E-NEWSLETTER

MALAYSIAN HEALTH TECHNOLOGY ASSESSMENT SECTION

MaHTAS in HTAi Conference:

Why Can't Health Technology Assessment Always Move This Fast? Malaysia Experience (19 to 23 June 2021)

HTAi 2021 Virtual Annual Meeting was attended by three officers from MaHTAS. The theme for the meeting was **Innovation Through HTA**. It was supplemented by three plenary themes:

- Evidence for HTA: Innovative Methods for Challenging Times
- Patients at the Heart of Innovation
- Innovating HTA to support Novel Interventions

The Head of MaHTAS, Dr. Izzuna Mudla Mohamed Ghazali, was invited as one of the panelist in the International Network of Agencies for Health Technology Assessment (INAHTA) Panel Session on "Why Can't Health Technology Assessment Always Move This Fast?".

Dr. Izzuna shared Malaysia's experience in responding to the COVID-19 pandemic. Other panelists include Professor Dr. Christopher Mc Cabe from Institute of Health Economics (IHE), Canada; Professor Tracy Merlin from Adelaide Health Technology Assessment (AHTA), Australia; Dr Patricia Minaya Flores from Haute Autorité de Santé (HAS), France; and Ms. Vania Canuto from Department of Management and Incorporation of Technologies in Health and the National Committee for Health Technology Incorporation (CONITEC), Brazil.

All in all, the meeting has provided an excellent platform for engaging with HTA researchers, policymakers, health care practitioners, technology developers, and others on how innovation can shape the future of our health services delivery better methods, better evidence, and better decisions.





TAKE A PEEK!

COVID-19 Vaccine

Pneumococcal PPSV23
Vaccination for Elderly

Ivermectin for Treatment of COVID-19

Takeda Dengue Vaccine

CPG Management of EVALI

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HTA & CPG COUNCIL MEETING

session 1/2021 • 21 June 2021

Chairperson: YBhg. Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah Director General, Ministry of Health Malaysia

HTA.

Hyperthermic Intraperitoneal Chemotherapy

By Matron Wong Wai Chee

TECHNOLOGY REVIEW

- Targeted Therapies in Combination with Hormonal Therapy as First-Line Treatment for Hormone-receptor Positive and HER-2 Negative Metastatic Breast Cancer
- Refurbish Medical Devices
- Resuscitative Endovascular Ballon Occlusion of The Aorta (REBOA)
- Transbronchial Cryobiopsy For Lung Biopsy in Interstitial Lung Disease
- Hepatitis C Virus Polymerase Chain Reaction Testing for Dialysis Patient
- Mother to Child Transmission of Hepatitis B
- Pneumococcal PPSV23 Vaccination for Elderly
- Human Papillomavirus (HPV) Vaccination An Update
- Pulsed Electromagnatic Field Theraphy An Update
- Repetitive Transcranial Magnetic Stimulation (rTMS) in Stroke and Other Neurological Conditions
- Acupuncture for Headache, Refractory Neuralgia, Bell's Palsy, Poststroke, Guillain Barre Syndrome and Transverse Myelitis
- Using Laser Fluorescence to Detect Tooth Decay within the Tooth Structure
- Delirium Unit in Geriatric Ward

CPG

- CPG Management of Dementia (Third Edition)
- CPG Management of E-cigarette or Vaping Product Use-Associated Lung Injury (EVALI)

HORIZON SCANNING

- Valactogene
- Takeda Vaccine
- Glucosenz
- Teprotumumab

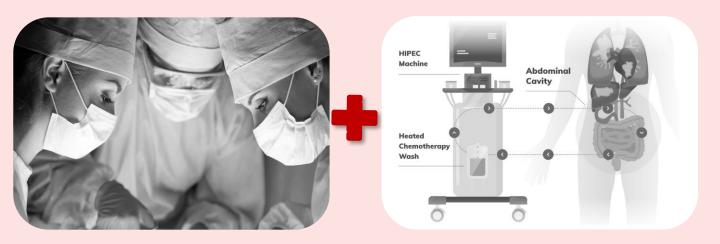
Stuhl

HTA HIGHLIGHTS

Hyperthermic Intraperitoneal Chemotherapy (HIPEC) as an Adjuvant Therapy for Peritoneal Surface Malignancy



Cytoreduction surgery and hyperthermic intra peritoneal chemotherapy (CRS+HIPEC) is a combined treatment modality treatment for resectable tumours at diagnosis. It is an aggressive locoregional treatment that has been available as a treatment option for peritoneal carcinomatosis since the mid-1990s. The surgical procedure involves debulking and stripping of the diseased peritoneum and multiple visceral organ resections. Following the surgery, a heated chemotherapy is administered intraoperatively into the abdomen to cover all raw peritoneal surfaces.





