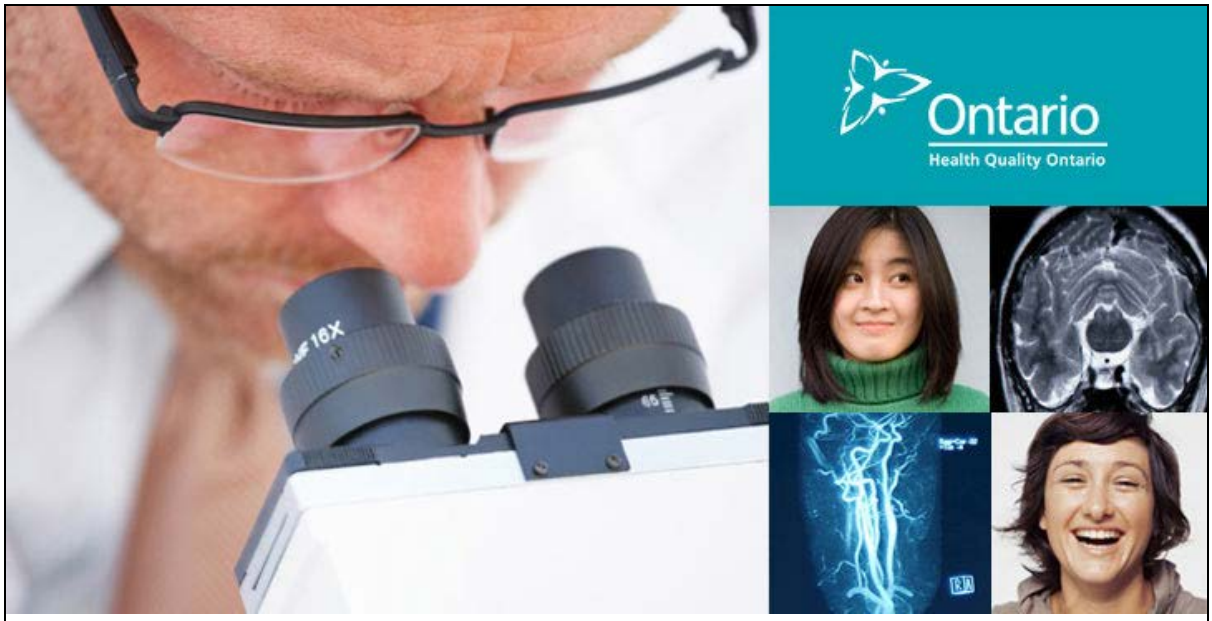

About this E-Bulletin

This monthly e-bulletin is published by Health Quality Ontario (HQO). It is designed to keep you up-to-date on the research and reporting activities of HQO's Medical Advisory Secretariat (MAS) and the work of the Ontario Health Technology Advisory Committee (OHTAC) .

Where to Find It

To read all new materials from MAS and OHTAC, be sure to visit the "What's New" section of our website . To subscribe to the e-bulletin, write to Subscriptions@hqontario.ca

Questions and Comments

We welcome your questions and comments. You can write to MAS at MASinfo@hqontario.ca and OHTAC at OHTACinfo@hqontario.ca .

Making Evidence Relevant | January 2012

WHAT'S NEW

Open for Public Comment: 24-Hour Ambulatory Blood Pressure Monitoring

The prevalence of hypertension in Canada has been estimated at approximately 23% of the population. Hypertension can lead to illnesses such as coronary heart disease, coronary artery disease, heart failure and stroke. The risk of these events can be reduced by controlling blood pressure using drug treatment but this strategy relies on appropriate blood pressure measurement and monitoring.

Accurate blood pressure measurement can be challenging because blood pressure may vary naturally throughout the day, or an individual may exhibit "white-coat hypertension" where blood pressure is high at the doctor's office but normal in everyday life.

24-hour ambulatory blood pressure monitoring technology involves recording an individual's blood pressure every 15-30 minutes during usual activities over a 24-hour period.

Currently this device is not insured in Ontario but is available in most large urban centres through some selected specialists and/or family physician groups.

MAS conducted a systematic review of the clinical evidence and collaborated with its research partner - the Toronto Health Economics and Technology Assessment (THETA) Collaborative - to prepare an economic analysis. OHTAC's recommendations and the evidence are now posted for public comment for a period of three weeks.

Please submit comments by February 15, 2012, to OHTAC_Comments@hqontario.ca to ensure that they will be considered in the final review and recommendation.

Open for Public Comment: Transcatheter Aortic Valve Implantation (TAVI) for the Treatment of Aortic Valve Stenosis

The aortic valve is the main valve that controls blood flow out of the heart to all parts of the body. With increasing age, the valve may become stenotic (narrowed and restricted) preventing the valve from opening fully. If left untreated, severe aortic valve stenosis has a poor prognosis and can lead to serious heart problems such as angina and heart failure. The traditional management of severe aortic valve stenosis is surgical replacement of the aortic valve. This surgery requires opening the chest and connecting a patient to a heart-lung machine and as such, this type of open heart surgery is not appropriate for about one-third of patients with aortic valve stenosis due to either advanced age or the presence of certain medical conditions. These 'inoperable' patients have traditionally not had other comparable treatment options and have generally been provided with medical management, possibly in conjunction with balloon aortic valvuloplasty - a procedure that is considered less effective for severe aortic valve stenosis.

TAVI was developed to provide an option for patients not considered eligible for surgical replacement of the aortic valve due to advanced age or other co-morbidities as it is a minimally invasive procedure.

Since 2007, two TAVI prostheses have been available across Canada through a compassionate access program specifically for patients with symptomatic aortic valve stenosis not eligible for surgical valve replacement: the CoreValve (Medtronic, Minneappolis, USA) bioprosthetic valve and the Edwards SAPIEN (Lifesciences, CA, USA) valve. The Edwards SAPIEN valve is the first of the two TAVI prostheses to receive approval for licensing from Health Canada (June 2011).

MAS conducted a systematic review of the literature about the clinical effectiveness of TAVI and the Programs for Assessment of Technology in Health (PATH) Research Institute developed an economic model for Ontario and also reviewed the existing health economic literature and conference proceedings concerning this technology.

Based on this body of research, which represents the most current evidence available at this time, OHTAC has made recommendations. OHTAC's recommendations and the evidence-based review are now posted for public comment for a period of three weeks.

Please submit comments by February 15, 2012, to OHTAC_Comments@hqontario.ca to ensure that they will be considered in the final review and recommendation.

Sharing Ontario's Approach to Health Technology Assessment

Dr. Leslie Levin, Head of HQO's Medical Advisory Secretariat (MAS), conducted a workshop on health technology assessment, which took place in Rome on December 15 and 16. At the request of Italy's regional and health technology agency, Dr. Levin presented MAS's process - along with other international examples - as a basis for developing health technology assessment reports, to assist in formulating a response to two emerging and expensive health technologies in Italy. Twenty four Italian regional representatives participated and it is hoped that the reports will help inform policy.

On January 24, Dr. Levin was the keynote speaker at the 2012 Genome Winter Symposium hosted by Genome British Columbia (www.genomebc.ca) in Vancouver. His presentation was on "Personalized Medicine - the Alignment between Great Expectations, Evidence and Policy."