describing the process and results of the economic evaluation of tisagenlecleucel and axicabtagene ciloleucel and the challenges these evaluations raised.

Methods. Primary evaluations were submitted by the firms to be reviewed by HAS. The final analyses were submitted to the Committee of Economic Evaluation and Public Health (CEESP), composed of independent economists, clinicians and patients' representatives. The CEESP issued Opinions related to i) the methodological quality of economic evidence and ii) the cost-effectiveness and budget impact of the drugs under review.

Results. The estimated incremental cost-utility ratio (ICUR) of tisagenlecleucel were rejected, being based on insufficient clinical evidence to estimate and extrapolate the long-term progression and to compare tisagenlecleucel with alternatives. Thus, the CEESP concluded that tisagenlecleucel was not proved cost-effective. The estimated ICUR of axicabtagene ciloleucel at 114,509EUR/QALY vs. chemotherapies was associated with an acceptable level of evidence despite being based on a frail indirect comparison and limited data on quality of life. In a context where France has no official cost-effectiveness threshold, the CEESP considered axicabtagene ciloleucel ICUR to be "very high" and questioned the collective acceptability of the claimed price.

The CEESP stressed that the main source of uncertainty surrounding the ICUR estimates of both drugs was related to the lack of hindsight on effectiveness, especially in terms of overall survival and safety.

Conclusions. The economic evaluation of CAR-T cell therapies highlights the sources of uncertainty underlying the decision and the risk of inefficient resource allocation driven by limited clinical data. It calls for payment schemes accounting for the uncertainty, and effective collection of relevant post-marketing data.

OP312 Developing A Tool-kit For Assessment Of Autism Spectrum Disorder

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Introduction. Before the coronavirus pandemic, children who were on the Early Years Neurodevelopment (EYND) assessment pathway and suspected to have possible Autism Spectrum Disorder (ASD), received clinic based appointments. This process included a parental interview by a doctor, a specialist speech and language therapy assessment, autism diagnostic observation schedule (ADOS), which were all carried out on hospital sites. These were postponed in March following national guidance. Our aim was to continue providing accurate evidence-based service for ASD diagnosis.

Methods. We utilised evidence-based telehealth methods to perform a specialist speech and language assessment in a child's home via video call. Parents were also invited to share videos of everyday activities via a secure portal. We could observe the child in a meaningful setting and witness functional impact of their needs. Each case is discussed by a multiagency panel based on DSM-V criteria.

Online training was undertaken by professionals to deliver the Brief Observation of Autism Symptoms (BOSA) based on the ADOS for COVID times. Parents were coached by the therapist to enable them to become the administrator, rather than a professional.

Results. Telephonic feedback from the first ten parents whose children underwent a telehealth assessment has been positive; the home was deemed more natural and for some less distressing than clinic. Formal patient surveys have been devised for both the telehealth and BOSA clinic assessments. Analysis is expected by the end of March.

To date we have been able to reach an outcome for thirty children, the diagnosis of ASD for twenty-four children and the other six received a diagnosis of global developmental delay or language disorder.

Conclusions. We expect that telehealth will reduce the number of assessments before an ASD diagnosis is made resulting in more prudent healthcare. The new methods have demonstrated clear increased parental participation.

OP314 What Happened Next? Assessing Health Technology Assessment Impact In Scotland

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Introduction. The Scottish Health Technologies Group (SHTG) set out to assess the impact of HTA products. Two questions were posed: Does advice from SHTG have influence? How is SHTG advice used?

Methods. SHTG adapted a tool developed by the International Network of Agencies for Health Technology Assessment (INAHTA). The INAHTA framework investigates indications of impact and categorizes outputs into levels of impact. Over three years, potential users of SHTG advice were contacted six to twelve months after advice was published and asked how the advice had been used. HTA outputs were categorized into the four levels of influence they achieved: 'major influence', 'some influence', 'some consideration' and 'no known influence'.

Results. HTA products were found to have been used in four main ways: 'informed discussion', 'referenced', 'informed policy' or 'directly informed practice'. Levels of influence had steadily increased over the three years assessed. The findings were well received by internal audiences, with particular interest in the various ways HTA recommendations had been used. There was also feedback about 'marking our own homework'. These results have informed a new SHTG strategy and supported clear messaging around the value of HTA.

Conclusions. SHTG has found a pragmatic, resource-light way to explore the impact of HTA outputs, which has proved valuable for driving strategy and messaging.

OP316 Patients' Testimonials In The National Committee For Health Technology Incorporation In Brazilian Public Health System (Conitec) Meetings

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https://doi.org/10.1017/S0266462321000945 Published online by Cambridge University Press