EFFECTIVENESS

15 studies: 7 Systematic Reviews with Meta-analysis, 1 Systematic Review on Randomised Control Trial, 5 Systematic Reviews on Non-randomised Controlled Trials, 2 Economic Evaluation Studies

OVERALL SURVIVAL

32 months.

- 12 to 33 months.
- Significant improvement in recurrent ovarian cancer.

DISEASE FREE SURVIVAL

- ~8 months (endometrial cancer-derived peritoneal metastases).
- Hazard ratio= 0.580; 95% CI 0.476 to 0.706 (ovarian cancer).

PROGRESSION FREE SURVIVAL

 Expected efficacy for prevention of colorectal carcinomatosis peritoneal metastases was not shown.



SAFETY

Treatment-associated mortality: 1 – 4 %

TECHNOLOGY REVIEW HIGHLIGHTS

By Dr. Nur Farhana Mohamad



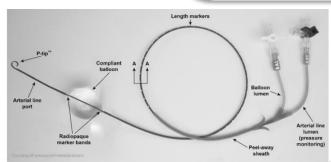
Pneumococcal PPSV23 Vaccination for Elderly

immunisation Recently, in Malaysia, children less than two years old with the pneumococcal conjugate vaccine PCV10 into been added the National **Immunisation** Programme beainnina December 2020 for infants born from January 2020. This decision is deemed crucial and timely for Malaysia in combatting the increased incidence of pneumococcal disease in children in recent years. However, there is yet a national programme to be established for pneumococcal vaccination with the 23-valent polysaccharide vaccine (PPV23) targeting the elderly in Malaysia albeit their increased risk of morbidity and mortality related to invasive pneumococcal disease.

In this review, the good level of evidence suggested that pneumococcal vaccination with PPV23 in elderly population had low to moderate efficacy against invasive pneumococcal (IPD) and disease pneumococcal pneumonia. No serious adverse events were reported. Cost analyses done in industrialised countries showed varying results depending on parameters and thresholds. The estimates of disease burden, vaccine effectiveness, cost assumptions and the effects of herd protection had the most influence on the results. Various international organisations from industrialised countries recommend pneumococcal vaccination with PPV23 for the elderly and other high-risk groups. However, WHO stated that in resource limited settings, a higher priority should be given to introducing maintaining high coverage of infants with PCV vaccine. In conclusion, Pneumococcal vaccination using PPV23 targeting higher risk groups such as Hajj pilgrims may be considered by policy makers. However, current evidence does not support routine pneumococcal vaccination with PPV23 for elderly.

Resuscitative Endovascular Ballon Occlusion of the Aorta (REBOA)



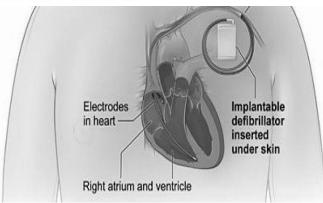


Endovascular balloon occlusion of the aorta (REBOA) is a less invasive method of haemodynamic control in haemorrhagic settings relative to resuscitative thoracotomy (RT) with cross clamping of the aorta. It is a technique of placing a flexible balloon catheter into the femoral artery (in rare occasion, brachial, carotid or axillary arteries), manoeuvring it into the aorta and inflating a balloon to temporarily occlude the aorta, proximal to an injury for patients in traumatic arrest and haemorrhagic shock states. Based on the available scientific evidence, REBOA had shown to improve systolic blood pressure (SBP) by an estimation of 50 mmHg in major haemorrhage from both traumatic and nontraumatic sources. The risk of REBOA complications is 5%, with the common complications include arterial disruption, dissection, pseudoaneurysms, haematoma, thromboembolic problem and ischaemia. Simulation-based trainina REBOA had shown to be effective in improving the knowledge and competency of REBOA placement. Based on a cost utility analysis from the perspective of NHS UK, the use of REBOA was not cost-effective (ICER £44.617.44 per QALY) exceeding threshold of £30,000. In conclusion, REBOA was associated with improved survival to discharge in patients with non-compressible patients haemorrhage especially isolated abdominal injury and pelvis/lower extremity injury. However, the complications cost and risk limit the use of REBOA.

