


Réplica. Prioridades y evaluación de tecnologías

AEETS


Madrid, noviembre 2004


Cuestiones previas

- Estrategias frente a planes
- Salud frente asistencia sanitaria
- Marcos temporales
- Ejercicios epidemiológicos (Pinault)



- ¿Cuál puede ser el papel de la ET?

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- Experiencia de los grupos de colaboración Cochrane (y Campbell) en el desarrollo de la Estrategia de Salud “Saving Lives” de Gran Bretaña



Evidence from systematic reviews of research relevant to implementing the “wider public health” agenda

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<http://www.york.ac.uk/inst/crd/wph.htm>**

Areas

- Cáncer
- Enfermedad Isquémica del corazón y ACVA
- Accidentabilidad
- Salud Mental
- Educación
- Asistencia y bienestar social
- Delito, drogas y alcohol

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- NO ES UN DOCUMENTO PRESCRIPTIVO, NO DICE QUE ES LO QUE DEBE DE HACERSE, NI PRIORIZA INTERVENCIONES.

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- **ROL: AYUDAR A LOS DECISORES INFORMANDO SOBRE LA EFICACIA (O NO EFICACIA, O FALTA DE INFORMACIÓN) DE LAS ACCIONES, TAREAS, PROGRAMAS PROPUESTOS EN “SAVING LIVES”**

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- 1.- Permite identificar las áreas en las que hay suficientes investigaciones que indican qué estrategias específicas han sido eficaces.
 - 2- Identifica las carencias y propone preguntas de investigación

Contents

A National Contract on Cancer

Cochrane Cancer Network [Allison Hirst, Sally Hunt, Mark Lodge and Chris Wilks]

Social and economic interventions

Government and national players:

- C1 Increase tax on cigarettes by 5 per cent in real terms each year.....
- C2 End advertising and promotion of cigarettes.....
- C3 Prohibit sale of cigarettes to youngsters and ensure enforcement.....
- C4 Seek to ensure cheaper supplies of fruit and vegetables
- C5 Tackle joblessness, social exclusion, low educational standards and other factors which will make it harder to live a healthy life.....

Local players and communities:

- C6 Tackle social exclusion in the community to make it easier for people to make healthy decisions.....
- C7 Work with deprived communities and with businesses to ensure a more varied and affordable diet of food (including fruit and vegetables).....

A NATIONAL CONTRACT ON CANCER

General Note: Nearly all studies of the impact of interventions designed to reduce exposure to carcinogens or to reduce the effect of these carcinogens have used surrogate short-term measures such as smoking rates and consumption of fruit and vegetables, rather than examining their impact on cancer prevalence or mortality. Given the long-term nature of the effect of such interventions on cancer rates, it seems unlikely that anything but surrogate end-points will be available in the immediate future.

