increased healthcare costs. Overall, this study demonstrated the importance of age-related PSA risk-adaptive PCa screening. The value of MRI deserves further investigation, considering MRI's positive effect on screening acceptability.

OD24 Scalability Analysis Of Multimodal Prehabilitation For Frail Elderly Patients Before Elective Surgery In Germany

Susanne Felgner (susanne.felgner@tu-berlin.de), Helene Eckhardt, Zoe Weber, Wilm Quentin and Tanja Rombey

Introduction: Multimodal prehabilitation, including interventions like physiotherapy, combined with frailty screening and a shared decision-making conference for frail elderly patients before elective surgery is an innovative approach currently under investigation (PRAEP-GO RCT, NCT04418271). The PRAEP-GO intervention aims to enhance postoperative outcomes and prevent care dependency. Our aim is to systematically assess the scale-up potential of PRAEP-GO within the German healthcare system.
Methods: We are conducting a scalability analysis using the Intervention Scalability Assessment Tool (ISAT). The ISAT questionnaire comprises two parts: (A) "Setting the scene," describing the current health service situation (e.g., intervention characteristics, political context), and (B) "Intervention implementation planning," outlining future requirements (e.g., workforce, infrastructure), with open-ended questions and a scalability readiness assessment using a scale. Our analysis involves three stages: (i) health economists from the PRAEP-GO research team individually answering ISAT questions, (ii) trialists from the PRAEP-GO research team interviewed in a group, and (iii) external experts representing relevant stakeholders for future implementation interviewed in an advisory board meeting.
Results: Data collection for stage (i) and (ii) has been completed, while data collection for stage (iii) is expected to be completed in February 2024. The preliminary findings for part (A) highlight the need for a sustainable approach to manage an aging and increasingly frail patient population requiring surgery. There is no clinical guideline available for the management of this population group. Regarding part (B), the current infrastructure (e.g., therapy facilities) and personnel structures might need to be adapted and should be expanded for large-scale application. Employing professionals to coordinate the patient pathway was recommended, along with adjustments to reimbursement structures.
Conclusions: In PRAEP-GO, we are pursuing a multidisciplinary process with the aim of supporting health decisions that promote an equitable, efficient, and high-quality healthcare system meeting the challenges of an aging population due to demographic change. The PRAEP-GO trial is currently exploring this approach on a small scale. Existing infrastructure and personnel structures would need to be adapted and expanded for scale-up.

OD26 Comparing Health Technology Developers' Proposed Indication To An Estimated Indication Generated By An International Horizon Scanning Database

Marie Harte, Caitríona Ní Choitir (mharte@stjames.ie), Heather Eames, Roisin Adams, Laura McCullagh, Lesley Tilson, Daisy Duell, Irina Odnoletkova, Anna Bergkvist Christensen, Marie Persson, Helle Bräuner, Marcus Guardian, Alzbeta Alzbeta Tuckova, Brian Wilkinson, Beth Kuzmak, John Shaw, Craig Boyce, Prashanth Palakollu and Eileen Erinoff

Introduction: Detail on a technology's projected therapeutic use is required for horizon scanning. The International Horizon Scanning Initiative (IHSI) database will utilize natural language processing (NLP) augmented by human curation to generate an estimated indication for technologies in development. We compared the estimated indication, generated as a test-set for NLP, with health technology developers' (HTDs) proposed indications identified from Ireland's horizon scanning system (HSS).
Methods: Eight oncology technologies common to both Ireland's HSS and the IHSI database were analyzed. The analysis included unlicensed technologies in late-stage development that have not submitted a European marketing authorization application. Ireland's HSS receives data on proposed indications for technologies from HTDs. IHSI database curators extract and convert terms from clinical trials into structured inputs (condition, combination therapy, stage of disease, place in treatment, patient/disease-specific subgroups) to produce an estimated indication for a technology. We sought to identify, by structured input, the degree of alignment between HTDs' proposed indications with the IHSI database's estimated indication.
Results: There was 100 percent alignment between the HTD's proposed indication and the estimated indication generated in the IHSI database for five of the eight included technology records. There was 83 percent alignment for two records and 67 percent alignment for one record. Across all records there was full alignment on condition, combination therapy details, patient-specific subgroup, disease-

https://doi.org/10.1017/S0266462324001569