

The OHTAC e-bulletin is issued on a regular basis to provide you with the latest updates on the committee's recommendations. Below are brief summaries of the two most recent reviews, vacuum assisted closure therapy for chronic wounds and balloon kyphoplasty. OHTAC has reviewed 14 other technologies and the resulting OHTAC recommendations are available on the OHTAC Web site at http://www.health.gov.on.ca/english/providers/program/mas/ohtac_recommend.html.

Recent OHTAC Recommendations

VACUUM ASSISTED CLOSURE (V.A.C.) THERAPY FOR CHRONIC WOUNDS

Issue	This technology is said to promote the healing of chronic wounds for patients when conventional, first-line treatments have failed. V.A.C. therapy also is used to heal acute, non-healing, or dehiscent (i.e., ruptured or split-open) wounds postoperatively. The effectiveness of V.A.C. therapy across all reported indications and settings needs to be assessed.
Key Findings	The Medical Advisory Secretariat conducted its standard systematic review and critical appraisal of the published literature and concluded that there is no evidence to determine whether V.A.C. therapy is more or less effective than other wound closure therapies.
Implications	V.A.C. therapy may be used inappropriately because it is readily available, easy to administer, and may save costs compared with multiple daily conventional dressing changes by nurses. In Ontario, home care agencies are the most frequent providers of V.A.C. therapy, followed by long-term care facilities and hospitals.
OHTAC Recommendations	1. MOHLTC should not provide additional preferential funding for V.A.C. therapy, based on the dearth of existing evidence of effectiveness. 2. A provincial approach to address the lack of multidisciplinary community-based chronic wound care in Ontario should be developed.

The full OHTAC recommendation for this technology can be found at the following link:
http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_vac_121604.pdf

The full downloadable version of the health technology and policy assessment (HTPA) report by MAS can be found at: http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/vac_1204.pdf

BALLOON KYPHOPLASTY

Issue	Balloon kyphoplasty and vertebroplasty are the 2 methods of cement injection currently used for the treatment of osteoporotic vertebral compression fractures (VCFs). It is not known whether balloon kyphoplasty is more effective and cost-effective than vertebroplasty.
Key Findings	Existing evidence shows that balloon kyphoplasty is a reasonable alternative to vertebroplasty: • Balloon kyphoplasty has a lower rate of cement leakage (6% vs. 26.5% for vertebroplasty) and a lower rate of new vertebral body fractures (8.4% vs. 21% for vertebroplasty). • No neurological complications were reported in balloon kyphoplasty studies compared to the rate of 3.9% in vertebroplasty studies. • Both techniques provide excellent pain relief; however, kyphoplasty improves vertebral height while vertebroplasty does not result in much height gain.
Implications	Balloon kyphoplasty is an expensive technology compared with vertebroplasty. The expected total direct medical costs per patient are \$4,300 compared to \$700 for vertebroplasty. If the current rate of uptake for vertebroplasty continues, and if all current vertebroplasties were replaced by balloon kyphoplasties, the province-wide budget impact is likely to be in the range of \$430,000 per annum. However, this total replacement is not predicted; but, given the better safety profile reported for balloon kyphoplasty, it is likely that the number of these procedures performed in Ontario will increase
OHTAC Recommendations	1. Although no randomized controlled trial has been conducted to compare the 2 techniques, the existing evidence shows that balloon kyphoplasty is a reasonable alternative to vertebroplasty, given the lower reported perioperative and long-term complications of balloon kyphoplasty. 2. Balloon kyphoplasty is a demanding technique and requires professional expertise. It should be restricted to a limited number of facilities that have sufficient volumes to develop and maintain the expertise required to maximize quality outcomes. 3. Management of the underlying condition that weakens the vertebral bodies should be initiated as part of the treatment schedule.

The full OHTAC recommendation for this technology can be found at the following link:
http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_kypho_121604.pdf

The full downloadable version of the HTPA report by MAS can be found at:
http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/kypho_1204.pdf

Recent Reviews

• Thermal Balloon Endometrial Ablation for Dysfunctional Uterine Bleeding	September 2004
• Primary Angioplasty	August 2004
• Bispectral Index Monitor	June 2004
• Radio Frequency Ablation for Primary Liver Cancer	June 2004
• Repetitive Transcranial Magnetic Stimulation for the Treatment of Major Depressive Disorder	June 2004
• Coil Embolization For Intracranial Aneurysms	March 2004
• Pyrocarbon Finger Joint Implant	March 2004
• Video Laryngoscopy for Tracheal Intubation	March 2004
• Bone Morphogenetic Proteins and Spinal Surgery for Degenerative Disc Disease	March 2004
• Artificial Discs: Applications to Cervical and Lumbar Spinal Surgery for Degenerative Disc Disease	March 2004
• Computer-Assisted Hip and Knee Arthroplasty: Navigation and Robotic Systems	February 2004
• Tension-Free Vaginal Tape for Stress Urinary Incontinence	February 2004
• Computer-Assisted Surgery Using Telem manipulators	February 2004
• Patient Monitoring System for MRI	December 2003

Upcoming Reviews

Below is a list of health technologies scheduled for review:

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| • Deep Brain Stimulation | • Sacral Nerve Stimulation |
| • Osteogenic Protein-1 | • Spinal Cord Stimulation |
| • Multi-slice CT Scanning | • Intrathecal Pumps |
| • Hylan G-F 20 | • Cardiac PET |
| • Arthroscopic Lavage, Meniscectomy and/or Debridement for Osteoarthritis of the Knee | • Imaging Techniques for Ischemic Heart Disease |
| • Multidisciplinary Rehabilitation Interventions for Joint Replacement at the Knee and Hip for Arthropathies | |

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OHTAC is envisaged as the first step in creating a single portal for providing advice to the Ministry of Health and Long-Term Care regarding the uptake, diffusion, and distribution for new health technologies. Find more about OHTAC, its application process, and its recommendations at the following Web site:
http://www.health.gov.on.ca/english/providers/program/mas/ohtac_about.html.