

control group. Both groups increased their visual acuity parameters without significant differences. Regarding safety, children receiving the standard technique had a higher incidence of corneal edema (eight percent in the intervention vs thirty percent in the control group), anterior chamber inflammation (seventeen percent vs seventy-four percent), additional laser capsulotomy (zero percent vs eighty-four percent) and increased visual axis opacification (four percent vs eighty-four percent).

CONCLUSIONS:

Minimally invasive capsulorhexis in children’s cataracts seems to be a promising new procedure. Preliminary efficacy results were good and safety profile was better than standard treatment. However, it would be necessary to continue further studies to confirm these results.

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PD79 Poor Design And Reporting Impacts The Value Of Systematic Reviews

AUTHORS:

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INTRODUCTION:

Systematic reviews are useful for identifying gaps in research, setting priorities for future research, and informing clinical practice and public policy decisions. However, appropriate methods are needed to ensure that systematic reviews are of suitable quality in order to maximize their potential to achieve impact. The aim of this study was to evaluate the quality and transparency of systematic reviews conducted on prostate artery embolization (PAE), a topic of considerable interest in urology.

METHODS:

We conducted a cross-case analysis. Existing reviews were identified through a systematic search of four biomedical databases (Cochrane Library, York Centre for Reviews and Dissemination, Embase, Medline) from inception up to 8 December 2016. Systematic reviews that evaluated the safety and effectiveness of PAE to treat benign prostatic hyperplasia were included. Included reviews were critically appraised using the

AMSTAR (A MeaSurement Tool to Assess systematic Reviews) tool, and were scored against the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) criteria.

RESULTS:

From 536 search results, nine relevant systematic reviews were identified, of which eight were published in 2016. None of the included reviews were prospectively registered on the PROSPERO database. The median AMSTAR score was four of 11 (range 0–7). The most common methodological concerns were related to comprehensive searches (33 percent), inclusion of grey literature (0 percent), and evaluation of publication bias (0 percent). Reviews adequately reported a median of 17 of 21 items (range 6–19) against the PRISMA checklist.

CONCLUSIONS:

Despite the availability of robust guidelines for conducting systematic reviews, methodological limitations in reviews of PAE are prolific, leading to considerable heterogeneity. There is also a significant duplication of effort, which can be prevented by prospectively registering systematic reviews on PROSPERO. Reducing duplication and increasing methodological quality are imperative to reducing waste in urological research.

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PD84 Hostile Anatomic Neck Of Abdominal Aortic Aneurysm Patients And EndoAnchor Cost Analysis

AUTHORS:

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INTRODUCTION:

Failure at the proximal neck for endovascular aortic repair (EVAR) in abdominal aortic aneurysm (AAA) is more common in the presence of unfavorable proximal neck anatomy. In patients with hostile neck, EndoAnchors provide proximal fixation and reduces potential type I endoleak or endograft migration. However, the population size for AAA patients with hostile anatomic

neck among Korean is unknown and cost-analysis with regard to EndoAnchors has not been established.

METHODS:

To figure out the population size of AAA patients with hostile neck anatomy, retrospective medical chart review was conducted from four major medical centers. Hostile proximal aortic neck was defined as any or all of neck length 28 mm, infrarenal neck angulation >60°, ≥50 percent of circumferential thrombus, ≥50 percent of calcified neck, and conical neck. Cost-analysis on EndoAnchor use for treatment purpose was conducted based on Korean National Health Insurance Claims dataset (HIRA-NIS 2015).

RESULTS:

Two-hundred and ten patients' anatomic data treated with EVAR were included; 130 (61.9 percent) patients met the criteria for a hostile aortic neck and 32 (15.2 percent) patients had multiple hostile anatomy parameters. Endograft migration was reported in four (1.9 percent) patients and intra or post-op type I endoleak was reported in 21 (10.0 percent) patients. Based on 1-year claims data, 1,607 patients were treated with EVAR in 2015 and the annual average medical costs for open repair were USD 16,151. Given the patients with type I endoleak or endograft migration needs open repair if not treated with EndoAnchors, the estimated annual costs for patients treated with EndoAnchor were USD 2,234,321 and those for patients without EndoAnchor were USD 2,595,508, therefore USD 361,187 can be saved annually.

CONCLUSIONS:

The population size with hostile aortic neck in Korea was comparable with those in western countries. Economically, EndoAnchor is a cost-saving treatment for type I endoleak and migration after EVAR from Korean payer.

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PD85 Testing Search Filters To Retrieve Economic Evaluations In Embase

AUTHORS:

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INTRODUCTION:

Health technology assessments (HTAs) are increasingly used by Norwegian health authorities as the evidence base when prioritizing which health care services to offer. HTAs typically consist of a systematic review of the effects and safety of two or more health care interventions, and an economic evaluation of the interventions, based on systematic literature searches in bibliographic databases. Objective: To identify the best performing of seven search filters to retrieve health economic evaluations used to inform HTAs, by comparing the cost-effectiveness analysis (CEA) filter to six published filters in Ovid Embase, and achieve a sensitivity of at least 0.90 with a precision of 0.10, and specificity of at least 0.95.

METHODS:

In this filter validation study, the included filters' performances were compared against a gold standard of economic evaluations published in 2008–2013 (n = 2,248) from the National Health Service Economic Evaluation Database (NHS EED), and the corresponding records (n = 2,198) in the current version of Ovid Embase.

RESULTS:

The CEA filter had a sensitivity of 0.899 and precision of 0.029. One filter had a sensitivity of 0.880 and a precision of 0.075, which was closest to the objective. The filter with lowest sensitivity (0.702) had a precision of 0.141.

CONCLUSIONS:

Developing search filters for identifying health economic evaluations, with a good balance between sensitivity and precision, is possible but challenging. Researchers should agree on acceptable levels of performance before concluding on which search filter to use.

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