

The OHTAC E-bulletin is issued on a regular basis to provide you with updates on the latest committee recommendations. OHTAC has reviewed several health technologies and all its recommendations are available on the OHTAC Web site at http://www.health.gov.on.ca/english/providers/program/mas/ohdac_recommend.html.

Should you have additional information about any of these technologies, please submit it to the Medical Advisory Secretariat (MAS) at the contact information found at the end of this bulletin.

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ONTARIO POSITRON EMISSION TOMOGRAPHY REGISTRY

As advised by the Ontario Positron Emission Tomography (PET) Steering Committee, OHTAC has now recommended the establishment of a registry in Ontario to provide PET scanning to:

- People being considered for surgical resection of a single pulmonary nodule that cannot be biopsied or has indeterminate biopsy results.
- People suspected of recurrent thyroid cancer, germ cell cancer, or colorectal cancer that have elevated biomarkers but negative anatomical findings on CT and MRI.

The ministry has adopted the above recommendations and committed funding to the PET registry. The registry is in addition to the five clinical trials on the clinical utility of PET that the ministry is presently funding, which are:

- *PET PREVENT*: A prospective cohort study on the sensitivity of PET in detecting metastasis in lymph nodes in patients with squamous cell head & neck cancer.
- *PET START*: A prospective randomized clinical trial on the impact of PET imaging in stage three non-small cell lung cancer.
- *ELPECT*: A prospective randomized clinical trial on the impact of PET in staging potentially resectable non-small cell lung cancer.
- *PET PREDICT*: A prospective study to determine the role of PET in assessing regional nodal spread of breast cancer.
- *PET CAM*: A prospective randomized clinical trial on the impact of PET imaging prior to liver resection for colorectal adenocarcinoma metastases.

More information about these clinical trials can be found on the Ontario Cancer Research Network Web site at <http://www.ocrn.on.ca>

INTERIM REPORT ON ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSMS

Issue

Abdominal aortic aneurysm (AAA) is a pathological dilatation and weakening of a segment of the aorta. A ruptured AAA is associated with a mortality rate of 80% to 90%. Medical therapy and periodic monitoring with ultrasound are recommended for aneurysms <5 cm in diameter. In Ontario, open surgical repair (OSR) is currently the primary treatment for an aneurysm that has reached 5.5 cm, is symptomatic, or is growing rapidly. Endovascular repair (EVAR) is a less invasive procedure than OSR. EVAR deploys an endograft at the site of the aneurysm using a percutaneous catheter system to exclude the aneurysm from the blood circulation and prevent further expansion.

Key Findings

In March 2002, the Medical Advisory Secretariat conducted a health technology assessment on EVAR. It showed that EVAR might be appropriate for treating AAAs in a small subset of patients who are unfit for OSR. There were concerns, however, about reported high rates of complications and of the subsequent need for additional interventions following EVAR. Based on these findings, the ministry funded a two-year field evaluation of EVAR at the London Health Sciences Centre (LHSC) in collaboration with the Program for Assessment of Technology in Health (PATH) of McMaster University that began in 2003.

This interim analysis is based on information obtained from 79 patients (EVAR n=24 and OSR n=55) enrolled up to December 30, 2003 (23.1% of all enrolled patients) and for whom one year follow-up data was available at the time of the analysis. From this sample, it appears that EVAR can be done safely and patients usually discharged home sooner than the OSR patients. Mortality rates were similar for EVAR and OSR but 30-day complication rate (including congestive heart failure, myocardial infarction, renal failure, and stroke) was higher for OSR (14.5%) than for EVAR (0%). When the rate and cost of complications were used in the cost-effectiveness model, EVAR appeared to be a cost-effective therapy for the first year after the procedure when compared to OSR in high risk patients. However, EVAR may not represent good value for money when used in all AAA patients. It should be noted that several limitations are associated with this interim analysis and these need to be considered when interpreting the results of this evaluation.

OHTAC Recommendations

That hospitals with the required expertise increase access to EVAR for AAAs in patients who are at high-risk of perioperative morbidity or death from co-morbidities from OSR. Surgical expertise is critical and a surgeon should do a minimum of 50 EVAR procedures to prepare for this surgery and at least one procedure every two weeks to maintain his/her expertise in performing EVAR.

A recommendation as to the provision of EVAR for AAAs in low or moderate risk patients requires additional long-term outcome studies. The use of EVAR in these patients is not recommended at this time.

