quality decisions to be taken in relation to the incorporation of new technology.

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PD18 Cost-Effectiveness Of Extracorporeal Life Support In Cardiogenic Shock

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INTRODUCTION:

Venoarterial extracorporeal life support (ECLS) is increasingly used in patients during cardiogenic shock, due to favorable results in this very high-risk scenario. However, it is a costly intervention that requires heavy financial investment and specialized human resources.

METHODS:

Cost-effectiveness analysis to evaluate ECLS in the perspective of the Brazilian public health system (SUS) in the population of adult patients with cardiogenic shock. A decision tree comparing ECLS and usual care was built, using efficacy data from a systematic review of literature, and cost data from SUS reimbursement values. Impact of parameter variability and uncertainty were ascertained with deterministic and probabilistic sensitivity analysis.

RESULTS:

Usual care resulted in thirty percent probability of survival, at an average cost of 3,000 international dollars (Int$/USD); the strategy that includes ECLS resulted in sixty-two percent survival rate, and average cost of Int$ 23,000, with incremental cost-effectiveness ratio (ICER) of Int$ 62.215 per averted in-hospital death. Results were sensitive to device cost, and survival difference between strategies. In probabilistic sensitivity analysis, ECLS was consistently more costly and more effective than usual care; based on a willingness-to-pay of three times Brazilian gross domestic product (GDP) per capita (Int$ 45,000), there was twenty-seven percent probability of ECLS being cost-effective.

CONCLUSIONS:

ECLS has the potential to increase survival for cardiogenic shock, but would significantly increase costs. In the Brazilian public health system, the cost per averted in-hospital death is 4.1 times the domestic GDP per capita.

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PD20 'Where's Waldo?' Incorporating Patient Aspects Into Rapid Reviews

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INTRODUCTION:

Patient and social aspects form a key domain within health technology assessments (HTAs) but are less well established in rapid HTA. Patient aspects can add value to HTAs by aiding in interpretation of variations in intervention effectiveness or providing context on the impact of interventions on patients' lives. This poster describes initial experience of incorporating patient aspects into a rapid HTA for the Scottish National Health Service.

METHODS:

A rapid review explored using qualitative literature to understand patient issues relating to transoral robotic surgery (TORS) for head and neck cancer. Literature searches identified qualitative studies or systematic reviews of qualitative studies using two search filters: one for patient perspectives and another for qualitative study designs.

RESULTS:

No qualitative literature specific to the exact question posed in the HTA was identified. Instead the project focused on patient experiences of alternative treatments (radiotherapy or open surgery) and identifying patient-important outcomes, such as speech function or lack of facial disfigurement. Pragmatic decisions on study selection were required in the TORS review due to the large volume of literature identified: we only included the most recent studies and limited our selection to patients with specific forms of head and neck cancer. Selecting studies from a large volume of literature may be an issue for future rapid HTAs attempting to incorporate qualitative evidence. The qualitative studies were summarised and used to inform advice issued to NHSScotland by the Scottish Health Technologies Group (SHTG).

CONCLUSIONS:

Patient aspects can be incorporated into rapid HTAs using systematic and pragmatic approaches to identifying and summarizing qualitative literature. Future rapid HTAs by SHTG may include syntheses of qualitative studies rather than summaries. Patient submissions are also being piloted as a method of collating patient experiences.

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PD22 Behavioral Factors Mediating Between Socioeconomic Status And Obesity

AUTHORS:

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INTRODUCTION:

China has the largest obese population in the world and its prevalence is increasing faster and faster. The researchers are investigating the association between the socioeconomic status (SES) and obesity in several ways. However, SES may not only play a direct impact on obesity but influences health behaviors which, in turn, affect obesity. The mediating factors have rarely been studied. This study investigates the association between SES and obesity mediated by behavioral factors among adults in China.

METHODS:

The longitudinal data including 110,449 individuals were obtained from the eight waves of the China Health and Nutrition Survey from 1991–2011. The outcome of obesity was measured using Body Mass Index (BMI). The SES factors include education and income (low, medium and high). Mediating factors include alcohol consumption, smoking status, diet and physical activity. A variety of statistical models were used to investigate the association between SES and obesity. Age/gender-adjusted prevalence of obesity was calculated and multiple-logistic regression was used.

RESULTS:

To some extent, SES influenced BMI directly, positively in men and inversely in women, respectively. SES may also operate through behavioral factors. These associations were not always straightforward, and changes in SES might create some offsetting risks. Behavioral factors including alcohol consumption, smoking status, diet and physical activity were associated with SES indicators in all groups. In addition, the prevalence was higher in urban areas than rural areas in China. Several pathways for different SES groups leading to obesity were simulated.

CONCLUSIONS:

Higher SES groups are more likely to have higher BMI compared to lower SES groups. Different SES groups have different significant mediating risk factors. The pathways between SES and obesity are complex. This study suggests that it is necessary to apply different interventions to different SES individuals especially focused on the disadvantaged populations according to their different behaviors and preference.

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PD24 Data Collection By Patient Groups To Provide Patient Input

AUTHORS:

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INTRODUCTION:

The Canadian Agency for Drugs and Technologies in Health (CADTH) Common Drug Review and pan-Canadian Oncology Drug Review programs incorporate perspectives and experiences from patients and family members who might be affected by the resulting funding recommendation. Perspectives are provided by patient groups who use different approaches to gather patient input.

METHODS:

We analyzed a random sample of ninety-three patient input submissions, drawn from a sampling frame of 532 submissions given to CADTH between June 2010 and June 2016. We looked at how groups described their information gathering methods in the original submissions or the published Clinical Guidance Reports.

RESULTS:

Approaches were categorized according to whether they involved primary (n = 86) or secondary data