TECHNOLOGY REVIEW HIGHLIGHTS



Refurbish Medical Devices



The use of refurbished medical devices has been on the rise in many countries. Due to its pre-assumption facts, it is seen costly. However, the safety and effectiveness of the refurbished device have been questioned. The evidence showed that there was no significant difference between refurbished Cardiac Implantable Electronic Devices and new devices on outcome battery depletion at average three years' follow-up, infection rate, malfunction or dysfunction and in all-cause mortality in both devices. **Implantable** pacemaker pulse generator had been classified under class III by USFDA. No death related to the device implantation was reported. Companies should comply with the requirements stipulated in Medical Device Act 2012 (Act 737)/ Medical Device Regulations 2012 and 2019 and Circular Letter 1/2016 Refurbishment of Medical Device (Revision 2). Although refurbished Cardiac Implantable Electronic Device (CIED) appeared to function well with acceptable battery life and no adverse events, however, other factors such as social, ethical and legal implication, were to be into consideration. The technical evidence were only available for CIED.

Mother To Child Transmission of Hepatitis B



A technology review was conducted to assess the effectiveness, safety and cost-effectiveness of strategies to achieve elimination mother to child transmission (EMTCT) of hepatitis B virus (HBV), by comparing between these groups;

- Antenatal screening for hepatitis B (with linkage-to-care and follow-up of infants) versus hepatitis B vaccination to (unvaccinated) females of reproductive age.
- Antenatal screening for hepatitis B (with linkage-to-care and follow-up of infants) versus Status Quo (leveraging on National Immunisation Programme) or Do Nothing Strategy.

Fifteen studies were included in this review; 5 systematic review with meta-analysis, 3 cohort studies, 2 cross-sectional studies and 5 economic analyses.

The review found that antenatal screening for HBV infection with linkage-to-care and follow-up of infants was effective and cost-effective in reducing perinatal transmission of HBV.

Thus this strategy may be included in strategies to eliminate mother to child transmission of hepatitis B, especially among antenatal mothers aged more than 32 years old (born after year 1989).



RAPID REVIEW HIGHLIGHTS

By Dr. Asliza Ayub



COVID-19 Candidate Vaccine

According to interim data of several phase 3 trials, several COVID-19 candidate vaccines has shown potential efficacy in reducing new cases of COVID-19 among the intervention group compared with the placebo group. Majority of adverse events of the studied vaccines were mild in severity. However, there was growing concerns on several case reports on anaphylaxis incidence among high-risk group in Cominarty study. Though the candicate vaccines had shown potential efficacy and tolerable adverse events, few other factors need consideration including immunologic correlation of the antibody produced its protection against the disease and emerging variants of COVID-19, duration of protection of the vaccine against the disease and vaccine efficacy for vulnerable group such as immuno-compromised person, children and pregnant women.

By Pn. Nurfarah Aqilah Ahmad Nizam



COVID-19 Breathanalyser Screening Tools

COVID-19 breathanalyser was created with the goal of creating a highly accurate and economical screening equipment that can be used anywhere, delivering results in real time and making mass screening easier. The method for detecting COVID-19 in exhaled breath is based on the discovery that viral agents and/or their surroundings create Volatile Organic Compounds (VOCs) that can reach the exhaled breath. Several company and researcher developed the COVID-19 breathanalyser such as Breathonix Pte Ltd, Canary health Technologies, Finnish Software Firm Deep Sensing Algorithms and Deep Sensing Algorithms (DSA) company. The Breathonix breathanalyser had achieved over 90% accuracy and 95% specificity in a

pilot trials involving 180 patients. As of 17 May 2021, Breathonix BreFence™ Go COVID-19 Breath Test System had gained Singapore HSA Provisional Approval. MyEG Services had signed a deal with National University of Singapore spin-off Breathonix to provide a rapid breath test system for COVID-19 in Malaysia. However, limited evidence showed good specificity and sensitivity of the breathanalyser. Further evaluation, validation and verification process with larger sample size is required to ascertain its effectiveness and safety.

Ivermectin for Treatment of COVID-19



By Dr. Karen Sharmini a/p Sandanasamy

Ivermectin is an FDA-approved anti-parasitic drug widely used for treating several tropical nealected diseases, including onchocerciasis, stronayloidiasis and helminthiases. Because of certain promising results from case studies and clinical trials, the "off-label" use of Ivermectin has attracted alobal attention. A rapid review based on a number of retrievable systematic reviews and meta-analyses evaluating the efficacy and safety of ivermectin in COVID-19 patients revealed a significant overlap of selected studies, including pre-printed randomised trials and retrospective cohort studies. Furthermore, the majority of these studies had insufficient data and substantial methodological constraints, such as small sample sizes. evaluation of concomitant drugs in addition to ivermectin and non-blinding in RCTs, all of which resulted in very low certainty of evidence. The Ministry of Health Malaysia and the Institute for Clinical Research (ICR) have launched a multi-centre open-label randomised controlled trial to determine the effectiveness of ivermectin in preventing COVID-19 from progressing to a severe stage (Stage 4-5) and its effects on mortality. The study is expected to be completed by September 2021.

