clinical practice and newly-established quality standards, in close collaboration with clinical teams, remains essential to promote optimal use of this evolving technology.

VP07 Collaboratively Modelling The Impact Of Interventions Retrospectively

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INTRODUCTION:

A conventional approach to communicating value is to model the budget impact of a medicine and the associated formulations in which it is available to be prescribed. However, such an approach does not demonstrate the actual realization of the proposed impact. This abstract outlines an approach to presenting retrospective data back to healthcare professionals (HCP) that blends assumptions and real-world data. For illustrative purposes, we present the results of an application of the model for subcutaneously delivered trastuzumab in an anonymized trust in Yorkshire and Humber.

METHODS:

The authors developed a model that examined one calendar year (from April 2014) of redistributed sales data for both the intravenous and subcutaneous formulations of trastuzumab for every National Health Service (NHS) trust in England. A series of baseline assumptions (1) were used to model the resource impact of different formulations such as chair time, HCP time, pharmacy preparation time, consumables, wastage, and other considerations. Impacts were estimated at the individual attendance level and scaled to the caseload. These baseline assumptions could then be overwritten by the individual trust using local data.

RESULTS:

The site delivered approximately 985 doses of subcutaneous trastuzumab over a period of 12 months from April 2014, which represented about 76 percent of the total number of doses delivered. Chair time is estimated to have reduced by 22 minutes per attendance, resulting in a total saving of 361hours. HCP administration time is estimated to have reduced by 23 minutes per attendance, resulting in a total saving of 378 hours based on changing 985 IV doses to SC therapy.

CONCLUSIONS:

Blending real data and assumptions to provide a retrospective assessment of actual benefits realized back to HCPs is a powerful tool for demonstrating real-world value at both an individual trust and system level.

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VP08 Real-World Data Use In Health Technology Assessments: A Comparison Of Five Health Technology Assessment Agencies

AUTHORS:

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INTRODUCTION:

Reimbursement decisions are usually based on evidence from randomized controlled trials (RCT) with high internal validity but lower external validity.

https://doi.org/10.1017/S0266462317003051 Published online by Cambridge University Press

Real-World Data (RWD) may provide complimentary evidence for relative effectiveness assessments (REA's) and cost-effectiveness assessments (CEA's) of treatments. This study explores to which extent RWD is incorporated in REA's and CEA's of drugs used to treat metastatic melanoma (MM) by five Health Technology Assessment (HTA) agencies.

METHODS:

Dossiers for MM drugs published between 1 January 2011 and 31 December 2016 were retrieved for HTA agencies in five countries: the United Kingdom (NICE), Scotland (SMC), France (HAS), Germany (IQWiG) and the Netherlands (ZIN). A standardized data-extraction form was used to extract data on RWD mentioned in the assessment and its impact on appraisal (for example, positive, negative, neutral or unknown) for both REA and CEA.

RESULTS:

In total, fourty-nine dossiers were retrieved: NICE = 10, SMC = 13, IQWiG = 16, HAS = 8 and ZIN = 2. Nine dossiers (18.4 percent) included RWD in REA's for several parameters: to describe effectiveness (n = 5) and/or the safety (n = 2) of the drug, and/or the prevalence of MM (n = 4). CEAś were included in 25/49 dossiers (IQWiG and HAS did not perform CEA's). Of the twenty-five CEA's, twenty (80 percent) included RWD to extrapolate long-term effectiveness (n = 19), and/or identify costs associated with treatments (n = 7). When RWD was included in REA's (n = 9), its impact on the appraisal was negative (n = 4), neutral (n = 2), unknown (n = 1) or was not discussed in the appraisal (n = 2). When RWD was included in CEA's (n = 11), its impact on the appraisal varied between positive (n = 2), negative (n = 5) and unknown (n = 4).

CONCLUSIONS:

Generally, RWD is more often included in CEA's than REA's (80 percent versus 18.4 percent, respectively). When included, RWD was mostly used to describe the effectiveness of the drug (REA) or to predict long-term effectiveness (CEA). The impact of RWD on the appraisal varied greatly within both REA's and CEA's.

VP09 Arthroplasty Registers As A Tool For Health Technology Assessment

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INTRODUCTION:

Our purpose is to present the potential for health technology assessment that arthroplasty registers may offer.

METHODS:

A revision of the health assessment uses and information collected by arthroplasty registers was made. The information provided from international networks like NORE, ISAR and ICOR was also considered. Arthroplasty registers collect data of patients undergoing joint replacement surgery (mainly hip and knee) along with implant information. They provide longitudinal information useful to assess implant survival (expressed as revision rate and calculated from the primary surgery to implant revision). They also data from the surgical procedure and, more recently, a number of registries incorporate patient reported outcomes (PROMs) information.

RESULTS:

Arthroplasty registers provide information from multiple perspectives:

(i) Decision-makers and healthcare providers/authorities: the comparison of revision rates by using funnel plots is a useful methodology to benchmark implants and to identify outliers, or models with significantly different revision rate in comparison to their peers. Besides, data available in registers has proven to be useful to define sets of indicators related to safety, effectiveness, efficiency, patient-centered healthcare and perceived health outcomes.

https://doi.org/10.1017/S0266462317003051 Published online by Cambridge University Press