Knupfer M, outcome variable BCS was de

design addressed constructs of Health belief model (HBM) and applied logistic

74.04% (N = 37,080). It was determined that every age group proved to provide

Results: Subsequent analyses focused on those PwP indicating small

months apart. On second administration participants answered an additional four

Exercise is recognized as an important tool in the management of Par-

3Oxford University Innovation, Oxford, OXF, UK

Morley D,1 Dummett S,1 Knupffer M,2 Churchman D,1 Kelly L,2 Jenkinson C,1

1University of Oxford, Oxford, UK, 2Oxford University Innovation, Oxford, UK

Objectives: Exercise is recognised as an important tool in the management of Par-

3Oxford University Innovation, Oxford, OXF, UK

Methods: We linked datasets covering patients with in Wales from 2005 to 2020; We used the Welsh Breast Cancer Audit dataset linked across CaNISC, Chemocare, PEDW, ARC, CPA, EDDS, and DKS death datasets. Data were de-identi-

ified, pseudonymised, linked, and analysed within the Secure e-Research Platform (SeRP). Inclusion criteria and 10 outcomes of interest were determined through

fi

inclusion. We de

static breast cancer from 2014 to 2020; 99% female with median age of 72 years at

inclusion. We defined and standardised five outcomes: 1-year survival, 30-day mortality, tolerance of treatment, spinal cord compression, and days disrupted by care. Five of the 10 outcomes (e.g. progression free survival) were not included due to

lack of dataset access, free-text format, and high missingness. Conclusions: RWD will be vital to enable integration and monitoring of OBAs. Integration with additional datasets, more consistent data capture to enable inclusion of outcomes most relevant to stakeholders, a cost-effective method to extract data from free-text fields, and reduced missingness are future developments needed.

CO145 SENSITIVITY TO CHANGE OF THE PDQ-EXERCISE

Morley D, Dummett S, Knupffer M, Churchman D, Kelly L, Jenkinson C

1University of Oxford, Oxford, UK, 2Oxford University Innovation, Oxford, UK

Objectives: Exercise is recognised as an important tool in the management of Parkinson’s disease. The PDQ-Exercise is a newly developed seven-item patient reported outcome measure (PROM) that has been developed to assess the efficacy of studies that focus on or incorporate an exercise component. Validation surveys indicate that the measure demonstrates excellent validity, internal consistency and test-retest reliability. A further important attribute of any PROM is sensitivity to change: the capacity to detect meaningful changes in health status over time. The objective of this study was to make an assessment of the sensitivity to change of the PDQ-Exercise and identify the minimally important difference (MID) and effect size for the measure.

Methods: People with Parkinson’s (PwP) were recruited through Parkinson’s UK. Participants completed the PDQ-Exercise online on two occasions, six months apart. On second administration participants answered an additional four questions asking how much, or otherwise, their health had changed over the period of time in question. Subsequent analyses focused on those PwP indicating small changes in their health status.

Results: At first administration 398 PwP fully completed the PDQ-Exercise and at second administration 268 participants who responded with no missing data were included. The percentage of those who re-

ported their QoL health as ‘a little better’ was 23.5% (n=63), whilst 10.3% (n=29) reported their health as ‘a little worse’. No meaningful analysis could be conducted for the former as mean values were virtually identical. For the latter the mean score at first administration was 38.55 and at second administration was 44.10. The MID was calculated as 5.31, and an effect size of 0.25 was identified. Conclusions: The PDQ-Exercise demonstrates sensitivity to deterioration in the health of PwP. This, in conjunction with previously reported psychometric characteristics, indicates that the measure can confidently be incorporated in evaluative studies and clinical trials.

CO146 POTENTIAL PREDICTORS AFFECTING ACCESS TO BREAST CANCER SCREENING AMONG WOMEN IN THE UNITED STATES USING THE HEALTH BEHAVIOR MODEL: A MEPS PANEL ANALYSIS

Fatima B, Yazdanfar/K, Essien EJ

College of Pharmacy, University of Houston, Houston, TX, USA

Objectives: Despite the national campaign and multiple efforts to reduce the mor-

tality associated with Breast Cancer (BC), mammography screening participation rates remain below the goal set by American Cancer Society (ACS) for the early
detection of breast cancer. The access of mammography screening (MS) and clinically breast examination (CBE) could be improved if potential factors that impact nonattendance were better understood. Therefore, the objective of this study is to evaluate the predictors of breast cancer screening (BCS) behaviors within the frame work of Health belief model.

Methods: We used MEPS data to perform a cross-sectional study to evaluated the BCS rates in women (aged ≥ 18 years) utilizing 2011 to 2015 MEPS data. This study design addressed constructs of Health belief model (HBM) and applied logistic regression model to estimate predictor variables associated with BC screening. The outcome variable was BCS was de-identified as those who received MS and CBE (both).