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HORIZON SCANNING 1/2021

summary of TechBrief



Glucosenz



Glucosenz is a non-invasive blood glucose measuring device to screen for diabetes mellitus before subjecting the suspected patient to invasive blood investigation. The glucose reading is calculated and reported on the screen attached to the device by placing the thumb on the photonic reader for 30 seconds.

EFFICACY

94%

of the data were plotted within the clinically acceptable Clarke Error Grid Analysis Zone A and B.



Phase 3b: The mean error accuracy were reported within the range of 12.04% to 43.26%.

SAFETY



Since the nature of the device is non-invasive, thus it is considered safe to be used.

COST



A crude 5-year cost analysis comparing glucosenz with conventional method showed that there was potential cost saving around RM621,250.00.

POTENTIAL IMPACT



Using needleless glucometer as screening tools in the population may be beneficial due to its simplicity, time-saving and better acceptance owing to its non-invasive method. However, further studies are needed to determine its accuracy in larger population and its cost-effectiveness.

HORIZON SCANNING 1/2021

summary of TechBrief

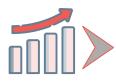




Takeda Dengue Vaccine



Global population is at risk of dengue infection.



A local forecasting study showed the incidence of dengue infection increase to sixfold in year 2040 compared baseline in year 2010.

safe, effective affordable dengue vaccine against the four strains would represent maior а breakthrough for disease control.

It is an important strategy to morbidity reduce and mortality from dengue by at least 25% following the World Health Organization (WHO) aoal from 2021 until 2030.

One clinical trial, three cost-effectiveness studies and two willingness to pay (WTP) studies on dengue vaccines were identified



80.9% Overall vaccine efficacy

NO serious adverse events were reported

It may potentially provide important public health benefits against dengue infection and hospitalisation



2018

EXPECTED TO BE LAUNCHED



2024

The manufacturer has submitted the regulatory filings

in

Argentina Brazil

Colombia

Indonesia Malaysia

Mexico

Singapore

Sri Lanka

Thailand

This is purposely for people who are living in or traveling to communities burdened by the threat of denaue.

Cost

Up to USD 270/dose (RM 1100/dose)

ICER (dengue vaccination program)

Averaged USD 3,751/DALY (RM15,700/DALY)

WTP in Asian countries



Between USD 2.0 to USD 66 (RM 8 to RM 266) per single dose

ICER: Incremental cost-effectiveness ratio I WTP: Willingness to pay

CLINICAL PRACTICE GUIDELINES

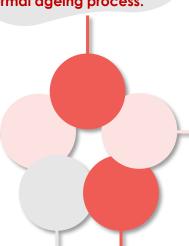
Key Recommendations

Dementia a syndrome that affects memory, thinking, orientation, calculation, learning, language, judgement, emotion, social behaviour or motivation. It is not a part of normal ageing process.



Management of Dementia (Third Edition)

Nonpharmacological interventions should be the mainstay of treatment in people with dementia (PWD) throughout all stages of the condition.



Diagnosis of dementia should be made using criteria from Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or the International Classification of Diseases, Tenth Revision (ICD-10). The process should consist of detailed history & physical examination, & supported by cognitive, functional & behavioural evaluation.

Dementia is caused by a **combination** of genetic & environmental factors & has modifiable & non-modifiable risk.

Risk reduction strategies should be advocated to reduce the risk of developing cognitive decline &/or dementia.

The issues of palliative care & advance care planning should be addressed early while PWD still possess adequate decision-making capacity.

Pharmacological interventions may be offered according to different aetiology & severity of dementia.

Caregivers should be actively involved & supported in the management of dementia.

The use of various medications in dementia **should be done cautiously with regular review** of its indication & potential adverse effects, & deprescribed when necessary.

Behaviour & psychological symptoms are common among PWD & should be addressed accordingly.

CLINICAL PRACTICE GUIDELINES

Key Recommendations

Flectronic cigarette cigarette (e-cig) is a handheld device equipped with aerosol generator, battery and solution storage area. Its purpose is to deliver nicotine or other chemicals via aerosolisation.



CUNICAL PRACTICE GUIDE

Management of E-cigarette or Vaping Product Use-Associated Lung Injury (EVALI)

Inhalation e-cia aerosol could potentially cause physical (including organ) psychosocial damage.

