model that establishes specific treatment milestones and target outcomes in a stepwise fashion, culminating in a progressive definition of cure.

RESULTS:

To represent the collective experience of hemophilia for patients and treaters around the world, the following

treatment milestones were defined based on optimized outcomes: (i) Sustain Life – prevention of premature death; (ii) Minimal Joint Impairment – improved quality of life; participation in activities of daily living; (iii) Freedom From Spontaneous Bleeds – ability to engage in low-risk activities; (iv) Attainment of ‘Normal’ Mobility – participation in work, career, and family life without restriction; (v) Able to Sustain Minor Trauma – more unrestricted lifestyle; (vi) Ability to Sustain Major Surgery or Trauma Without Additional Intervention – no dependency on specialized healthcare; (vii) Normal Hemostasis – optimal health and well-being; and (viii) Cure – health equity.

CONCLUSIONS:

With milestones for disease management leading toward normalized hemostasis, this treatment model provides a vision to improve hemophilia care for all patients. And by providing achievable outcomes, the community—patients, treaters, and their industry partners—has a clear path to achieve that goal.

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PP113 Towards A Systemic Approach of Value Judgment In HTA

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INTRODUCTION:

The fact that HTA is a value-laden process is recognized in the literature. This is one of the reasons for promoting a better integration of ethics in HTA processes. Although what is meant by value-judgment (VJ) and how it can be used in HTA is not clear for some authors; others have proposed the elicitation of implicit VJs, to make them more explicit, as one way for clarifying the role ethics may play in HTA. In order to clarify what a VJ is, a conceptual analysis is needed to distinguish it from a factual-judgment and see how they diverge on certain aspects and converge on others.

METHODS:

The distinction between VJs and factual-judgments was debated in the fifties. At the core of the philosophy of

language was a distinction between factual-scientific assertions about facts, considered objective, and VJs on what is right/wrong-good/bad, considered subjective. In speech-act theory these distinctions were treated as two different operations: assertive and evaluative. A conceptual analysis of VJs, considering them as specific speech-acts, was used for clarifying/deciphering the role of VJs in HTA.

RESULTS:

VJs are intrinsically embedded in decision-making since they are the reasons justifying decisions. This is why implicit VJs can be identified at every decision-step in the HTA process. Assessment is usually considered objective while appraisal seems subjective. Since VJs are entrenched in the decisions taken throughout the assessment process, the results are not completely objective. Ethical analysis also distinguishes two types of VJs, those based on normative criteria and those based on various degrees of value actualization. Furthermore, since evaluation requires criteria based on a rational process, VJs are not totally subjective.

CONCLUSIONS:

Elicitation of VJs in HTA is one way of integrating ethics in HTA and offers decision-makers a more thorough picture of the ethical issues involved in their decision.

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PP114 Clinical Effectiveness Of Insulin Glargine; Findings And Implications

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INTRODUCTION:

There is continuing controversy surrounding the funding of insulin glargine versus neutral protamine Hagedorn (NPH) insulin in Brazil, due to substantial differences in their prices, and recent meta-analyses of randomized controlled trials and independent observational studies that show no difference in effectiveness; however, sponsored observational studies show greater effectiveness of insulin glargine.

Overall, the cost-effectiveness of insulin glargine in Brazil is controversial. In view of the continuing controversy, there is a need to address this using patient level data within the public health system in Brazil.

METHODS:

We conducted a retrospective historical cohort study of type 1 diabetes patients receiving insulin glargine from January 2011 to January 2015, including patients in the public health system in Minas Gerais. Variables included (i) demographic variables, (ii) clinical variables e.g. time with a diagnosis of type 1 diabetes, (iii) treatment characteristics, and (iv) laboratory results of HbA1c. Individuals were compared with themselves in an analysis of HbA1c values before and after six months of using insulin glargine, with each patient acting as their own control.

RESULTS:

Five hundred and eighty patients were included in the study. HbA1c varied from 8.80±1.98 percent in NPH insulin users to 8.54±1.88 percent after insulin glargine for six months, which is not clinically significant. The frequency of glycemic control varied from 22.6 percent with NPH insulin to 26.2 percent with insulin glargine. No statistically significant difference was observed between groups for all analyzed factors, including type and frequency of insulin use and carbohydrate counting.

CONCLUSIONS:

There were limited differences between NPH insulins and insulin analogues in this real world study. As a result, the continued appreciable cost difference in between insulin glargine and NPH insulin in Brazil cannot be justified.

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PP115 A Mobile Health App To Improve Knee Osteoarthritis Self-Management

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