Results: Out of approximately 50,000 women, CBE was found to be the most common screening with an uptake of 95.04% (N = 46,897) followed by mammography 74.04% (N = 37,080). It was determined that every age group proved to provide significant results related to screening. A significant higher proportion of Non-

Hispanic black (aOR:1.461, 1.161-1.837) were more likely to receive BC screening compared with any other race. Women who are uninsured (aOR:0.485, 0.360-0.652) were 52% less likely to receive BC screening compared to women with private insurance. BC screening uptake is also associated with perceived susceptibility & severity i.e. osteoarthritis (aOR:1.392, 1.039-1.863) and previous BC diagnosis (aOR:3.093, 1.66-5.76). Perceived barriers such as women who drive (aOR: 3.47, 1.47-8.20) were 2 to 4.7 times more likely to obtain BC screening compared to women who depended on other means of transportation. Conclusions: Policymakers can use the results of this study to develop guidelines to improve health equity, and establish methods to improve the way screening is performed.

CO147 COMPARATIVE EFFICACY AND SAFETY OF PHARMACOLOGICAL INTERVENTIONS FOR MANAGING SICKLE CELL DISEASE COMPLICATIONS IN CHILDREN AND ADOLESCENTS: A SYSTEMATIC REVIEW WITH NETWORK META-ANALYSES

Toni F1,2, Genev AC2, Ferreira J1 Delgadinho M1, Fernandez-Llamos F2, Brito M1

1Health & Technology Research Center, Escola Superior de Tecnologia da Saúde (HATRCESTeS), Instituto Politécnico de Lisboa, Lisbon, PT, Portugal, 2Health & Technology Research Center, Escola Superior de Tecnologia da Saúde (HATRCESTeS), Instituto Politécnico de Lisboa, Lisbon, Portugal

Objectives: Sickle cell disease (SCD), an inherited hemoglobinopathy that causes anemia, severe pain, vaso-occlusive crisis (VOC), is currently recognized as a global public health concern, being the leading cause of pediatric stroke. Our aim was to synthesize the evidence on the efficacy and safety of interventions for managing SCD in this population. Methods: A systematic review with searches in PubMed, Scopus, and Web of Science was performed (April-2022). Randomized controlled trials comparing disease modifying agents in SCD patients under 18 years old were included. The outcome of interest, data were pooled by means of Bayesian network meta-analyses with surface under the cumulative ranking curve analyses (SUCRA). Results: Were reported as odds ratio (OR) with 95% credibility intervals (CrI). Results: Seventeen trials (1982-2022) mostly from African countries (63%) and North America (28%) out of different interventions were found in this study. No clear de-

finition for some outcomes exists. Hydroxyurea may remain the first-choice drug for managing SCD in children and adolescents is insufficient and weak. No clear definition for some outcomes exists. Hydroxyurea may remain the

standard of care for this population, however, long-term well-designed and well-

reported trials comparing new immunotherapy/monoclonal antibodies should be performed.

CO148 TIME IN REMISSION AS AN ALTERNATIVE OUTCOME MEASURE FOR ANKYLosing SPONDYLOPATHY: A 4-YEAR PROSPECTIVE STUDY OF 1900 USERS OF ANTI-TNF

Tuzlu1, Micol T1,2, Zavada J3, Svoboda M1, Pavelka K3, Dolezel T1

1Institute of Health Economics and Technology Assessment (iHETA), Prague, Czech Republic, 2Institute of Rheumatology, Prague, Czech Republic, 3Institute of Biostatistics and Analyses, Ltd. Spinoff company of the Faculty of Medicine of the Masaryk University, Brno, Czech Republic

Objectives: We have recently validated time in remission (TIR; https://www.mede

vizo.com/) as novel outcome in spondylarthropathies (SpA) as an alternative to the best current remission definition for some outcomes exists. Hydroxyurea may remain the standard of care for this population, however, long-term well-designed and well-reported trials comparing new immunotherapy/monoclonal antibodies should be performed.

Results: TIR was significantly correlated (p<0.001) with CRP (coefficient -0.528), BASFI (-0.566), BASDAI (-0.653), HAQ (-0.511), SF-36 bodily pain (0.563), EQ-5D utility and WI (0.565). Following patients over time, Spearman correlation coefficients were calculated between CRP, BASFI, BASDAI, HAQ, SF-36 bodily pain, EQ-5D utility and WI. This study aimed to introduce TIR in ankylosing spondylitis (AS). Methods: The ATTRA-AS registry cohort of AS patients treated with anti-TNF between 2012 and 2016 has been described previously. Point remission and sustained remission were defined as ASDAS-1.3 in one or both visits, respectively. TIR (0-100%) was interpolated between each two ASDAS values measured at two consecutive visits. Following patients over time, Spearman correlation coefficients were calculated between CRP, BASFI, BASDAI, HAQ, SF-36 bodily pain, EQ-5D utility and WI. The TIR point remission and sustained remission to predict EQ-5D utility and WI in a training sample via mixed effect clustered linear regression. Adjusted R2 and mean squared error (MSE) of the prediction were calculated in the test set (split 70/30).

Results: TIR was significantly correlated (p<0.001) with CRP (coefficient -0.528), BASFI (-0.566), BASDAI (-0.653), HAQ (-0.511), SF-36 bodily pain (0.563), EQ-5D utility and WI (0.565). Following the up, TIR predicted EQ-5D utility in the test set (R2=0.17; MSE=0.056) better than sustained remission (R2=0.13; MSE=0.057) and somehow