

process. According to G-BA's and IQWiG's point of view, randomized controlled trials (RCTs) are the "gold standard" for a benefit assessment of new therapies, including ATMPs. However, conduction of RCTs is not always possible for ATMPs which creates a disadvantage in the assessment right from the beginning. Otherwise no distinction is made between drugs and ATMPs in terms of reimbursement modalities. Outcomes based agreements could help overcoming inequalities and lead to quality-oriented reimbursement.

Conclusions. ATMPs represent a grey zone causing difficulties in classifying them either as method or drug. For individualized therapies evidence beyond RCTs and new reimbursement possibilities should be considered. Until new regulations are in place it is advisable to enter early into respective discussions with authorities.

PP62 Cost-Effectiveness Of Cervical Cancer Screening In Estonia

Triin Võrno (triin.vorno@ut.ee), Kaja-Triin Laisaar, Terje Raud, Kai Jöers, Doris Meigas-Tohver, Raul-Allan Kiivet and Katrin Lutsar

Introduction. In Estonia, organized cervical cancer screening program is targeted at women aged 30–55(59) years and Pap-tests are taken every five years. Since cervical cancer is associated with human papillomavirus (HPV), a number of countries have introduced the HPV-test as the primary method of screening. The objective of this study was to evaluate the cost-effectiveness of organized cervical cancer screening program in Estonia by comparing HPV- and Pap-test based strategies.

Methods. For the cost-effectiveness analysis, a Markov cohort model was developed. The model was used to estimate costs and quality-adjusted life-years (QALYs) of eight screening strategies, varying the primary screening test and triage scenarios, upper age limit of screening, and testing interval. Incremental cost-effectiveness ratios (ICERs) were calculated in comparison to current screening practice as well as to the next best option. Sensitivity analysis was performed by varying one or more similar parameter(s) at a time, while holding others at their base case value. The analysis was performed from the healthcare payer perspective adopting a five percent annual discount rate for both costs and utilities.

Results. In the base-case scenario, ICER for HPV-test based strategies in comparison to the current screening practice was estimated at EUR 8,596–9,786 per QALY. For alternative Pap-test based strategies ICER was estimated at EUR 2,332–2,425 per QALY. In comparison to the next best option, HPV-test based strategies were dominated by Pap-test based strategies. At the cost-effectiveness threshold of EUR 10,000 per QALY Pap-testing every three years would be the cost-effective strategy for women participating in the screening program from age 30 to 63 (ICER being EUR 3,112 per QALY).

Conclusions. Decreasing Pap-test based screening interval or changing to HPV-test based screening can both improve the effectiveness of cervical cancer screening program in Estonia, but based on the current cost-effectiveness study Pap-test based screening every three years should be preferred.

PP64 Economic Evaluation For Esophageal Cancer Screening In China

Yuanyuan Li, Lingbin Du, Xiaoqian Hu, Shuyan Gu, Xuemei Zhen (sun89521@126.com), Yuxuan Gu and Hengjin Dong

Introduction. The aim of the study was to estimate the cost-effectiveness of esophageal cancer (EC) screening compared to non-screening in China.

Methods. A Markov model was conducted that followed the history of EC. Screening strategies targeted a population aged 40-69 years, classified into six age groups. Each age group had three cohorts: screening without follow-up, screening with yearly follow-up for low-grade intraepithelial neoplasia (LGIN), and non-screening. Life years (LYs) and quality-adjusted life years (QALYs) presented the effectiveness and utility. The incremental cost-effectiveness ratio (ICER) and incremental cost-utility ratio (ICUR) were evaluating indicators. Eighteen cohorts from 100,000 hypothetical individuals were used to run the model, until aged 79 years or death. Costs were changed into USD using the purchasing power parity of 3.506 in 2017. The willingness-to-pay was set as three times the gross domestic product per capita (USD 51,340.6) in 2017. A sensitivity analysis was introduced to assess model robustness.

Results. Screening with follow-up compared to non-screening, ages 40-44, 45-49, and 50-54 years, showed cost-effectiveness, with one LY gained costing USD 6,875.0, USD 9,204.6, and USD 25,278.6, respectively. Ages 40-44 and 45-49 years explained cost-utility, with ICURs of USD 6,709.4/QALY and USD 13,991.4/QALY, respectively. Screening without follow-up compared to non-screening, ages 40-54 years, addressed cost-effectiveness, with one LY gained costing USD 6,934.8, USD 9,760.0, and USD 35,126.0 in ages 40-44, 45-49, and 50-54 years, respectively; the 40-44 years age group demonstrated cost-utility with an ICUR of USD 8,512.3/QALY. Screening with follow-up compared to screening without follow-up, all ages, explained cost-effectiveness and cost-utility. The probabilistic sensitivity analysis supported the outcome of the base cohort analysis.

Conclusions. Compared to non-screening, screening with follow-up targeting ages 40-54 years was highly recommended with the ICER as the evaluated indicator, whereas it targeting ages 40-49 years was suggested with the ICUR as indicator.

PP65 Methods Applied For Systematic Reviews Of Economic Evaluations In Health Technology Assessment

Miriam Luhn (miriam.luhn@iqwig.de), Barbara Prediger, Edmund A.M. Neugebauer and Tim Mathes

Introduction. When making decisions in health care, it is essential to consider economic evidence about an intervention. The objective of this study was to analyze the methods applied for systematic reviews of economic evaluations in Health Technology Assessment (HTA) and to identify common challenges.