EVALI is defined as history of e-cig use within 90 days of the onset of symptoms with pulmonary infiltrate imaging and no contributable cause of the illness. The diagnosis of EVALI should be made based on case definitions as outlined by the United States Centers for Disease Control and Prevention.

EVALI patients may present with respiratory (shortness of breath, cough & chest pain) & gastrointestinal (nausea, vomiting, diarrhoea abdominal pain) symptoms while tachypnoea commonly observed.

A physician should be consulted for any case suspected of the EVALI at emergency department primary care facility.

> Chest imaging should done in be all suspected EVALI cases.

Relevant laboratory investigations should be done to rule out other probable diagnoses before diagnosis of EVALI can be made.

For patients suspected or confirmed of EVALI diagnosis, *supplemental* oxygen, antibiotics systemic corticosteroids may initiated if indicated.



Patients with EVALI should only be discharged when they fulfil the discharge criteria with hospital prescription and follow-up.

clinically

exclude

INTERNATIONAL ACTIVITIES

January to June 2021



TeleHealth Conference: Challenges in Assessing the Value of Digital Health **Technologies** (20 to 21 January 2021)





TeleHealth Conference by Trueventus was held in Kuala Lumpur, Malaysia. This two-day virtual conference was a unique platform where it involved multidisciplinary experts to showcase their top-notch keynote presentations and case studies. Health systems and medical perspectives, practitioners shared their valuable insights and expertise on how to best equipped for the rapidly evolving and exciting landscape of Telehealth. Dr. Izzuna Mudla Mohamed Ghazali, the Deputy Director of MaHTAS had been invited as one of the distinguished speakers. She presented a topic on The Challenges in Assessing The Value of Digital Health Technologies. Among the challenges include rapid evolvement of the technology, lack of evidence, variation of the technology, and no appropriate comparisons. Thus, many HTA agencies develop extended framework in assessment of digital health, involvement of data security and protect compatibility of different experts. and technology used.

i-HTS EuroScan -**MaHTAS** collaboration for WHO Compendium of Innovative Health **Technologies for Low**resource Settings (19 Jan. to 5 Feb. 2021)



Four **MaHTAS** reviewers participated the joined review technologies i-HTS under **EUROSCAN** project for WHO from 19 January February 2021. This project had led to the development of WHO compendium of





health technologies for low-resource settings 2021- COVID-19 and other health priorities. The compendium acted as a neutral platform for the review and selection of technologies with immediate or future impact on the COVID-19 preparedness and response, improveness on health outcomes and quality of life, and/or offer a solution to an unmet medical/health technology evaluating their appropriateness, quality, and safety.

Health technology assessment and horizon scanning (HS) methods were adapted to create a technology related evidence-based These assessments assessment. conducted on 33 technologies within a period of 8 weeks based on issues related to the use of these technologies in LMICs as well as to the transferability evaluate on technology, and finally to decide whether a technology would be listed Compendium.

INTERNATIONAL ACTIVITIES

January to June 2021



HTAi 2020 Asia Policy Forum Digital Session: Covid-19 in Asia - Tackling the Third Wave & Vaccine (4 February 2021)

The second of three meetings of HTAi's Asia Policy Forum (APF) was conducted virtually chaired by the APF Chair, Professor Brendon Kearney. Some members of the APF were keen to share lessons learned along the SARS-CoV-2 journey.

Professor Brendon Kearney welcomed 51 attendees from HTA agencies and industry from around the region to two fascinating plenaries from Dato' Dr Norhizan Ismail, the Deputy Director General (Medical) of Malaysian Ministry of Health, and Professor Terry Nolan, a vaccine specialist from the Peter Doherty Institute, Australia. MaHTAS was represented by Dr Izzuna Mudla Mohamed Ghazali, the Deputy Director.

In the plenary session, Dato' Dr Norhizan Ismail addressed the Public Health Response to the third COVID-19 Wave in Asia. Some countries in the region were experiencing a severe second wave by mid-2020 and battling the third wave at the beginning of 2021. He described the impact the COVID-19 pandemic on Malaysia and measures the Malaysian Government had taken to not only contain the spread of the virus, but to mitigate and minimise the impact of the pandemic on the health population and the economy.

Professor Terry Nolan in the second plenary highlighted on COVID vaccines update: turning science into public health reality. He had given relevant insights on the need of vaccine to create broad, worldwide immunity against COVID-19, three types of antiviral candidates, vaccine main players, vaccine roll out and questions that still need to be addressed.

