(from 28 days after birth up to and including 18 years of age) with actual or suspected neurological trauma. The search results were screened for relevance, and key information on the included technologies was extracted and summarized.
Results: Twenty-nine technologies were identified, of which 10 were commercially available. The majority were developed in the UK or the USA. Overall, the development pipeline was evenly split amongst technologies considered to be a device (37%), digital (34%), or diagnostic (29%). Most technologies were intended for use across settings by healthcare professionals, either for initial onsite assessment, for in-hospital management, or for rehabilitation in hospital or in the community.
Conclusions: Results from this horizon scan show that development of technologies for pediatric neurological trauma is currently limited, with only a small number of the technologies being developed covering an area of unmet need. To complement the horizon scan, we also sought stakeholder insights on medical technologies for this population group. The combined results and final conclusions will be shared in a future publication.

PD155 RedETS Horizon Scanning: Impact In The Decision-Making Process

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Introduction: The RedETS horizon scanning (HS) program in Spain is focused on identifying non-pharmaceutical emerging health technologies. HS is organized in three steps: (i) identification using different sources (PubMed, the biomedical press, and others); (ii) screening performed by the HS Working Group and clinicians; and (iii) prioritization using the PriTec tool. This study aimed to evaluate the accuracy of RedETS HS in identifying disruptive emerging technologies for our health system.
Methods: Data from brief files and full reports related to the identified emerging technologies were collected. Full health technology assessment (HTA) reports were also reviewed. The period of analysis was from 2016 to 2023. The information collected included the name, type, category, and indication of the emerging technology and the source of identification. An ad hoc Excel spreadsheet was designed to collect the information. The analysis consisted of a description of the variables and an assessment of concordance between the emerging technologies identified and those with full HTA reports.
Results: There were 338 emerging technologies identified. These technologies were mainly therapeutic (52.1%) or diagnostic (25.7%). In addition, about 45 percent were medical devices and 15.7 percent were in vitro diagnostic tests; imaging comprised 7.4 percent. Most of the emerging technologies were identified through the biomedical press (22.2%), PubMed (23.6%) and industry (20.3%). In a preliminary analysis of these main sources, 31 percent of the technologies identified by HS had full HTA reports, with all of these being identified three years before the HTA.
Conclusions: HS systems might help identify the most relevant technologies for healthcare systems, enabling them to be more ready to incorporate the new technologies. Therefore, HS must be able to detect emerging technologies that will have an impact on the health system. Periodic evaluation of the accuracy of HS programs will improve their impact in the HTA process.

PD156 Scanning The Right Horizons: Does Singapore's Horizon Scanning Identify And Assess The Relevant Technologies?

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Introduction: In Singapore, a horizon scanning (HS) system was established in 2020 by the Agency for Care Effectiveness (ACE) to provide early alerts of new and emerging medical technologies (medtechs) for service planning and to warn against the diffusion of low value technologies. This study compared the medtechs identified and assessed by ACE with health technology trends identified by our reference agency.
Methods: Medtechs identified and assessed by ACE between 2020 and 2023 were analyzed to examine their distribution. Most of the identified medtechs were classified as digital health technologies, precision medicine, robotics, or implants. The prioritized technologies with a completed in-depth assessment were compared with the top 10 health technology trends identified in 2022 by our reference health technology assessment (HTA) agency, the Canadian Agency for Drugs and Technologies in Health (CADTH). Additionally, feedback from key stakeholders such as clinicians and policymakers on the HS reports was summarized to understand the relevance and value of the HS reports.
Results: From 2020 to 2023, there were 1,703 medtechs identified from various databases and manufacturer submissions. Digital health technologies were the largest proportion of technologies identified during this period, increasing from 26 percent in 2020 to 31 percent in 2023. Of the 20 evaluated technologies, 70 percent belonged to the top trending medtech fields identified by CADTH. These included

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artificial intelligence for diagnostics (n=5), point-of-care testing (n=4), companion diagnostics (n=2), wearables (n=2), and remote monitoring (n=1). Initial stakeholder feedback was positive, citing HS reports as being relevant for clinical practice. Some HS reports were also referenced by other policymakers to support regulatory decisions.
Conclusions: In summary, similarities were observed between medtechs identified and assessed by the ACE HS system and the top trending medtech fields identified by CADTH. Additionally, digital health technologies were the largest proportion of technologies identified by the ACE HS system in 2023. This was substantiated by feedback from our key stakeholders, indicating the relevance and value of the ACE HS work.

