

编号: YY002-20190916001

标题: **Cancer survival improves in UK but still lags behind other high income countries**

简介: The International Cancer Benchmarking Partnership analysed data on 3.9 million people with cancer from 1995 to 2014 in seven countries: Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the UK. The study, published in Lancet Oncology,¹ looked at changes in survival, alongside incidence and mortality, in people with cancers of the oesophagus, stomach, colon, rectum, pancreas, lung, and ovary.

全文链接: <https://www.bmj.com/content/366/bmj.15508>

编号: YY002-20190916002

标题: **The Great Recession, financial strain and self-assessed health in Ireland**

简介: In this paper, we study the effects of the 2008 economic crisis on general health in one of the most severely affected EU economies Ireland. We examine the relationship between compositional changes in demographic and socio-economic factors, such as education, income, and financial strain, and changes in the prevalence of poor self-assessed health over a 5-year period (2008-2013). We apply a generalised Oaxaca-Blinder decomposition approach for non-linear regression models proposed by Fairlie (1999, 2005). Results show that the increased financial strain explained the largest part of the increase in poor health in the Irish population and different sub-groups. Changes in the economic activity status and population structure also had a significant positive effect. The expansion of education had a significant negative effect, preventing further increases in poor health. Wealthier and better educated individuals experienced larger relative increases in poor health, which led to reduced socio-economic health inequalities.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=44243

编号: YY002-20190916003

标题: **What evidence do economic evaluations in dental care provide? A scoping review**

简介: Objective: To collate the body of evidence in economic studies of different dental interventions. Methods: Eligible English studies after 1980 were sourced from MEDLINE using MeSH terms and reviewed independently by 4 teams. Studies were grouped according to the type of dental intervention and their quality appraised using Drummond's Checklist. Results: The number of dental economic studies increased from 1980 to 2016. A total of 91 studies were identified following the search strategy. Most studies were conducted in the United States (n=23), followed by Germany (n=14), Australia (n=10) and the United Kingdom (n=9). Preventative dental interventions comprised 37% of included studies (n=34), followed by restorative (n=14), prosthodontic (n=13) and periodontal

interventions (n=12). Cost effectiveness analyses (n=68) comprise 75% of full economic evaluation (EE) studies, followed by cost-utility (n=17) and cost-benefit (n=6). Quality assessment checklists identified 60 studies as good, 23 as moderate and 8 as poor. Common methodological limitations were identified in EE studies. Comparison of studies identified trends and common findings within each dental intervention. Conclusion: High quality economic studies are important in directing resources and funding by policy makers. Standardisation of reporting outcome measures will improve the potential for interpretation and comparison between studies. Research adhering to recommended quality assessment checklists will improve the overall quality of evidence to better identify cost-effective treatments for different dental interventions.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=44232

编号: **YY002-20190916004**

标题: Paid employment and common mental disorders in 50–64-year olds: analysis of three cross-sectional nationally representative survey samples in 1993, 2000 and 2007

简介: Aims. Associations between employment status and mental health are well recognised, but evidence is sparse on the relationship between paid employment and mental health in the years running up to statutory retirement ages using robust

mental health measures. In addition, there has been no investigation into the stability over time in this relationship: an important consideration if survey findings

are used to inform future policy. The aim of this study is to investigate the association between employment status and common mental disorder (CMD) in 50-

64-year-old residents in England and its Stability over time, taking advantage of three national mental health surveys carried out over a 14-year period.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=44239

编号: **YY002-20190916005**

标题: Long-term efficacy and safety of biosimilar infliximab (CT-P13) after switching from originator infliximab: open-label extension of the NOR-SWITCH trial

简介: Background and objectives The 52-week, randomized, double-blind, noninferiority, government-funded NOR-SWITCH trial demonstrated that switching from infliximab originator to less expensive biosimilar CT-P13 was not inferior to continued treatment with infliximab originator. The NOR-SWITCH extension trial aimed to assess efficacy, safety and immunogenicity in patients on CT-P13 throughout the 78-week study period (maintenance group) versus patients switched to CT-P13 at week 52 (switch group). The primary outcome was

disease worsening during follow-up based on disease-specific composite measures. Methods Patients were recruited from 24 Norwegian hospitals, 380 of 438 patients who completed the main study: 197 in the maintenance group and 183 in the switch group. In the full analysis set, 127 (33%) had Crohn's disease, 80 (21%) ulcerative colitis, 67 (18%) spondyloarthritis, 55 (15%) rheumatoid arthritis, 20 (5%) psoriatic arthritis and 31 (8%) chronic plaque psoriasis. Results Baseline characteristics were similar in the two groups at the time of switching (week 52). Disease worsening occurred in 32 (16.8%) patients in the maintenance group vs. 20 (11.6%) in the switch group (per-protocol set). Adjusted risk difference was 5.9% (95% CI -1.1 to 12.9). Frequency of adverse events, anti-drug antibodies, changes in generic disease variables and disease-specific composite measures were comparable between arms. The study was inadequately powered to detect noninferiority within individual diseases. Conclusion The NOR-SWITCH extension showed no difference in safety and efficacy between patients who maintained CT-P13 and patients who switched from originator infliximab to CT-P13, supporting that switching from originator infliximab to CT-P13 is safe and efficacious.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=44235