INAHTA Congress 2021 (4 to 9 February 2021)





INAHTA Congress

Stronger Together: Sharing the Challenges, Experiences & Solutions for HTA 4,5, 8 & 9 February 2021

INAHTA congress 2021 was delivered online with a meeting of two hours in length each day. The topics for each day were as follows; Modern methods and evidence for assessing innovative technologies, Non-traditional evidence for HTA including Real World Evidence (RWE) and expert contributions, Increasing efficiency and effectiveness in the production of HTA and INAHTA position statements and Impact story sharing. Each topic involved preliminary session followed with groups sessions where each participant got the chance to actively involved and share their country/organisations' experience. the event was successfully held with active participations from MaHTAS.

INTERNATIONAL ACTIVITIES

January to June 2021

"Thinking on your feet". Development of Fast Real-World Diagnostics and The Role Horizon Scanning Play in Identifying New Development (25 March 2021)

The third HTAi Asia Policy Forum meeting was fined sharing network from the United Kingdom National Institute for Health Research Innovation Observatory (NIHRIO). They emphasised on the stage of development, effectiveness and safety of emerging diagnostics and therapeutics, and the utilisation of the technologies for high-risk population. The role of HS is identifying and tracking healthcare innovation using HS methods and tools, providing timely advice to stakeholders and assisting the prioritisation of new tests.



Mr. Syful Azlie, a science officer at MaHTAS was nominated to attend. This amazing 10 weeks online course provided students with a basic understanding of health economics, its value and limitations. It also familiarised students with the application of economic theory to health and health care issues, the principles of health economics and the techniques of economic appraisal. All of the lecturers were very knowledgeable great and provided explanations of the concepts introduced. The content was intriguing while interaction between both students and tutors in the online discussion forums was stimulatina.

Foundations Plus Advanced Online Course in Decision Modelling for Health Economic Evaluations (May to June 2021)

Mr. Lee Sit Wai was given the opportunity to participate in the 2-months online course for health economic modelling organised by University of York and London School of Hygiene & Tropical Medicine. During the time, the officer learnt to build, interpret and appraise the decision models. Furthermore, he also learnt about advanced modelling methods and technique to identify the different uncertainties existing in the economic evaluation models.







LOCAL ACTIVITIES

January to June 2021

CONDUCTED BY MAHTAS



Priority Setting Exercise for HTA Topics 2021 – 2022 (16 to 17 March 2021)

A total of 45 candidate topics were received from various MOH members. Following the filtration process in which 19 topics were excluded (due to reasons such as established technologies and inappropriate for HTA), 26 topics were included for scoping. Based on initial evidence reports presented during priority setting exercise, a consensus was achieved, resulting in 6 HTAs, 15 technology reviews, 4 information briefs and 1 rare assessment. The outcome of prioritisation was presented at the HTA Technical Advisory Committee meeting 1/2021 and endorsed by the HTA & CPG council in June 2021.

By Pn. Nurfarah Aqilah Ahmad Nizam



A three-day workshop was conducted by MaHTAS members of Horizon Scanning Unit to update the Horizon Scanning manual since the first edition in 2016. Updating this manual was further timely to improve auality methodology, dissemination and implementation strategies with the addition of reassessment section. The participants discussed various topic to be updated in the Horizon Scanning manual. Hopefully, this manual will delineate the framework of horizon scanning system in Malaysia, provide guidance on its work process and deliver well the necessary steps on Horizon Scanning.

Training of Core Trainers CPG Management of Rheumatoid Arthritis (29 March 2021)



By Pn. Siti Aisah Fadzilah

MaHTAS conducted its very first virtual Training of Core Trainers (ToT) CPG Management of Rheumatoid Arthritis (RA) at Everly Hotel, Putrajaya. The one-day ToTs was aimed to actively disseminate contents of the CPG and train healthcare providers on the management of RA. It also aimed to assist the trainers in delivering all components related to the implementations of the CPG systematically and effectively. A total of 83 healthcare professionals from all over Malaysia participated virtually in this ToT.

Systematic Review on Evidence-Based CPG Development and Implementation 1/2021 (19 to 21 April 2021)



By Pn. Siti Mariam Mohtar

MaHTAS had successfully conducted a hybrid Systematic Review on Evidence-based CPG Development and Implementation 1/2021. The workshop was conducted to train clinicians, pharmacists and other allied professionals on how to develop and implement evidence-based CPG. The participants were group members from CPG development Management of Cancer Pain (Second Edition), Management of Thalassemia (Second Edition) and Management of Geriatric Hip Fracture. Fourty eight participants from all over Malaysia attended the workshop (13 physically and 35 virtually).

