

Results. Sixty-two reviews published between 2008 and 2022 reporting on using a framework to stratify health opportunities and outcomes met the inclusion criteria. Frameworks identified included the PROGRESS (place of residence, race or ethnicity, occupation, gender, religion, educational level, socioeconomic status, and social capital), PROGRESS-Plus (plus age, disability and sexual orientation) and Preferred Reporting Items for Systematic Reviews and Meta Analysis (PRISMA) – Equity checklist.

Conclusions. Currently, there does not seem to be consensus in how evidence of inequality or inequity in evidence synthesis or HTA are reported. As research interests in health inequality and inequity continue to grow, there is a need to develop a framework that provides an in-depth understanding of how inequalities in health and inequities in health should be considered within evidence synthesis and HTA. This will allow researchers to analyze not just the effects of interventions, but also how healthcare outcomes are impacted by inequalities or inequities.

OP22 Using Threshold Analysis To Guide Searches For Additional Sources Of Evidence

Sumayya Anwer (sumayya.anwer@york.ac.uk), Sofia Dias, Mark Simmonds, Emily South, Ros Wade and Alison Eastwood

Introduction. Threshold analysis is a novel statistical approach which can be used to investigate which direct comparisons in a network meta-analysis (NMA) have estimated relative effects that may not be robust to changes in the evidence, either due to possible bias, sampling variation, or relevance.

Methods. In a health technology assessment of the clinical effectiveness of ablative and non-invasive therapies for patients with early hepatocellular carcinoma (HCC), we conducted a threshold analysis to identify treatment comparisons that would be sensitive to changes in the randomized controlled trial (RCT) evidence used in the NMAs, potentially leading to a change in the recommended treatment. The results of the threshold analysis were used to guide a targeted systematic review of high-quality, non-randomized, prospective comparative studies that could strengthen the evidence for those comparisons identified as sensitive to change.

Results. We conducted NMAs of RCT evidence for four outcomes: overall survival (16 RCTs), progression-free survival (6 RCTs), overall recurrence (7 RCTs), and local recurrence (10 RCTs). The results of the NMAs displayed a high level of uncertainty, attributable to the sparse nature of the network, characterised by interventions being mainly compared in small trials. A targeted systematic review was conducted on relevant interventions that were identified as being sensitive to changes in evidence by the threshold analysis. The studies identified in this review were incorporated into a second NMA to support the RCT evidence.

Conclusions. Threshold analysis has been typically used as a tool to assess how robust comparisons in an NMA are to additional sources of evidence, but it can also be used to guide the search for additional non-randomized evidence when the available RCT evidence is sparse.

OP24 Impact Of Patient Input On Cancer Drug Funding Recommendations In Canada

Wiesława Dominika Wranik (dwl@dal.ca), Anh Thu Vo and Min Hu

Introduction. Patient involvement in health technology assessment (HTA) has documented advantages, such as improved understanding of disease context, and increased legitimacy and transparency of the HTA process. In the absence of clear metrics, thresholds, or criteria, it is not clear how input regarding patient preferences influences HTA based recommendations of the pan Canadian Oncology Drug Review (pCODR).

Methods. This is a concurrent complementary mixed methods study. A quantitative model (logit) is used to estimate the impact of patient input and other HTA criteria on pCODR recommendations. A qualitative analysis of semi-structured interviews with Canadian HTA committee members is used to describe the mechanisms of action through which patient input influences recommendations.

Results. Patient input was considered important in providing context to the HTA discussion, but committee members were not able to explicate how any specific elements of patient submissions weighted into the committee's recommendation. There was an element of mistrust in the patient input data. The estimated impact of patient input on funding recommendations is not statistically significant, recommendations remain driven by evidence of clinical benefit.

Conclusions. The commitment to inclusion of patient perspectives in HTA in Canada is strong, and procedurally Canada is among the leaders in this regard. The tangible impact of patient input could be increased with an improved system for collection of most relevant data, and clear guidelines about how patient input should weigh into HTA recommendations.

OP26 Policy Perspectives Of Health Technology Assessment In Ethiopia

Desalegn Ararso (desalegn.ararso@aau.edu.et)

Introduction. Health technology assessment (HTA) is defined as a multidisciplinary field of policy research that provides evidence on the consequences of adopting and using health technologies. A ministry of health with jurisdiction over HTA should determine the influence of public law on all HTA-related activities and the rules that apply. Therefore, health decision-makers interested in HTA must learn to navigate the legal system, starting by situating it in the legal apparatus of the country. As a result, establishing a national HTA system requires designing a legal pathway towards HTA. However, a historic overview of HTA, in the context of policy documents of Ethiopia is not clearly reported. Therefore, this review is warranted