

# WP2 Dissemination Activity

## National and International Workshops

- 6 interactive workshops:
- Madrid - Spain
  - Quebec City - Canada
  - Udine, Rome, Bari and Naples - Italy



A total of 250 participants.

## Presentations at Meetings and Conferences



## Evidence to Coverage Decision Framework (EtCD)



## Collaboration with Regional Commissions

The Commission for the Drug Approval of the Lazio Region in Italy is using the EtCD framework for its activity.

An example is the EtCD on new oral anticoagulants for atrial fibrillation.



## Integration in HTA Reports

Using the framework as a summary appendix for HTA reports: a pilot example is in preparation for an HTA on Transcatheter Aortic Valve Implant (TAVI) for Patients with severe aortic valve stenosis.

GRADE Evidence to coverage decision framework	
Should New Oral Anticoagulants (NOACs) be covered for patients with atrial fibrillation?	
<p><b>Problem:</b> Patients with atrial fibrillation</p> <p><b>Intervention:</b> NOACs</p> <p><b>Comparison:</b> Warfarin</p>	<p><b>Background:</b> Atrial fibrillation (AF) is the most common form of cardiac arrhythmia. The proportion of patients is associated with rheumatic valve disease (predominantly with age, reaching around 8% in subjects over 60 years), and an incidence of up to 10% in subjects over 77 years. Approximately 70% of patients with AF have about 5 times, and stroke associated with AF have increased morbidity and mortality. The standard of care for the prevention of ischemic stroke in patients with AF is the use of oral anticoagulants. The use of warfarin requires a periodic control with other drugs and certain foods that can enhance or reduce the anticoagulant effect. Vitamin K can be used as an antidote.</p> <p><b>New oral anticoagulants (NOACs):</b> This includes 2 classes of drugs: inhibitors of the thrombin (Factor IIa) and the Factor Xa. They have the advantage of being more predictable and easier to use than warfarin, but they have the disadvantage of requiring a routine monitoring of possible adverse effects. The main cause of</p>

GRADE Evidence to coverage decision framework			
Should Transcatheter Aortic Valve Implant (TAVI) be covered for severe aortic stenosis?			
<p><b>Problem:</b> Patients with severe aortic stenosis at high risk of mortality or prohibitive risk for surgical aortic valve replacement (SAVR).</p> <p><b>Intervention:</b> Transcatheter aortic valve implantation (TAVI).</p> <p><b>Comparison:</b> Medical treatment or surgical aortic valve replacement (SAVR).</p> <p><b>Setting:</b> (Setting)</p> <p><b>Perspective:</b> (Perspective)</p> <p><b>Outcomes:</b> (Outcomes)</p> <p><b>Long-term:</b> (Long-term)</p>	<p><b>Background:</b> Transcatheter aortic valve implantation (TAVI) is an innovative treatment that involves the insertion of a prosthetic valve into the aorta through a catheter. It is a minimally invasive procedure that generally affects persons with severe aortic stenosis. The procedure is performed in a catheterization laboratory, which is a specialized unit for the treatment of cardiovascular diseases. The procedure involves the insertion of a catheter into the femoral artery, followed by the insertion of the prosthetic valve. The valve is then deployed in the aorta, replacing the diseased valve. The procedure is performed under fluoroscopic guidance. The procedure is performed in a catheterization laboratory, which is a specialized unit for the treatment of cardiovascular diseases. The procedure involves the insertion of a catheter into the femoral artery, followed by the insertion of the prosthetic valve. The valve is then deployed in the aorta, replacing the diseased valve. The procedure is performed under fluoroscopic guidance.</p> <p><b>Comparison:</b> Medical treatment or surgical aortic valve replacement (SAVR).</p> <p><b>Setting:</b> (Setting)</p> <p><b>Perspective:</b> (Perspective)</p> <p><b>Outcomes:</b> (Outcomes)</p> <p><b>Long-term:</b> (Long-term)</p>	<p><b>Problem:</b> Patients with severe aortic stenosis at high risk of mortality or prohibitive risk for surgical aortic valve replacement (SAVR).</p> <p><b>Intervention:</b> Transcatheter aortic valve implantation (TAVI).</p> <p><b>Comparison:</b> Medical treatment or surgical aortic valve replacement (SAVR).</p> <p><b>Setting:</b> (Setting)</p> <p><b>Perspective:</b> (Perspective)</p> <p><b>Outcomes:</b> (Outcomes)</p> <p><b>Long-term:</b> (Long-term)</p>	<p><b>Problem:</b> Patients with severe aortic stenosis at high risk of mortality or prohibitive risk for surgical aortic valve replacement (SAVR).</p> <p><b>Intervention:</b> Transcatheter aortic valve implantation (TAVI).</p> <p><b>Comparison:</b> Medical treatment or surgical aortic valve replacement (SAVR).</p> <p><b>Setting:</b> (Setting)</p> <p><b>Perspective:</b> (Perspective)</p> <p><b>Outcomes:</b> (Outcomes)</p> <p><b>Long-term:</b> (Long-term)</p>

**IN PROGRESS**

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