MAHTAS INVOLVED AS INVITED TRAINERS

Continuous Professional Education (CPE): Literature Review Strategies (1 April 2021)



By Mr. Lee Sit Wai

An officer from MaHTAS, Mr. Lee Sit Wai was invited to give a talk on Literature Review Strategies for CPE Online session. The 2-hour educational session was organised by R&D Committee, Pharmaceutical Services Division, Selangor State Health Department. The participants comprised of Pharmacy Officers and Provisional Registered Pharmacists who were involved in research work at their respective workplaces. The virtual session taught the participants ways to come up with research question and to systematically search for scientific articles.

INTERNAL TRAINING

January to June 2021

By Ms. Gan Yan Nee



Risk of Bias 2.0 for Individually Randomised Parallel Group Trials

A two-day workshop was organised by MaHTAS Risk of Bias Task Force on 6 to 7 January 2021 to introduce the revised Cochrane RoB 2.0 tool for randomised trials to MaHTAS reviewers. During the first day, the speaker Ms. Gan Yan Nee focused on the key features and detailed guidance on using the RoB 2.0 tool, followed by hands-on practice session the next day. Participants were able to familiarize themselves with the RoB 2.0 tool for application in coming reports.

By Mr. Lee Sit Wai



Search Strategy

A search strategy internal training session was conducted for all the reviewers and information specialists to familiarised them with the technique in doing a proper search. The session started with introduction of the methods to formulating questions and further hands-on in searching for articles using the subscribed databases.

By Mr. Lee Sit Wai

MyLOFT

The training for the usage of MyLOFT was conducted to familiarised the reviewers and information specialists with the platform that stored the database subscribed by MaHTAS. The participants learnt on installing of the software and using the software on computer and on phone application.

Search Strategy using PubMed



By Dr. Foo Sze Shir

An internal training was conducted specifically for the Information Specialist team and Dr. Ridzwan, our attachment dental colleague, on 10 May 2021 via the Zoom platform. The topic discussed was "A hands on session on search strategy using PubMed". Participants went through a constructing clinical questions, breaking down into PICO and using different search syntax in PubMed. Later on, Dr. Ridzwan did an assignment using the search strategy learnt.

PICO Table Presentation



By Pn. Siti Mariam Mohtar

Oral Health Technology Assessment Section, Ministry of Health has been working together with MaHTAS for many years in developing evidence-based oral CPGs. Dr. Mohd Ridhwan Mahmod, dental officer from the section had attached with MaHTAS from 19 April 2021 to 25 May 2021. The aim was to learn on the work process of developing and implementing evidence-based CPG, focusing on search strategy and PICO concept. Dr Ridhwan had successfully completed the attachment and presented his lessons in MaHTAS i.e. PICO concept on 25 May 2021.

WHO Fair Pricing Forum 2021



By Mr. Lee Sit Wai

The World Health Organization (WHO), with the support of the Ministry of Health of Argentina, organised the 2021 Fair Pricing Forum, which took place virtually between 13 to 15 and 20 to 22 April 2021, and focused on improving access to medicines and health products through fair pricing.

ACHIEVEMENT

January to June 2021

A Voice to be Heard: Patient and Public Involvement in Health Technology Assessment and Clinical Practice Guidelines in Malaysia (March 2021)

The paper had been published in the International Journal of Technology Assessment in Health Care. This paper described the journey, achievements, challenges, and future direction of the PPI throughout all stages of the development and implementation of HTA and CPG in Malaysia

By Pn. Ku Nurhasni Ku Abdul Rahim





Malaysian Clinical Practice Guidelines for Management of Diabetic Foot: A Synopsis for The Primary Care Physician (19 February 2021)

The Development Group of CPG Management of Diabetic Foot (Second Edition) has produced a manuscript entitled Malaysian Clinical Practice Guidelines for Management of Diabetic Foot: A Synopsis for The Primary Care Physician which was accepted and published in Malaysian Family Physician Journal Volume 16 Number 1, published 29 March 2021.

This is done as part of the CPG implementation strategies to reach a wider audience and further promote its utilisation.



