RESULTS:

In HTA, both *norm-based ethics* and *value-based ethics* are mobilized. This duality is fundamental since it proposes two different ethical evaluations: the first is based on the conformity to a norm, whereas the second rests on the actualization of values. The disciplinary foundation generates diversity as philosophy, sociology and theology propose different justifications for ethical evaluation. At the operational level, ethical evaluation's characteristics are applied to the case at stake by specific practical reasoning. In a norm-based practical reasoning, one must substantiate the facts that will be correlated to a moral norm for clearly identifying conformity or non-conformity. In value-based practical reasoning, one must identify the impacts of the object of assessment that will be subject to ethical evaluation. Two difficulties arise: how to apply values to facts and prioritize amongst conflicting ethical evaluations of the impacts?

CONCLUSIONS:

Applying these three criteria to ethical approaches in HTA helps understanding their complexity and the difficulty of operationalizing them in HTA tools. The choice of any ethical evaluations is never neutral; it must be justified by a moral point of view. Developing tools for ethics in HTA is operationalizing a specific practical reasoning in ethics.

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OP105 Systematically Reconstructing Trial Context-Role For CLUSTER Searches?

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INTRODUCTION:

Randomized controlled trials (RCTs) of complex interventions are conducted in a context-specific environment. Principal trial reports, with a focus on main results, are unable to document adequately the context for an intervention, for example, word limits. Important context may be included in "sibling studies" (that is, studies conducted alongside the main trial, for example, process evaluations, and qualitative studies (1). This presentation explores (i) to what extent is it possible to use a systematic and parsimonious method to identify sibling studies and (ii) what is the potential value of yield from these studies?

METHODS:

The systematic CLUSTER approach (2) to follow up of index studies **(C**itations, **L**ead authors, **U**npublished materials, **S**cholar, **T**heories, **E**arly examples **R**elated projects) has demonstrated the value of retrieved items in qualitative terms. However, the CLUSTER approach is painstaking and laborious and may be prohibitive within a time-tight Health Technology Assessment (HTA). A streamlined CLUSTER approach, using freely available Publish or Perish Software integrated with Google Scholar and Microsoft Excel, offers an economical way of building up "clusters" of study reports. A case study of a UK National Institute for Health Research (NIHR)-funded HTA on the management of medically unexplained symptoms in primary care, utilizing quantitative and qualitative research studies, is used to examine the practical application of the approach.

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RESULTS:

Systematic comparison of yield from sifting with yield from the Publish or Perish software reveals (i) major trials for which corresponding qualitative studies were not previously identified, (ii) qualitative studies identified independently from, and potentially unlinked to, associated trials, (iii) associated trial reports (for example, protocols, feasibility studies, etc), economic evaluations and systematic reviews, and (iv) commentaries and correspondence; all with the potential to enhance understanding of trial context.

CONCLUSIONS:

The potential of the Publish or Perish-enabled CLUSTER approach to identify trials or qualitative studies, through "joining up" and mapping of clusters, potentially missed from separate quantitative/qualitative sift processes, means that it should be considered for any HTA that seeks to integrate quantitative and qualitative studies.

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OP106 The Impact Of Searching Fewer Databases In Health Technology Assessment Rapid Reviews

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INTRODUCTION:

Multiple databases are often searched in Health Technology Assessment systematic reviews. However in rapid reviews, time and resources are limited and modifications to the search methodology may be necessary. In this retrospective study, the impact of searching fewer databases for three completed rapid reviews (i) Severe Mental Illness (SMI), (ii) Cannabis Cessation (CC), iii) Premature Ejaculation (PE) for the United Kingdom National Institute for Health Research was investigated.

METHODS:

The database coverage and indexing of the study references from the reviews were initially identified. The impact of fewer databases searched was then tested by (i) the number of studies that might be missed, (ii) the number of records for sifting and (iii) the overall rapid review conclusions.

RESULTS:

A total of 178 included study references were found in the reviews (SMI n = 14 for 13 studies, CC n = 34 for 33 studies, PE n = 130 for 102 studies). Searching Medline only for SMI, Medline+Embase for CC, Medline+Embase+Cochrane Library for PE, would result in 1902 (74 percent), 466 (43 percent) and 240 (11 percent) fewer records needed to sift, respectively. There would also be a total of ten 'would be missed' references (SMI n = 1, CC n = 5 and PE n = 4). However, nine out of the ten references were found to have no or minimal impact on the overall findings of the reviews. The ten references were secondary reports of an included study,

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