their mental health, including worsening anxiety, stress, depression, and loneliness.

Conclusions. The results suggest that soft-intelligence is potentially a useful source of evidence. The approach taken to identify and analyze this data may offer an efficient means of establishing key insights from the 'public voice' relating to critical health issues. However, there are still various limitations to consider concerning the technology and representativeness of the data. Future work to explore this type of evidence further, and how it might formally support decision-making processes, is recommended.

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OP236 Evidence Synthesis Of Time-To-Event Outcomes In The Presence Of Non-Proportional Hazards

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Introduction. Synthesis of clinical effectiveness is a well-established component of health technology assessment (HTA) combining data from multiple trials to obtain an overall pooled estimate of clinical effectiveness, which may inform an associated economic evaluation. Time-to-event outcomes are often synthesized using effect measures from Cox proportional hazards models assuming a constant hazard ratio over time. However, where treatment effects vary over time an assumption of proportional hazards is not always valid. Several methods have been proposed for synthesizing time-to-event outcomes in the presence of non-proportional hazards. However, guidance on choosing between these methods and the implications for HTA is lacking.

Methods. We applied five methods for estimating treatment effects from time-to-event outcomes, which relax the proportional hazards assumption to a network of melanoma trials, reporting overall survival: restricted mean survival time, an accelerated failure time generalized gamma model, piecewise exponential, fractional polynomial and Royston-Parmar models. We conducted a simulation study to compare these five methods. Simulated individual patient data was generated from a mixture Weibull distribution assuming a treatment-time interaction. Each simulated meta-analysis consisted of five trials with varying numbers of patients and length of follow-up across trials. For each model fitted to each dataset, we calculated the restricted mean survival time at the end of observed follow-up and following extrapolation to a 20-year time horizon.

Results. All models fitted the melanoma data reasonably well with some variation in the treatment rankings and differences in the survival curves. The simulation study demonstrated the potential for different conclusions from different modelling approaches.

Conclusions. The restricted mean survival time, generalized gamma, piecewise exponential, fractional polynomial and Royston-Parmar models can all accommodate non-proportional hazards and differing lengths of trial follow-up within an evidence synthesis of time-to-event outcomes. Further work is needed in this area to extend the simulation study to the network meta-analysis setting and provide guidance on the key considerations for informing model choice for the purposes of HTA.

OP242 Patient-based Evidence: A Comparison Of The Views Of Patient And Clinical Engagement Participants And Committee Members

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Introduction. The Scottish Medicines Consortium (SMC) conducts early health technology assessment (HTA) of new medicines on behalf of NHSScotland. Evidence from patients and carers on end-of-life and orphan medicines is gathered during Patient and Clinician Engagement (PACE) meetings. The output is a consensus statement describing a medicine's added value from the perspective of patients/carers and clinicians, which is used by SMC committee members in decision-making. This study compared the importance of factors in the PACE statement to PACE participants and committee members.

Methods. A survey of ninety-eight PACE participants (consisting of forty-two patient group (PG) representatives and fifty-six clinicians) investigated the importance of quality of life (QoL) themes (family/carer impact, health benefits, tolerability, psychological benefit, hope, normal life, treatment choice and convenience) identified from an earlier thematic analysis of PACE statements. The findings from PG representatives and clinicians were compared, and the overall results were further compared with those from a previous survey of committee members (n = 26).

Results. Among PACE participants who responded (twenty-six PG representatives and fourteen clinicians), 100 percent rated 'health benefits' and 'ability to take part in normal life' as important / very important. 'Convenience of administration' and 'treatment choice' received the lowest rating with fifteen percent and nineteen percent respectively of PG representatives versus seven percent of clinicians rating each as very important. 'Hope for the future' received the most diverse response with fifty-eight percent of PG representatives and fourteen of clinicians rating this as very important.

In general, PACE participants rated importance of QoL themes higher than committee members (n = 21) but the rank order was similar. Differences between the proportion of PACE participants and committee members who rated themes important/very important was greatest for 'treatment choice' (sixty-seven percent versus twenty percent respectively) and 'hope for the future' (eighty-two percent versus fifty-three percent).

Conclusions. The findings demonstrate some alignment between PACE participants' and committee members' responses, supporting the value of the PACE output in decision-making. Areas for further research are highlighted.

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