Centre universitaire de santé McGill
McGill University Health Centre

TAU
Annual Report

April 2004 - April 2005

Technology Assessment Unit (TAU)
McGill University Health Centre – Royal Victoria Hospital
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www.mcgill.ca/tau/

Approved at TAU committee meeting April 2005
**Mission Statement**

To advise the hospital in difficult resource allocation decisions, using an approach based on sound, scientific technology assessments, and a transparent, fair decision-making process. Consistent with its role within a University Health Centre, it will publish its research when appropriate, and contribute to the training of personnel in the field of health technology assessment.

**TAU Committee**

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<tr>
<th>Juliana Arnoldo</th>
<th>Jeffrey Barkun MD</th>
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<td>Multidisciplinary Council</td>
<td>Surgery</td>
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<td>André Bonnici</td>
<td>James Brophy MD PhD</td>
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<td>P&amp;T Committee</td>
<td>Director - TAU</td>
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<td>Pierre Ernst MD</td>
<td>James Hanley (sabbatical)</td>
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<td>Clinical Epidemiology</td>
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<td>John Johnston</td>
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<td>Patients’ Committee</td>
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<td>Marilyn Kaplow</td>
<td>Maurice McGregor MD</td>
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<td>Quality Management</td>
<td>Chair - TAU</td>
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<td>Gary Pekeles MD</td>
<td>Judith Ritchie PhD</td>
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<td>Paediatrics</td>
<td>Council of Nurses</td>
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<td>Gary Stoopler</td>
<td>Donatella Tampieri MD</td>
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<td>Administration</td>
<td>Council of Physicians, Dentists &amp; Pharmacists</td>
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*Dr. Fred Saleovsky left our committee in 2004. We would like to gratefully acknowledge his expert assistance and generous support during his involvement in the TAU Committee. Dr. Donatella Tampieri has kindly accepted to be the representative of the Council of Physicians, Dentists & Pharmacists and Dr. Pierre Ernst has kindly accepted to replace Dr. James Hanley while he is on sabbatical for one year.*

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Staff

The TAU currently has one full-time research assistant/epidemiologist, two part-time research scientists, one health economist (consultant) and one administrative/research assistant on staff.

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<th>Name</th>
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<tr>
<td>Dr James Brophy</td>
<td>Director</td>
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<tr>
<td>Vania Costa</td>
<td>Research Assistant</td>
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<tr>
<td>Dr Nandini Dendukuri</td>
<td>Research Scientist</td>
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<tr>
<td>Dr Lonny Erickson</td>
<td>Research Scientist</td>
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<tr>
<td>Dr Maurice McGregor</td>
<td>Consultant</td>
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<tr>
<td>Lorraine Mines</td>
<td>Administrative Assistant</td>
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<td>Dr John Penrod</td>
<td>Health economist (consultant)</td>
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TAU Reports (April 2004-April 2005)

NOTE: Projects are researched and drafts prepared by members of TAU, referred to below as "the authors". They are assisted by expert consultants appointed for each project. Draft reports are then circulated, reviewed, amended and finally approved by the full Committee who become the authors of the final report. In the past year of the following six reports have been approved:

STEM CELLS
Requestor: Mr. Gary Stooler, Administrative Director, Medicine, Surgery and Women’s Health
Title: Transplantation of Allogeneic Hematopoietic Stem Cells from Unrelated Donors in Adult Patients at the MUHC
Publication date: April 2005
Author(s): Vania Costa MSc - Research Assistant/Epidemiologist - TAU
James Brophy MD PhD - Cardiology and Clinical Epidemiology
Maurice McGregor MD - Cardiology.
Consultants: Ahmed Galal MD, Pierre Laneuville MD, David Mitchell MD
Background: This technology assessment was carried out to evaluate the use of umbilical cord blood as an alternative source for hematopoietic stem cell transplantation.
Recommendation(s):

Recommendation 1. The MUHC should urgently seek designated funding to enable it to offer this technology to appropriate patients and to support a transplant centre of sufficient quality to maintain good clinical outcomes and to assure the accreditation on which the future supply of donor cells will depend

Recommendation 2. While maintaining approximately the same total number of stem cell transplants per year, the modest budget increase that would result from carrying out approximately 10 cord blood procedures per year should be accepted.

Recommendation 3. All stem cell transplants carried out at the MUHC should take place in one designated centre.

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Recommendation 4. It is recommended that no significant increase in stem cell transplantation be authorized in the absence of additional funding.

**PROBIOTICS**

**Requestor:** Dr. Françoise Chagnon, Director of Professional Services  
**Title:** The Use of Probiotics in the Prevention and Treatment of *Clostridium Difficile* Diarrhea.  
**Publication date:** March 2005  
**Author(s):** Nandini Dendukuri PhD – Research Scientist - TAU  
Vania Costa MSc - Research Assistant/Epidemiologist - TAU  
James Brophy MD PhD - Cardiology and Clinical Epidemiology  
Maurice McGregor MD - Cardiology  
**Consultants:** Sandra Dial, MD  
**Background:** This technology assessment was carried out to evaluate the evidence in favour of the use of probiotics for prevention and treatment of *C Difficile* diarrhea [CDAD] in adults.  
**Recommendation(s):** It is recommended that the MUHC does not adopt the use of probiotics for the prevention or treatment of CDAD at the present time. The literature should be re-evaluated as more evidence becomes available.

