

project aims to provide a secure and user-driven solution. This study aims to identify barriers and key points related to citizens when using digital systems for data interoperability.

Methods: Both qualitative and quantitative approaches were applied in order to identify and measure citizens' general needs regarding the tool to be developed within the context of SOTERIA. The questionnaire was distributed throughout the three European countries under study: Austria, Romania, and Spain, with 400 responses collected in each country. The distribution of sex, age, occupation and educational level was representative in the entire sample.

Results: This study corroborates the critical role of perceived security in the intention to adopt new technologies. In addition, to trust and being consistent with the extant literature on technology adoption/acceptance, perceived benefits and usefulness also play a crucial role in driving attitudes and behavioral intention to adopt digital data wallet (DDW). Our findings show that perceived ease of use, the user's belief of having no difficulty using the technology (i.e., DDW), is a significant predictor of consumers' intentions to use DDW. Our qualitative data from both the in-depth interviews and focus groups also revealed convenience, being comfortable, and/or less time and energy needed to use DDW in comparison to one's current situation, to be a determinant of perceived benefits. Transparency, which provides consumers with knowledge of how firms manage their personal information, was also viewed as important among our participants in both in-depth interviews and focus groups. Our findings corroborate previous studies that report the control of privacy concerns, or the extent to which consumers believe they can manage the flow of information, feel comfortable and enhance their perceived view of privacy or lower privacy concerns.

Conclusions: Our qualitative studies confirmed that trust, or consumers' expectation of how data will be handled in the future plays an important role in influencing the intention of DDW adoption.

PP61 Cost-Effectiveness Analysis Of Trastuzumab Deruxtecan Versus Chemotherapy For Previously Treated HER2-Positive Gastric Cancer In Singapore

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Introduction: The phase two DESTINY-Gastric-01 trial demonstrated that trastuzumab deruxtecan (T-DXd) improved overall survival in Asian patients with human epidermal growth factor receptor 2 (HER2)-positive, advanced gastric or gastroesophageal adenocarcinoma that had progressed following two or more treatments, compared with chemotherapy (irinotecan or paclitaxel monotherapy). Considering the high cost of T-DXd, we assessed the cost-effectiveness of T-DXd versus chemotherapy from the Singapore healthcare system's perspective.

Methods: A partitioned survival model with three health states (progression-free, progressed disease and death) was developed, with

a five-year time horizon. Survival curves from DESTINY-Gastric-01 were extrapolated beyond the trial duration using parametric functions. Health state utilities were obtained from published literature and direct costs were sourced from public healthcare institutions in Singapore. Utility decrements for adverse events such as interstitial lung disease was incorporated into the model for the differences in safety profiles. A discount rate of three percent was applied to costs and outcomes. One-way deterministic sensitivity analyses (OWSA) and scenario analyses were conducted to assess parameter and model uncertainties.

Results: Treatment with T-DXd, compared to chemotherapy, had a high base case incremental cost-effectiveness ratio (ICER) of over SGD450,000 (USD334,900) per quality-adjusted life-year gained. The cost of T-DXd greatly influenced the results according to OWSA. Seventy-three percent of the total costs accrued in the T-DXd arm was due to the cost of the drug, compared to seven percent in the chemotherapy arm. The ICER was also sensitive to the assumptions around extrapolation of the survival curves, but when tested across all scenario analyses, the results remained unfavorable.

Conclusions: At the current cost, T-DXd does not represent good value compared to chemotherapy for previously treated HER2-positive gastric cancer in Singapore. The findings from our cost-effectiveness analysis, alongside other considerations, will be useful to inform policy makers on funding decisions.

PP64 Cost-Effectiveness Of Fractional Flow Reserve As Diagnostic Tool In Coronary Artery Disease Versus Angiogram Alone In Indian context

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Introduction: Fractional Flow Reserve (FFR) is a diagnostic tool that aids decision-making in the treatment of coronary artery disease (CAD). FFR provides an objective measurement and is used as an adjunct to an angiogram. The clinical and cost-benefit of using FFR have been well established across published literature. This research was aimed at evaluating the economic impact of using FFR as an adjunct to angiogram versus an angiogram alone, in the Indian healthcare context.

Methods: A study from a tertiary care public hospital in India estimated the impact of using FFR as an adjunct to angiogram in management of CAD. This study was used to create a mathematical simulation model to estimate cost-effectiveness and economic impact of using FFR over seven years' time horizon, from the Indian health systems perspective. A targeted literature review was performed to collect the clinical inputs for the model, and the national public health insurance program data was referenced to obtain the cost inputs.