PD158 Optimizing The Management Of Patients With Mitral Regurgitation Beyond Technological Innovations: A Proposed Set Of Actions

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Introduction: Mitral regurgitation (MR) is the most prevalent valvular heart disease worldwide and is frequently underdiagnosed and undertreated, resulting in a substantial healthcare burden. This project aimed to define an optimized patient journey, identifying specific unmet needs and pain points in the management of MR in Spain, and to propose a set of recommendations that can be implemented at a clinical level.
Methods: Using the Population, Intervention, Comparator, and Outcomes search strategy, a pragmatic literature review was conducted to contextualize the comprehensive management of patients with MR in Spain. Subsequently, a Delphi panel consisting of two rounds of questionnaires was implemented. Unmet needs detected for MR management along the patient journey were validated by a panel of clinical experts incorporating different profiles. A battery of actions to improve the MR patient journey was also gathered (first round), which were then systematically reviewed and prioritized by the experts using hierarchical point allocation methods (second round) based on their relevance and feasibility within the National Health System.
Results: A set of actions was proposed for the following core phases: detection-diagnosis, treatment-decision, treatment, and follow up. Actions for detection-diagnosis should be prioritized since boosting patient referral to specialized centers was considered crucial. Within the treatment-decision stage, experts emphasized strengthening healthcare services communication and training on risk stratification. For treatment, early referral to specialized centers was prioritized. Optimizing follow up required educating patients and relatives on adherence and self-care. Finally, experts supported a common pathway for heart valve diseases such as MR, tricuspid regurgitation, and aortic stenosis. Specifically, they concluded that optimization of tricuspid regurgitation management aligned with the actions proposed for MR.
Conclusions: Altogether, unmet needs and critical aspects in each of the management steps of MR in Spain were detected and an array of potential actions was suggested by clinical experts. The evaluation of such actions resulted in a preliminary strategic plan that can help prioritize interventions and healthcare policies regarding the optimization of the healthcare journey for patients with MR (and other valvulopathies) in Spain.

PD161 Distribution Patterns And Economic Assessments Of Gaucher Disease Therapies In Brazil: A National Health System Analysis (1999 to 2022)

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Introduction: Gaucher disease, an inherited lysosomal storage disorder, requires chronic management with enzyme replacement therapies (ERTs). In Brazil, the Unified Health System (SUS) plays a pivotal role in providing access to such treatments. This study aimed to analyze the distribution and associated costs of medications for Gaucher disease within the SUS, offering a comprehensive view of resource allocation over 23 years.
Methods: Utilizing the TabNet system from the Brazilian Health Ministry, medication dispensation data from 1999 to 2022 were analyzed. In addition, annual and total expenditures on imiglucerase, miglustat, and taliglucerase alfa were evaluated using the Ambulatory Information System and the Hospital Information System databases for a cohort of patients from 2000 to 2015. Demographic factors such as sex, age, self-declared skin color, body mass index, and area of residence were correlated with spending patterns. Trends were contextualized with events that could potentially affect medication availability, such as ministry alerts and regulatory changes.
Results: The dispensation analysis revealed a fluctuating pattern in medication distribution over the study period. The data revealed a peak in imiglucerase dispensation in the mid-2000s, followed by a stark decrease after 2010 that coincided with global shortages. Total costs from 2000 to 2015 reached USD1.138 billion, with annual expenditures averaging USD120,631.15. After 2010 there was a diversification in therapy utilization, with an increase in alternative treatments such as miglustat and taliglucerase alfa.
Conclusions: The study reveals a significant financial burden on the SUS from Gaucher disease treatments and demographic disparities. Trends in the dispensation and costs of ERTs within the SUS are a

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