Results. PSM and IV were feasible and produced results in relatively close agreement with randomized data. Effectiveness estimates in trial underrepresented groups (women over 70 years and women with high comorbidity) were consistent with an approximate one-third reduction in the risk of death from breast cancer. This is equivalent to approximately a 3–4 percentage point difference in all cause mortality over 10 years in these groups.

Conclusions. RWD are a feasible for generating estimates of effectiveness of adjuvant chemotherapy in early stage breast cancer. The process of using RWD for this purpose should include careful assessment of data quality and comparison of alternative strategies for causal identification in the context of available randomized data.

OP456 The Format And Language Consistency Of Guidance At The National Institute Of Health And Care Excellence (NICE)

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Introduction. NICE is undergoing transformational change aiming to improve consistency across the different types of guidance and to bring together related guidance in a more accessible way (NICE Connect). Currently, NICE publishes myriad guidance with different language and formats, which may lead to stakeholder confusion and gaps in the provision of information. Here, the consistency of the format and language of a subset of NICE guidance was assessed to understand where and how guidance could be better aligned. This preliminary investigation is important to determine the extent of inconsistencies and whether a more detailed analysis is warranted.

Methods. Ten randomly selected pieces of guidance published (or updated) April 2018 – March 2019 from three programs were assessed (two pieces of guidance or ten percent of guidance per program, whichever was greatest): Medical Technologies (n = 2); Diagnostics (n = 2); Technology Appraisals (n = 6). Guidance was assessed on aspects listed on the guidance webpage (for example, summary type, additional sections, links to other resources, format) and the guidance pdf (for example, table of contents and language). Observed data and trends are described.

Results. The webpage summary and additional sections were consistent within and between programs. Additional information on the webpages showed themes which are not currently standardized (for example, guidance history). In the table of contents only one section was consistently included in all guidance, and the terminology was not consistent across different types of guidance. The format used to present evidence differed between programs (webpage tab or within the pdf), as did terminology for the external assessment groups.

Conclusions. These descriptive data highlight inter- and intra-program inconsistencies in the content and format of NICE guidance, especially in the guidance table of contents and the format and language regarding the provision of evidence. These inconsistencies contribute to the inaccessibility of NICE guidance, making it potentially difficult for patients and professionals to understand guidance, conditions and treatments as a whole.A more comprehensive analysis is warranted to extend and validate these conclusions. Future research of this kind could constructively direct the resources and priorities of NICE transformational projects, and could lead to an improvement in the accessibility of NICE Guidance.

OP457 A Collaborative Horizon Scanning Alert For Disinvestment And Early Awareness

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Introduction. In 2019, the Norwegian Institute for Public Health and Canadian Agency for Drugs and Technologies in Health (CADTH) received support from HTAi to produce a quarterly current awareness alert for the HTAi Disinvestment and Early Awareness Interest Group in collaboration with the HTAi Information Retrieval Interest Group. The alert focuses on methods and topical issues, and broader forecasts of potentially disruptive technologies that may be of interest to those involved in horizon scanning and disinvestment initiatives in health technology assessment (HTA).

Methods. Information specialists at both agencies developed search strategies for disinvestment and for horizon scanning in PubMed and Google. The template for the alert was based on an e-newsletter developed by the Information Retrieval Interest Group. Information specialists and researchers reviewed the monthly (PubMed) and weekly (Google) search results and selected potentially relevant publications. Additional sources were also identified through regular HTA and horizon scanning work.

Results. Alerts are posted quarterly on the HTAi Interest Group website; members receive an email notice when new alerts are available. While the revised PubMed searches are identifying relevant information, Google alerts have been disappointing, and this search may need to be revised further or dropped. When the one-year pilot project ends, in Fall 2020, interest group members will be surveyed to see if the alerts were useful, and whether they have suggestions for improving them.

Conclusions. Collaborating on this alert service reduces duplication of effort between agencies, and makes new research in horizon scanning and disinvestment more accessible to colleagues in other agencies working in these areas.

OP484 Analysis Of Horizon Scanning Outputs For The National Institute for Health and Care Excellence Health Technology Assessment Process

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