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**Objective** HPV Test [Invader Technology/Real-Time PCR] is a molecular genetic test performed for confirming the presence of infection by detecting 14 types of HPV and additionally, for classifying types 16 and 18 genotypes.

**Methods** It was assessed using 8 domestic databases including Korea Med and Ovid-MEDLINE, Ovid-EMBASE. 1,214 works were identified. Of them, animal experimental or studies not published in Korean or English were excluded. Total of 23 literatures composed of 8 literatures for Invader Technology and 15 literatures on Real-Time PCR were included in the final assessment. Two reviewers screened all references independently, for assessing included articles quality and extracted data.

**Results** Index tests were assessed to be a safe test, since it does not impart direct harm to the patients as it is conducted outside the patients body by collecting uterus cervical cells. Effectiveness was assessed by diagnostic accuracy, concordance rate, detection rate. Diagnostic accuracy of Invader Technology with sequencing was high (sensitivity=0.89, specificity=0.92). As the result of comparison between Invader Technology and Hybrid Capture 2 (HC2), the false positive rate of index test (5.8%) was lower than HC2 (5.5–21.9%). The concordance rate was 83.1%–94.0%. Diagnostic accuracy of Real-Time PCR with DNA chip was high level (sensitivity=0.96, specificity=1.00). Rate of concordance between Real-Time PCR and HC2 was in the range of 82.6–98.3%, with DNA chip was in the range of 66.7–98.3%.

**Conclusion** These tests are safety. Also, there are the effectiveness of additional diagnosis for genotypes 16 and 18, high level of concordance with the existing tests and high level of detection of HPV genotypes 16 and 18 in high risk group.

### P013 A PRELIMINARY ANALYSIS OF THE CLINICAL PATHWAYS IN CHINA

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**Background** Clinical pathway (CP) is an application of rational process and time management for specific disease and surgery in practice. The CP was firstly introduced into China in 1990s.

**Objective** To find the current status of clinical pathways in China.

**Methods** We used word clinical pathway in title by searching the web of clinical pathway (www.ch-cp.org.cn), CNKI, etc. and collected CP on title, date, specialties and main contents, etc. Search date till July 30, 2012.

**Results** 1) 331 CPs were issued in 2009–2011, 25,503 departments from 3,467 hospitals conducted CP and public hospital accounted for 46.9% by 2011 in China. 2) The CPs was pilot implemented in 110 selected hospitals from 23 provinces on 22 specialties, such as general surgery, cardiovascular, orthopaedics, etc. 3) The contents of CP mainly include: disease and target population, diagnosis, treatment option, standard length of stay in hospital, criteria for CP entrance, preoperative evaluation, time and choice for use of prophylactic antibiotics, operation day, postoperative hospital stay recovery, discharge standard,

variance and reason analysis, etc. Few CP described the sources of funding, composition of group that authored the CP and financial disclosures. 4) The major influential factors of CP implementation include: the participation of doctors and patients, explanation of the various process and documents, payment problems, hospital management, appropriate incentive mechanisms, information systems and other support policies, etc. **Conclusions** Clinical pathway may a tool for hospital quality management and assessment criteria of disease effectiveness-costs. More communications with doctors and patients and innovative payment methods would be better for CP implementation.

### P016 A GUIDELINE ON UNDESCENDED TESTIS: MORE TRANSPARENCY BY A DECISION ANALYSIS

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**Background** Undescended testis (UDT) is the most common genital anomaly seen in boys and can be treated surgically by orchiopexy. The age at which orchiopexy should be performed is controversial for both congenital and acquired UDT.

**Objectives** Performing a decision analysis in order to develop a guideline on UDT.

**Methods** A decision analysis was performed in which all available knowledge is combined to assess the outcomes of orchiopexy at different ages, expressed in quality adjusted life years (QALY). Furthermore a sensitivity analysis was performed to assess whether the determined optimal age of orchiopexy is influenced by gaps in current knowledge.

**Results** Surgery at the earliest age (at detection of UDT) will lead to the lowest loss in QALY for UDT compared to no surgery. For bilateral UDT (both congenital and acquired) this was caused by increased paternity and for unilateral UDT by cosmetic aspects. Sensitivity analyses did not change the preferences for strategies. However, given the modest differences in outcomes, there is room for patient preference with respect to performance and timing of surgery in case of unilateral UDT.

**Discussion** The choice for no surgery in case of unilateral UDT was not acceptable for the expert group. Therefore, a consensus based guideline was developed in which surgery was recommended also for unilateral UDT. More clinical evidence on issues related to timing may in the future modify these results and hence this advice.

**Implications for Guideline Developers/Users** A decision analyses provides a clear insight in the data available and argumentations made.

### P022 GINSENG FOR HEALTH CARE: A SYSTEMATIC REVIEW OF RANDOMISED CONTROLLED TRIALS IN KOREAN LITERATURE

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