

April 2009

MESSAGE FROM THE CHAIR

As the new Chair of the Ontario Health Technology Advisory Committee (OHTAC), it is my pleasure to introduce and welcome you to the re-launch of the OHTAC e-Bulletin, our online newsletter providing you with a snapshot view of all the latest news and information updates from the OHTAC and the Medical Advisory Secretariat (MAS).

The past twelve months have been an exciting time for us. Firstly, we've released our progress report, entitled ***Advancing Health: Evidence-Based Advice on Health Technology***, available in print and [online](#). The report outlines the work carried out by OHTAC and MAS over the past five years and demonstrates how Ontario's approach to health technology is saving lives, generating better returns for limited health dollars, and attracting global attention. The report also introduces a new initiative, the Ontario Health Technology Survey and Maps Project. Using specialized maps, this unique venture graphically illustrates the use of 10 health technologies across Ontario, comparing their proliferation rates between the province's different Local Health Integration Networks (LHINs) from 2004 to 2008. The technologies were selected for review based on interest, priority, and information from available databases. In future, we plan to repeat the tracking of these procedures while adding new technologies to our watch list

We've also recently unveiled a new, streamlined website to better serve our users including health care professionals, our colleagues in government, and the general public. We hope that this new web portal will better connect you with our work by providing direct and unrestricted access to the reports, presentations, and research articles published by our clinical epidemiologists, health economists and medical professionals.

I would also like to take this opportunity to introduce the new format for the OHTAC e-Bulletin. Going forward we plan to release more updates that will alert you to draft health technology reviews and our recommendations, for which we invite you to provide early comments. We hope that this will initiate a more active engagement process with you and make our materials more relevant to your needs.

I hope you enjoy this update and encourage you to explore our new online offerings. Please send any questions or comments to OHTACinfo@ontario.ca

Sincerely,

Dr. Bill Shragge
Chair, Ontario Health Technology Advisory Committee

To receive this monthly e-bulletin, please send your request to MASinfo.moh@ontario.ca specifying your name, title and organization. All details are kept confidential and will not be supplied to third parties.

OPEN FOR COMMENT:

INTACS corneal implants for the management of corneal thinning conditions

MAS has posted a new evidence-based analysis and recommendations on the role of corneal implants in the management of corneal thinning conditions. Corneal thinning comprises a range of disorders involving either primary disease conditions such as keratoconus, or secondary iatrogenic conditions such as corneal thinning occurring after LASIK eye surgery.

INTACS® (Addition Technology Inc.) are the only currently licensed corneal implants for the treatment of corneal thinning in Canada. These micro-thin plastic ring segments can be inserted directly into the cornea to act as passive spacers that flatten the central cornea and restore functional vision.

The MAS evidence review of INTACS found that for patients unable to achieve functional vision, the implants provide a useful alternative to corneal transplant. Treatment with INTACS is an outpatient-based procedure, is associated with high technical success rates, and minimal risk. Both eyes can be treated at once and the treatment is adjustable and reversible. In short term follow-up, statistically significant and clinically relevant improvements in corneal topography, refraction and visual acuity were consistently reported across published studies.

Although the main indication for corneal implants is an alternative to corneal transplant for patients with corneal disease, the treatment can also be used for patients who acquire corneal thinning after undergoing refractive surgery such as LASIK for myopia correction.

We invite you to view the research report and provide your comments before April 17, 2009 at:
http://www.health.gov.on.ca/english/providers/program/ohdac/draft_comment.html

COMING SOON:

OHTAC Draft Recommendations for Colorectal Cancer Screening

Colorectal cancer (CRC) is the third most common form of cancer and the second leading cause of cancer-related death in the Western world. The incidence of CRC in Ontario is among the highest globally, with an estimated 8,000 new cases diagnosed in the province through 2008. The likelihood for five-year survival in patients with colorectal cancer is closely dependent on the stage of the disease at the time of treatment. Progression of the disease can be halted if it is detected at an early stage and treatment initiated promptly.

At the request of OHTAC, MAS has conducted an extensive review of the available evidence concerning the approaches for Colorectal Cancer (CRC) screening, including: CT and MR colonography, capsule endoscopy, flexible sigmoidoscopy, and fecal occult blood tests (FOBT). MAS worked closely with Cancer Care Ontario in the development of this analysis.

The draft OHTAC recommendations regarding screening programs and opportunistic screening will soon be available online for review and comment. To keep up-to-date with the draft release and all new materials from MAS and OHTAC, be sure to visit to the "What's New" section of our websites:

For What's New at OHTAC, [click here](#).

For What's New at MAS, [click here](#).