

were found to be the main drivers of direct costs. The fraction of the total direct lifetime costs attributable to infections by HPV9 strains and the economic burden of non-cervical HPV-related diseases in men were found to be the main drivers of direct costs.

PP131 Eliciting Implicit Value-Judgments In The HTA Process

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INTRODUCTION:

Eliciting implicit value-judgments (VJs) in the HTA process is one way of integrating ethics in HTA since the latter is recognized as a value-laden process. An analysis of the diversity of opinions on implicit VJs in HTA and of their role, highlights the connection there exists between VJs and the different decisions involved in the whole HTA process. Such a link is corroborated by a conceptual analysis of VJ using a speech-act philosophical approach grounded in the philosophy of language, since VJs are linked with normative speech-acts such as commands, recommendations and advices.

METHODS:

We propose an analysis of the published citations mentioning VJs, extracted from our systematic review on the challenges of integrating ethics in HTA. In order to do so, those quotes were categorized in a chart, the latter of which presents: (i) the different steps of decision-making in the HTA process, (ii) the description of the implicit VJ(s) and (iii) the criteria involved. This chart was elaborated with the participation of the HTA local evaluators involved as co-investigators in our research group. The final version was discussed, debated and validated by the entire research group.

RESULTS:

The chart shows 18 decision-making steps in the HTA process in which twenty-three implicit VJs can be observed. The range of such VJs encompasses the whole HTA process from the initial mandate to the

agency presenting the decisional issues, to the dissemination of the final report. The published citations gathered for each category compile different expectations on the elicitation of the implicit VJs, thus making the latter VJs more explicit.

CONCLUSIONS:

This chart allows a better understanding of the expectations that are at the core of the appeal for more transparency in the HTA process, since stakeholders need to understand which value-judgments the final conclusion of a report is relying on.

PP134 The Impact Of Pan-Canadian Oncology Drug Review Coming Under The Remit Of The Canadian Agency For Drugs And Technologies In Health – Three Year Update

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INTRODUCTION:

The pan-Canadian Oncology Drug Review (pCODR) was established in 2010 to bring consistent oncology drug assessments across Canadian provinces/territories. In April 2014, pCODR was transferred to the Canadian Agency for Drugs and Technologies in Health (CADTH). This transfer comprised two phases. In phase one, pCODR staff, processes, funding, and expertise remained intact as a program but under the government of CADTH. In phase two, beginning April 2015, better alignment of pCODR and CADTH evaluation criteria and review processes were explored. This research aims to see what effect the CADTH transfer has had on the number of appraisals conducted by pCODR and their recommendation rates.

METHODS:

All publically available pCODR reports were extracted up to 22nd November 2017. The drug, indication, date and outcome were extracted. Statistical comparisons were made using Student's t-test.

RESULTS:

Ninety-six appraisals have been conducted by pCODR, reflecting an average of 16 per year (10 in 2012, 18 in 2013, 9 in 2014, 24 in 2015, 19 in 2016, and 20 in 2017). The rate of appraisals was similar pre-CADTH transfer (14.2 per year [32 from January 2012 to March 2014]) versus post-CADTH transfer (13.7 per year [56 from April 2014 to November 2017]). Seventy-eight percent of pCODR outcomes were positive recommendations (defined as full recommendations [10 percent] or restricted/conditional recommendations [68 percent]) with 22 percent not recommended. Annually, positive recommendation rates were 70 percent in 2012, 89 percent in 2013, 78 percent in 2014, 79 percent in 2015, 74 percent in 2016, and 75 percent in 2017. There were no significant differences in recommendation rates since pCODR was transferred to CADTH irrespective if the phase one or phase two cut-off dates were used (p = 0.434 and 0.307, respectively).

CONCLUSIONS:

The number of appraisals and likelihood of a positive recommendation for oncology drugs has not been affected by the pCODR transfer to CADTH.

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PP135 Cost-Effectiveness Of Cryoballoon Ablation In China: Real-World Results

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INTRODUCTION:

Paroxysmal atrial fibrillation (PAF) represents a significant economic burden to the healthcare system. Catheter ablation is a commonly adopted treatments for PAF, and cryoballoon ablation (CBA) has been recently proven to be as effective as radiofrequency ablation (RFA). This study aims to evaluate the cost-effectiveness of CBA versus RFA in patients with drug-refractory PAF in China.

METHODS:

A Markov model was developed to study the effects and the costs of CBA versus RFA. Cost and probability inputs data were obtained mainly from a real-world study of 85 CBA and 284 RFA patients treated in a tertiary hospital between July 2014 and July 2016. Propensity score

matching was used to overcome retrospective bias, resulting in including 75 patients in each group. Input data gaps were closed with literature review and advisory board. A simulation was carried out for 14 cycles/years, and a discount rate of 3 percent was used. Then, a probabilistic sensitivity analysis was carried out with Monte Carlo approach.

RESULTS:

In the base case scenario, the cumulative costs incurred by the CBA and RFA groups were CNY 132,222 (USD 20,767) and CNY 147,304 (USD 23,136), respectively. Over the 14-year period, the quality-adjusted life years (QALYs) gained by the CBA group was 7.85 versus 7.71 in the RFA group. The incremental cost-effectiveness ratio for CBA versus RFA was thus CNY 107,729 (USD 16,920)/QALY. Model results were most sensitive to the cost incurred during the first hospitalization, recurrence rate, and relative utility weights. The probability of CBA being cost-effective for willingness to pay thresholds of per capita GDP in China was estimated to be 99 percent.

CONCLUSIONS:

Compared with RFA, CBA is a cost-saving treatment providing increased QALYs. It represents good value for money for patients with drug-refractory PAF in China. However, further evidence needs to be generated from larger-scale studies in China.

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PP136 Smartphone Intervention To Promote Healthy Lifestyles Among Teenagers

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INTRODUCTION:

We aimed to pilot the evaluation of the PEGASO system, a smartphone-based intervention (apps/wearables/ game) to improve lifestyles and increase awareness.

METHODS:

We conducted a before-after quasi-experimental pilot controlled study. Teenagers aged 13–16 in a 2:1 (intervention: comparative group [IG:CG]) basis from