

CONCLUSIONS:

Chronic ChD causes a negative impact on quality of life, physical functioning, as well as psychosocial function, with the impairment becoming worse in cardiac patients.

.....

PP118 Cardiac Safety Of Trastuzumab For Metastatic Breast Cancer

AUTHORS:

Livia Lovato Pires de Lemos (lilolemos@gmail.com), Paulo Henrique Ribeiro Fernandes Almeida, Juliana Alvares, Roberta Rabelo, Vania Canuto Santos, Francisco Acurcio, Augusto Guerra

INTRODUCTION:

Metastatic breast cancer (MBC) is considered incurable. Trastuzumab (T), a monoclonal antibody that blocks HER-2 is used in combination with other chemotherapies or as monotherapy to treat various stages of breast cancer, including MBC. The aim of this study was to evaluate the safety of T as first line treatment or after progression in women with MBC.

METHODS:

We conducted a systematic review of randomized controlled trials. We searched the databases: MEDLINE (Pubmed), LILACS, Cochrane Library and EMBASE (accessed November 2016) and performed manual search. The methodological quality assessment was performed using the Cochrane Collaboration risk of bias tool. We adopted the random effects model for meta-analysis. The results were presented as relative risk (RR) with 95% confidence intervals.

RESULTS:

The search retrieved 2,238 publications. After eligibility criteria assessment we included five studies on T in the first line treatment (T n = 493; no-T n = 492) and two studies on T after progression (T n = 226; no-T n = 226). In general, studies presented moderate quality. Five were funded by the pharmaceutical industry. Regarding first line treatment, the group of patients that used T had three times higher risk of developing cardiac adverse event compared to the group that did not use T (RR = 3.3; 95% CI: 1.52 – 7.29; I2 = 0%, p = 0.39). The continuity of T after progression revealed no difference

between the groups regarding the risk of developing cardiac adverse event (RR = 5.31; 95% CI: 0.62 – 45.49; I2 = 0%, p = 0.62).

CONCLUSIONS:

The evidence regarding the higher risk of cardiac adverse event with T as first line treatment for MBC is robust and this should be taken into account when balancing risks and benefits of treatment. The evidence for continuation of T after MCB progression is weak and more studies are needed to confirm the findings.

.....

PP119 How Much Evidence Is Enough For Action – ‘Adaptive Approach’ Helps?

AUTHORS:

Raoh-Fang Pwu (jasminepwu@gmail.com), Grace Wu, Wen-Wen Yang

INTRODUCTION:

Aiming for hepatitis C elimination by 2030, Taiwan has set up a mid-term goal of “over 50 percent of patients treated by 2025.” Among various aspects of evidence that are needed, the target number to be treated is difficult to estimate with certainty due to great geographical heterogeneity of hepatitis C prevalence, and the absence of a nation-wide large scale prevalence survey.

METHODS:

A broad estimate of the number of patients to be treated with high uncertainty was calculated, and reimbursement criteria were set for year 2017 given limited data and treatment budget. In the meanwhile, various sources and approaches to estimate the target number to be treated, and to identify the high prevalence areas, were collected and synthesized for future planning through a systematic review of published data and consulting experts for unpublished data. An expert panel was consulted for the level of confidence and completeness of the evidence. A plan for using real-world data to reduce the uncertainty after initial actions of national program was also in place.

RESULTS:

Eight thousand patients who fulfilled the reimbursement criteria were treated in 2017 as planned.