**MATRIX COILS**

**Requestor:** Dr. Ewa Sidorowicz, Assistant Director, Professional Services  
**Title:** The Use of Matrix Coils in the Treatment of Cerebro-vascular Aneurysms.  
**Publication date:** June 2004  
**Author(s):** Vania Costa MSc - Research Assistant/Epidemiologist - TAU  
James Brophy MD PhD - Cardiology and Clinical Epidemiology  
Donatella Tampieri MD, John Penrod PhD  
**Consultants:** Sandra Dial, MD  
**Background:** The objective of this report is to compare the use of the Matrix Detachable Coil with the Guglielmi Detachable Coil (GDC), which up to now has been the standard treatment used in the MUHC, in regard to its long-term efficacy and costs.  
**Recommendation(s):** The TAU considers that although unpublished reports are promising, up to this time, additional health benefits with the Matrix coils have not been demonstrated. The TAU has previously considered such issues and has come to the conclusion that leadership in an academic hospital is not best demonstrated by adopting the use of “leading edge” technologies before the benefits have been clearly established. Leadership is better demonstrated by refusing to adopt such technologies as the accepted standard of care and by encouraging research to clarify the issue. Consequently, despite the relatively low budget impact, the TAU does not recommend the purchase of the Matrix coils for routine patient care at this time. In addition, the TAU strongly encourages further research with this technology and notes that due to the low budget impact of the Matrix coil and its presumed safety, the burden of proof required to demonstrate its clinical superiority need not be extensive. Finally, as with all health technology assessments (HTAs), this position will need to be re-evaluated as more evidence becomes available.

**GASTRIC BANDING**

**Requestor:** Dr. Françoise Chagnon, Director of Professional Services  
**Title:** The Gastric Banding Procedure: An Evaluation  
**Publication date:** April 2004  
**Author(s):** Jun Chen MB MSc - Research Assistant/Epidemiologist – TAU  
Maurice McGregor MD - Cardiology  
L.D. McLean MD, N. Christou MD  
**Consultants:** Sandra Dial, MD  
**Background:** This report has been prepared in response to a request by the Director of Professional Services of the MUHC to carry out an evaluation of the Laparoscopic Adjustable Gastric Banding (LAGB) procedure for morbid obesity, giving particular attention to its efficacy and safety, the quality of

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the evidence on which these evaluations are based, the costs, and how the cost compares with that of the most used alternative procedure.

**Recommendation(s):** In view of the fact that an effective alternative procedure exists, the TAU Committee recommends that until the LAGB procedure has been approved by Québec it should not be routinely carried out at the MUHC. It should only be carried out in exceptional circumstances, when in the opinion of the Surgeon it would carry a significantly lower risk than the LR-en-Y procedure.

## TAU Current Projects

1. Spinal Surgery Monitoring
2. VAC (Vacuum Assisted Closure)
3. Cerebral Microdialysis

## Establishing a Joint CHUM / MUHC TAU

TAU has negotiated throughout the past year with the designated representatives of the CEO from the Centre Hospitalier du Montréal (CHUM) and the McGill University Health Centre (MUHC) to arrive at an agreement in principle for a joint TAU. This joint unit will respect the goals of “complémentarité” that the Quebec government desires between the two university hospital centers. In principle, this joint unit which will be situated at the MUHC will begin operation in the next fiscal year. This will require expansion both of our physical location as well as our personnel. The draft of this agreement is available upon request from Normand Rinfret.

## Evaluation of the impact of TAU reports

In the 2004 annual report, we reported the financial impact, as assessed by independent evaluators, of our first 11 projects at between 2-3 million dollars. Follow-up with the requestors of both previous and 2004-05 reports indicates that the hospital has continued to follow all TAU recommendations with one exception. Discussions with the chief of cardiology, Dr. Genest, suggests that while the TAU report on biventricular pacing has had a substantial impact, adhesion to our recommendations has not been perfect. Nevertheless, the saving estimated in the 2004 report are generally felt to be recurrent.

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TAU Scientific Activities

As TAU gains maturity, it is being increasingly recognized as an innovative and effective model for health technology assessment. This recognition has taken several avenues.

1. Our reports are now indexed in the international database for the Center for Reviews and Dissemination managed by York University, UK [http://www.york.ac.uk/inst/crd/crddatabases.htm](http://www.york.ac.uk/inst/crd/crddatabases.htm)
2. Invitation (Dr. McGregor) by DACEHTA, The Danish Center for Evaluation and HTA, to visit Copenhagen and Aahus, Denmark, Oct. 2004.
3. Invitation (Dr. McGregor) to evaluate the Nijmegen Center for Evidence Based Practice, Nijmegen, The Netherlands.
5. Interaction with the Quebec Health Technology Assessment Agency (AETMIS) to assist other Quebec institutions establish their own local units.
6. Invitation (Dr. McGregor) to present the TAU experience and discuss HTA with the Capital Health Joint HTA Planning Session, May, 2004, Edmonton.
7. Accepting two international doctoral students for 6 month training program in health technology assessment (August-December 2005)
8. Two recent successes in obtaining peer review funding from the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) for research in health technology assessment.
9. Numerous scientific publications (see next section for details)

TAU Scientific Publications

Abstracts.


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Peer Review Publications.


ACKNOWLEDGMENT

“(I)t does not make sense to ask whether a particular rationing decision is right... ......., one asks whether the decision was made in the right way”. A good process "promotes the consistency, and thus the fairness, of treatment; it makes rationing more visible; it reduces the burden on individual physicians; and it enhances the accountability of doctors and the medical profession" [Hoffmaster. Can J Cardiol 2000;16:1313]

The TAU is a unique example of an attempt to adjust the services we offer to conform to the resources available in a logical, fair, and consistent fashion. While some of our decisions have not supported the acquisition of a technology, and have thus "saved money", others have supported new developments because they have identified the benefits, and found them to be sufficient to justify the increased expenditure. Our sincere thanks are due to the many members of the MUHC who have assisted with data collection, to those who have served as Consultants, and to the members of the Committee who have dedicated many hours to the consideration of these problems.

Maurice McGregor.