

six hours of headache onset were pooled; sensitivity was 98.7 percent, specificity was 100 percent. CT sensitivity beyond six hours was considerably lower ($\leq 90\%$; 2 studies). Three studies assessing LP following negative CT were pooled; sensitivity was 100 percent, specificity was 95.2 percent. LP-related adverse events were reported in 5.3–9.5 percent of patients.

Conclusions. The evidence suggests that the Ottawa SAH Rule is not sufficiently accurate for ruling out SAH and does little to aid clinical decision making. Modern CT within six hours of headache onset (with images assessed by a neuroradiologist) is highly accurate, but sensitivity reduces considerably over time. The CT-LP pathway is highly sensitive for detecting SAH, although LP resulted in some false-positives and adverse events.

PP298 Scottish Health Technologies Group (SHTG) Adaptations: Utilizing Other Agencies' HTAs In Scotland

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Introduction. Health Technology Assessment (HTA) is an important but time-consuming process to inform decision-making. Following requests from stakeholders in Scotland to provide advice on technologies that had recently undergone HTA in other jurisdictions, SHTG recognized a gap in their 'product menu'. Colleagues within the SHTG team devised a mechanism through which an original HTA could be adapted for Scotland, taking into account local contextual factors.

Methods. SHTG Adaptations comprise the following: i) assessment of the original HTA using the EUnetHTA HTA Adaptation Toolkit and checklist; ii) draft Adaptation using the outcome of the assessment and contextual information for Scotland; iii) consultation group of relevant Scottish clinicians is provided with the original HTA and draft SHTG Adaptation; iv) modified Delphi approach (max. three rounds of questioning) is used to ascertain the relevance of the original HTA to Scotland; v) the Adaptation is submitted to SHTG Council for endorsement.

Results. SHTG Adaptations have a timeline of 2–3 months, three have been published since this product was launched. The process has run smoothly with excellent clinical engagement from across NHS Scotland. Key learning focusses on the role of the SHTG Council (i.e. appraisal committee) in this process and in handling of expert opinion of evidence which has already been appraised by another agency.

Conclusions. The SHTG Adaptation is a new product which offers a timely assessment and utilization of an HTA from another agency.

PP299 A Framework And Analysis Assessing The Impact Of Patient-Centered Outcome Evidence In HTA Appraisals

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Introduction. The importance of patient-centered outcome (PCO) evidence is increasingly recognized, but its inclusion in Health Technology Assessment (HTA) submissions remains inconsistent. We explored the impact of PCO evidence on HTA decision-making.

Methods. A framework was developed to assess the impact of PCO evidence (excluding EQ-5D) on HTA appraisals. An impact rating was determined by reviewing company, committee and Evidence Review Group (ERG) opinion. This was applied to publicly available appraisal documents (National Institute for Health and Care Excellence [NICE]: 8; Scottish Medicines Consortium [SMC]: 2) in a pilot study. The framework was then refined and applied to a larger dataset.

Results. PCO evidence had 'substantial impact' in 3/8 NICE and 1/2 SMC appraisals, and 'some impact' in those remaining. PCO evidence informed the cost-effectiveness model in 2/8 NICE and 1/2 SMC submissions, and was considered superior to EQ-5D evidence in one NICE and one SMC submission. The ERG considered PCO evidence relevant to decision-making in 5/8 NICE appraisals. PCO evidence was mentioned in guidance for 7/10 appraisals (deemed relevant in 5/10). In one assessment, committee comments were notably more favorable than ERG comments. Larger dataset analysis results provided further insights to the pilot study.

Conclusions. The framework allows a systematic approach to evaluating the impact of PCO evidence on HTA appraisals.

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PP353 Patient-Reported Outcomes: What Matters For Brazilian Breast Cancer Patients?

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Introduction. Patient-Reported Outcomes (PRO) are directly reported by the patient without interpretation of the patient's response by a clinician or anyone else and pertains to the patient's health, quality of life, or functional status associated with health care or treatment. It can provide patients' perspectives regarding treatment benefit and harm, directly measure treatment benefit and harm beyond survival, and are often the outcomes of most importance to patients. This study aims to analyze outcomes reported by Brazilian women diagnosed with breast cancer and rank the most important attributes for these patients.

Methods. Observational study composed of interviews and questionnaires applied to a convenience sample of women diagnosed with breast cancer. The instruments were developed taking into account the literature on the topic and the expertise of specialists. The questionnaire was built with close-ended questions using multiple-choice and a Likert scale, in order to rank the attributes and outcomes found in the interviews.

Results. The total sample was composed of 65 women diagnosed with breast cancer. Twelve women were interviewed, in September