different acceptance, restriction and rejection rates for drug reimbursement decisions.

METHODS:

The current study is based on a longitudinal dataset with data from nine European countries from 2002 to 2014. This dataset is formed of primary data on drug reimbursement decisions (that is, cancer drugs) collected in the Advancing and strengthening the methodological tools and practices relating to the application and implementation of Health Technology Assessment (ADVANCE-HTA) project and secondary data on life tables and indicators of health and socioeconomic status (from Eurostat and World Bank). Following the longevity model defined by Lichtenberg (1), a panel data model with country and year fixed-effects is run on this dataset in order to model the impact of the level of access to drugs on health outcomes.

RESULTS:

The results show that the rate of adoption of new drugs into a national health system does not have any significant effect on life expectancy. However, more restrictive systems are positively and significantly related with healthy life years. Finally, for mortality rates, higher rejection rates are associated with lower deaths.

CONCLUSIONS:

To conclude, contrary to the public opinion, results show that a more restrictive drug reimbursement system is not related with a worse health outcome, it is either associated with a positive outcome or it is not related.

REFERENCE:

1. Lichtenberg FR. Pharmaceutical innovation and longevity growth in 30 developing and high-income countries, 2000–2009. *Health Policy Technol*. 2014;3:36–58.

OP50 European Assessments Of Medical Devices: Avenues For Improvement

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INTRODUCTION:

European collaboration in Health Technology Assessments (HTAs) has gained increasing recognition in recent years, not only on pharmaceutical products but also on high-risk medical devices. For medical devices, quality assessments of efficacy and safety are particularly important due to the weak market authorization in Europe. Strengthening efforts towards better collaboration thus plays a pivotal role to reduce overlap and save resources. This study explored the level of redundancy in HTA assessments of medical devices in Europe in order to identify areas for better collaboration.

METHODS:

We performed an analysis of European HTA reports of medical devices regarding their timing in relation to market authorization, the respective level of evidence used and the overlaps in topics. The ADVANCE HTA database from 2014 was used to select a cohort group of ten high-risk medical devices. A systematic search was conducted to identify all relevant, European HTA reports investigating the ten devices within a time span of 12 years (2003-2015). We analysed the number of annual assessments per technology and evaluated activity patterns, late and early assessors, and minimum evidence requirements.

RESULTS:

The results revealed the amount of redundancies in European HTA production: the number of reports per technology ranged from a minimum of five to a maximum of twenty-two over a time-span of 12 years. Within a single year, one technology was assessed up to six times by different HTA institutes in Europe. Out of fourteen countries included in the evaluation, two countries assessed each technology, and seven

https://doi.org/10.1017/S0266462317001416 Published online by Cambridge University Press

countries assessed more than seven out of the ten technologies.

CONCLUSIONS:

The findings indicate that more efficient collaboration is needed to save scarce resources and time of HTA institutes. Efficient collaboration as such needs to shift the focus beyond the time span of one year, and start building on each others work from previous assessments.

OP51 Thrombectomy In France: A National Use Of European Network for Health Technology Assessment (EUnetHTA) Joint Assessment

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INTRODUCTION:

Mechanical thrombectomy (MT) is used in patients with acute ischaemic stroke due to occlusion of a proximal cerebral artery. Over the years endovascular techniques have been used to re-canalise blocked vessels, but are not currently reimbursed by National Health Insurance in France.

The aim was to assess the efficacy and safety of MT in combination with intravenous tissue plasminogen activator (IV t-PA), or as an alternative to it, in adults with an acute ischaemic stroke who are not eligible for thrombolysis or in whom thrombolysis has failed; to support the reimbursement decision by National Health Insurance.

METHODS:

Within the scope of The European Network for Health Technology Assessment (EUnetHTA), a rapid assessment of "Endovascular therapy using devices for acute ischaemic stroke" was jointly produced with Haute Autorité de santé (HAS) as a reviewer.

RESULTS:

The EUnetHTA report provided a systematic review based on eight randomized controlled trials (RCT) for effectiveness and all available published data for safety.

To produce its assessment, HAS has adapted the EUnetHTA report by:

1. Updating the systematic literature review including the latest published trials
2. Retaining the subgroup analysis of the five most recent trials considered more relevant in the EUnetHTA report for the assessment of effectiveness
3. Analysing specifically the different endovascular interventions studied in the five RCTs
4. Taking into account contributions from stakeholders.

CONCLUSIONS:

This horizontal collaboration among European HTA doers has facilitated and shortened the assessment of the clinical benefit of this technology, confirming the relevance of EUnetHTA cooperation.

This clinical assessment of thrombectomy is to be completed by the evaluation of its organizational impact in the management of acute ischemic stroke.

OP55 Health Technology Assessment In Children And Adolescents: Adolescent Preferences For Child Health Utility 9D Health States

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https://doi.org/10.1017/S0266462317001416 Published online by Cambridge University Press