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Implications

While this interim evaluation provides a lot of information necessary for the evaluation of EVAR versus OSR, caution should be used in interpretation and generalization of these preliminary results due to the small number of patients for whom one-year follow-up data was available at the time of the analysis (n=79) and the non-randomized nature of the observational study from one centre. The final analysis of the field evaluation (n=341) will provide more information in terms of baseline characteristics, success rates, complications, mortality, utilization of resources, quality of life and costs associated with EVAR and OSR. The OHTAC recommendations will be reviewed once the one-year follow-up report for all patients accrued to this study is available in the spring of 2006.

Status Update

In June 2005, large randomized controlled trials comparing EVAR to OSR were published. OHTAC determined that the new information increases the need for stringent compliance with their recommendations, including the need for careful follow-up, the need for EVAR to be performed only at select facilities that have demonstrated expertise, and the need for informed consent that defines the risks to patients.

The **OHTAC recommendation** for this technology can be found at the following link:

http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/ohtac_report_evar_051705.pdf

The full downloadable version of the **health technology and policy assessment (HTPA) report** by PATH can be found at: http://www.health.gov.on.ca/english/providers/program/mas/reviews/review_evar_0705.html

UPCOMING REVIEWS

- Hylan G-F 20
- Arthroscopic lavage and/or debridement for osteoarthritis of the knee
- Total knee replacement
- Multidisciplinary rehabilitation interventions for joint replacement for arthropathies
- Plasmacluster Ion Air Purifier
- Cardiac resynchronization therapy
- Cardiac PET
- Imaging techniques for ischemic heart disease
- Endovascular repair of thoracic aneurysms using endografts
- Hyperbaric Oxygen

PREVIOUS OHTAC RECOMMENDATIONS

• Osteogenic Protein-1 http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/ohtac_rec_op1_051705.pdf	April 2005
• Multi-detector Computed Tomography Angiography for Coronary Artery Disease http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_multi_050805.pdf	April 2005
• Spinal Cord Stimulation for Neuropathic Pain http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/scs_0305.pdf	March 2005
• Sacral Nerve Stimulation for Urinary Incontinence, Urgency-Frequency, Urinary Retention, and Fecal Incontinence http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/sns_0305.pdf	March 2005
• Deep Brain Stimulation in Parkinson's Disease and Other Movement Disorders http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/dbs_0305.pdf	March 2005
• Bariatric Surgery http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_baria_012105.pdf	January 2005
• Vacuum Assisted Closure Therapy for Chronic Wounds http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_vac_121604.pdf	December 2004
• Balloon Kyphoplasty http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_kypho_121604.pdf	December 2004
• Thermal Balloon Endometrial Ablation for Dysfunctional Uterine Bleeding http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_tbea_091504.pdf	October 2004
• Primary Angioplasty http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_pri_angio_110804.pdf	September 2004
• Bispectral Index Monitor http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_bis_081304.pdf	August 2004
• Radio Frequency Ablation for Primary Liver Cancer http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_rfa_061704.pdf	June 2004
• Repetitive Transcranial Magnetic Stimulation for Major Depressive Disorder http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_rtms_061704.pdf	June 2004
• Coil Embolization For Intracranial Aneurysms http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_ecc_0304.pdf	March 2004
• Pyrocarbon Finger Joint Implant http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_pyrocarb_0304.pdf	March 2004
• Video Laryngoscopy for Tracheal Intubation http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_vic_laryng_0304.pdf	March 2004
• Bone Morphogenetic Proteins and Spinal Surgery for Degenerative Disc Disease http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_bmp_ddd_0304.pdf	March 2004
• Artificial Discs for Cervical and Lumbar Spinal Surgery for Degenerative Disease http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_bmp_ddd_0304.pdf	March 2004
• Computer-Assisted Hip and Knee Arthroplasty: Navigation and Robotic Systems http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_arthro_0304.pdf	March 2004
• Computer-Assisted Surgery Using Telemanipulators http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_teleman_0304.pdf	March 2004
• Tension-free Vaginal Tape for Stress Urinary Incontinence http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_tvt_050204.pdf	February 2004
• Patient Monitoring System for MRI http://www.health.gov.on.ca/english/providers/program/mas/reviews/docs/recommend_pmri_050204.pdf	February 2004

For any comments related to this E-bulletin, please contact the Medical Advisory Secretariat at:

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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.