Anugerah Perkhidmatan Cemerlang (APC)



DR. MOHD AMINUDDIN MOHD YUSOF Public Health Specialist Clinical Practice Guidelines Unit



DR. NOOR AYUNI BAZURA MUHAMAD Medical Officer Clinical Practice Guidelines Unit



PN. ROS AZIAH

MOHD RASHID

Science Officer

Health Technology Assessment

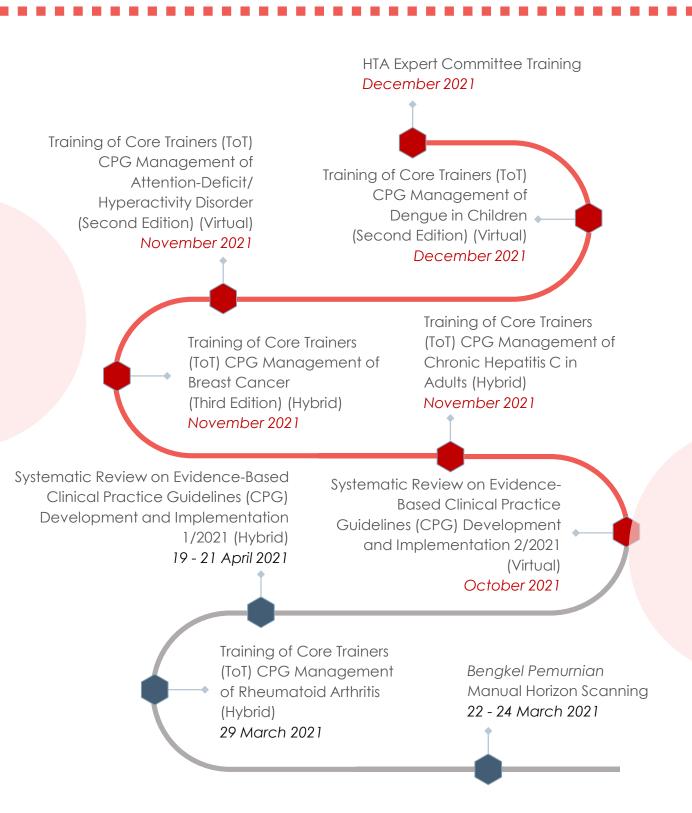
Unit



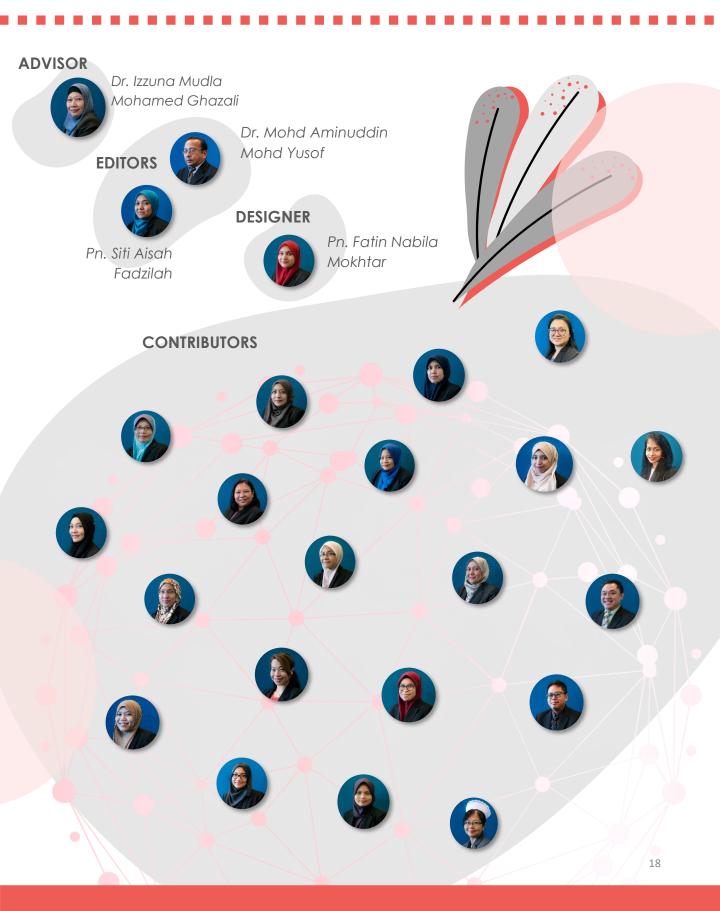
MR. MOHD ARMAN
AHMAD ASLI
Administrative Assistant
Health Technology Assessment
Unit
16

COURSES AND WORKSHOPS

January to December 2021



EDITORIAL BOARD



TURNOVER OF STAFF

January to June 2021

WELCOME TO THE TEAM!



PN. ROSAZADDILAH
AZADDIN
From Hospital Seri
Manjung, Perak



DR. KAREN SHARMINI A/P SANDANSASAMY From Disease Control Division, MOH

dest of Luck!



DR. ZAWIAH MANSOR
Career move as a lecturer
in Universiti Putra
Malaysia, Selangor