CANCER: Social and economic interventions

<i>POLICY</i>	<i>SYSTEMATIC REVIEWS OF RELEVANT EVIDENCE</i>	<i>REFERENCES</i>
<p>Government and National Players can:</p>	<p>Tobacco consumption is associated with lung cancer,^a laryngeal cancer,^b oral cancer,^c oesophageal and gastric cancer^d and may be associated with cervical cancer^e and some types of leukaemia.^f A reduction in population levels of smoking may contribute to a lower incidence of lung, laryngeal and oral cancer.</p> <p>Taxation and similar fiscal and legislative measures can be used alongside interventions aimed at individuals to reduce cigarette consumption. Higher cigarette prices reduce cigarette consumption.^g However, the effect of increasing prices differs across demographic groups, a more marked reduction in consumption is shown with increasing price amongst women and young people.^h In the poorest groups, an increase in price produces significant hardship for those who do not curtail their consumption.^h</p> <p>No systematic reviews have been identified examining the effect on cancer rates of increasing tax on cigarettes.</p>	<p>a. NHS Executive. <i>Guidance on commissioning cancer services: improving outcomes in lung cancer</i>. London: Department of Health, 1998.</p> <p>b. Cattaui MS, Maisonneuve P, Boyle P. Epidemiology of laryngeal cancer. <i>European Journal of Cancer – B-Oral Oncology</i> 1996;2B:293-305.</p> <p>c. La Vecchia C, Tavani A, Franceschi S, Levi F, Corrao G, Negri E. Epidemiology and prevention of oral cancer. <i>Oral Oncology</i> 1997;33:302-12.</p> <p>d. Trédaniel J, Boffetta P, Buiatti E, Saracci R, Hirsch A. Tobacco smoking and gastric cancer: review and meta-analysis. <i>International Journal of Cancer</i> 1997;72:565-73.</p> <p>e. Licciardone JC, Brownson RC, Chang JC, Wilkins JR. 3rd. Uterine cervical cancer risk in cigarette smokers: a meta-analytic study. <i>American Journal of Preventative Medicine</i> 1990;6:274-81.</p> <p>f. Brownson RC, Novotny TE, Perry MC. Cigarette smoking and adult leukemia. A meta-analysis. <i>Archives of Internal Medicine</i> 1993;153:469-75.</p> <p>g. Chaloupka FJ, Wechsler H. Price, tobacco control policies and smoking among adults. <i>Journal of Health Economics</i></p>
<p>C1 Increase tax on cigarettes by 5 per cent in real terms each year</p>		

C28

Maintain effective, appropriate and high quality existing cancer screening programmes and consider possible extensions of these
(cont)

Cervical cancer:

Screening for cervical cancer is likely to be most effective if women are screened every 2 years starting at age 18 (or within a year of first sexual intercourse) and ending at age 70, with a systematic approach to monitoring the screening programme.^a

Extended tip spatulas appear to be better for collecting endocervical cells than the commonly used Ayres spatula.^b

Human papilloma virus (HPV) testing is more sensitive than cytology for high grade cervical intraepithelial neoplasia (CIN), but has lower specificity, especially in young women, and is currently recommended.^c

Breast cancer:

If carried out to a high standard, screening for breast cancer results in reduced mortality amongst women 50 years of age and older,^d however, concern has been expressed about the quality of the evidence upon which this conclusion has been based.^e Film screen mammography is the most effective form of primary screening and it is particularly effective if the films are read

C28


(cont) Maintain effective, appropriate and high quality existing cancer screening programmes and consider possible extensions of these
(cont)

independently by two readers, one of whom is a radiologist.^d

There is continuing uncertainty about the effects of breast cancer screening in women under 50.^f

There is however, no evidence that breast self-examination is effective.^g

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Sobre la transparencia, los criterios explícitos y la racionalidad en la toma de decisiones.

- Un caso práctico



Marco normativo que establece
prioridades (prestaciones)

Real Decreto 63/1995, de 20 de
enero que establece las
prestaciones sanitarias del
Sistema Nacional de Salud



Establece una serie de criterios para la **inclusión y exclusión** de nuevas prestaciones y **excluye** expresamente una serie de prestaciones, que son aquellas en las que hay falta de evidencia sobre seguridad y eficacia; en las que no se ha demostrado su contribución a la mejora de la salud; y aquellas que no tienen un carácter sanitario y son consideradas actividades de ocio, mejora estética, confort y similares.

Ley 16/2003, de 28 de mayo de cohesión y calidad del SNS: cartera de servicios del SNS

- Incorpora nuevas prestaciones

- Inclusión

- Exclusión

Papel de las
Agencias de
Evaluación de
Tecnologías

Peso de
lo político

Micro: El papel de los clínicos (¿y sociedades científicas?)

- Los clínicos tienen el rol central en la toma de decisiones
- Deciden el uso de los recursos (tiempos, camas, equipamiento...)

Papel de la experiencia clínica frente al conocimiento científico en la toma de decisiones