Results: A hypothetical cohort of 100,000 patients in the model reported 30 percent reduction in unnecessary stenting. Moreover, 14,025 deaths were averted with the adoption of FFR. In addition,

there was a cost-saving of INR46,986 (574USD) per death averted and INR5,169 (63USD) per patient treated over a seven-year time horizon. The analysis demonstrated that FFR inclusion in the current clinical practice saves INR2,651 (32USD) per patient in overall upfront cost and INR2,518 (31USD) per patient in overall follow-up cost over a seven year follow-up period owing to improved diagnosis and prognosis.

Conclusions: In conclusion, FFR prevents unnecessary stenting, reduces overall mortality, and proves to be a cost-saving intervention in the long-term when used as a decision-making criterion in CAD patients in the Indian context.

PP65 An Economic Evaluation of Day Care Surgery For Non-Acute Hernia Repair In Government Hospitals Of Sri Lanka

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Introduction: Early discharge of publicly funded non-acute hernia repair patients may save healthcare costs by reducing inpatient stays. This study reports a cost analysis of establishing day-care surgeries for publicly funded patients undergoing non-acute hernia repair in Sri Lanka.

Methods: A decision tree model was developed to represent the pathway probabilities and costs. Cost data was taken from the Medical Supplies Division, relevant hospitals, and laboratories. Hospital costs per-day were calculated based on WHO-CHOICE model with inflation adjusted to 2022 value. The model assumed that 60 percent of the hernia patients presented to the outpatient department, 39 percent were referred from private clinics, and 1 percent of hernia repairs admitted as inward transfers or emergencies. Of the hernia repairs that were conducted, 95 percent were assumed to be uncomplicated hernias, and the most common post-operative complication encountered was urine retention accounting for 95 percent of the complicated cases.

Results: It was estimated that in the current situation for a cohort of 1,000 patients undergoing non-acute hernia repair, 2,055 overnight in-hospital days were utilized. If day surgery services can be performed with patients observed for less than 24 hours before being discharged the overnight stay can be reduced to 155 patients. In the current scenario the total cost for non-acute hernia repair at a state hospital was estimated LKR170.9M (≈USD529K) per 1000 patients while the same procedure done as a Day Care procedure cost estimate

was LKR155.7M (≈USD482K) per 1000 patients. The savings from implementing day-care surgeries for non-acute hernia repair will amount to approximately LKR15M (≈USD40K) when caring for 1,000 patients. The results were sensitive to length of stay and proportion of complicated cases.

Conclusions: Shifting uncomplicated non-acute hernia repair patients from an inward scenario to a day care scenario would lead to a considerable financial saving to the government. More evidence on the value of expanding day care services and observation services capacity should be explored as this would guide efficient and sustainable publicly funded healthcare system in Sri Lanka.

PP67 What Patients Want – Optimizing Oncology Value Assessment To The Goals Of Patients

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Introduction: Cancer is now diagnosed and treated earlier, resulting in improved patient benefit and outcomes. While overall survival (OS) is crucial to patients, there are other value dimensions, such as quality of life (QoL) and reduction in severe side effects, that change patient lives while on treatment. Considering patient reported outcomes (PROs) in value assessments for decision-making can improve individual, population and societal outcomes.

Methods: A multidisciplinary, international group of experts working in the cancer field was brought together to reach consensus on key principles of defining and assessing cancer treatment value. A Delphi-based approach including surveys, virtual panels, interviews and structured online discussions was used to reach consensus. This work was funded by AstraZeneca.

Results: Use of PROs in oncology value assessment is important because it can lead to: improvements in caregiver/patient/physician communication; unmet problem and needs detection; disease and treatment tracking; and better cost effectiveness. While some health technology assessment (HTA) bodies are already accepting QoL data, such as the Institute for Quality and Efficiency in Health Care (IQWiG) in Germany and US Centers for Medicare and Medicaid (CMS), many others do not. It is important that there is consistency in use of QoL data and other PROs, ensuring inclusion and a standardized and simple way of capture. In trials, tolerability data collected via PROs and QoL should be routinely and consistently incorporated and emphasized in HTA value assessments together with safety, efficacy and effectiveness. Data from PROs should be considered in decision-making to help build a better picture of health-related QoL, morbidity and adverse events from the patient perspective.

Conclusions: We are calling on the cancer community to: continue to encourage the use of a broad set of oncology-relevant endpoints