

- inhabitants opinions (using questionnaires)
- General Practitioner, Pharmacist, Family nurse opinions (using semi-structured interviews)
- stakeholder opinions (Mayor, local politicians, using semi-structured interviews)
- number of cars and ambulances used for the transport of patients to the nearest hospital
- number of patients who avoided transportation to the nearest hospital
- pollutants PM10 (particle size 10) related to cars and ambulance traffic.

RESULTS:

Forty percent of people interviewed were more than 60 years old, 76 percent needed x-rays (in 2015), 96.8 percent considered it useful to have a closer x-ray service, only 42 percent had a driver's licence but preferred not to drive; GP's said that 50 percent of local patients had trouble reaching the hospital and that 30 percent of local patients need informal or formal care. From January to December 2016 we examined (mainly chest and bone x-rays) in 598 patients using as an alternative to private cars and ambulances the radiological mobile station, and the pollutant emissions were shown to be reduced by 85 percent.

CONCLUSIONS:

This study has provided a comprehensive HIA report which shows that the R@home intervention improves patient's QOL, reduces social costs, reduces the number of patients in the Hospital Radiology Department, reduces rate of hospitalization and pollution.

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PP171 Immuno-Oncology: A Patient Perspective

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INTRODUCTION:

New immunotherapies have had great successes, but also incredibly debilitating side effects for patients. This discrepancy needs to be a focus of pharmaceutical companies because it will affect the way Health Technology Assessment (HTA) agencies review drugs. Two or three case studies of patient and caregiver experiences surrounding immuno-oncology clinical trials, both past and ongoing, will be used in order to gain a better understanding of how these trials have impacted individuals.

METHODS:

Conduct in-person or telephone interviews with patients and their caregivers to find out more about patient experiences and see how key takeaways can help pharmaceutical companies better prepare submissions for HTA agencies as they launch future immuno-oncology drugs.

RESULTS:

Preliminary results indicated that a patient completed a course of treatment and is very happy with the results. She had metastatic melanoma on her scalp. When she was being prepared for surgery, two new tumors on her scalp were discovered. As a result, she was included in a melanoma clinical trial.

Another patient is still undergoing treatment and is responding, but is experiencing severe side effects that are impacting his life and that of his primary caregiver. He was hospitalized once for sepsis.

CONCLUSIONS:

Patient experiences can wildly vary. It is an area that needs more careful study, using both formal metrics and individual stories. Giving more attention to quality of life creates an opportunity for stronger submissions to HTA agencies and better assessments by those agencies.

PP172 Recruiting Academic Physicians Without Financial Conflict Of Interest

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INTRODUCTION:

To minimize the potential impact of conflicts of interest on health recommendations, several health institutions may be reluctant to recruit academic physicians due to their potential close relationship with industry. The present study aimed at evaluating the influence of academic physicians (AP) on the "rate of deport" due to financial support in the national commission of the HAS assessing medical devices.

METHODS:

After the renewal of this commission in November 2015, introducing patients representatives and more

academic physicians, two periods of 12 months immediately before and after that date have been compared regarding the rate of deport during the sessions. Deport were decided by the legal section of our institution one week before each meeting according to a complete analysis of potential financial conflict of interest related to the medical device assessed. Only members without significant financial conflicts were allowed to participate to the discussion and the vote. The assessment of potential conflict of interest of all members followed the same criteria during the two periods.

RESULTS:

The number of physicians increased in the second period (nineteen versus twenty-three) with a significant higher rate of academic physicians (63 percent versus 82 percent, $p = .001$). The mean attendance of physicians was significantly lower during the second period (80 percent versus 65 percent, $p = .03$). During the two periods, the number of meetings ($n = 22$) was similar and the number of dossiers assessing new products was comparable (96 versus 104, $p = .872$). The decision to reimburse the medical devices was similar in the two periods (78 percent versus 73 percent, $p = .681$). The number of cases when physicians' members were deported for conflict of interest was similar during the two periods (30 versus 28, $p = .482$) with not any increase among academic physicians.

CONCLUSIONS:

This study showed that it is possible to recruit several academic physicians without major financial conflicts of interest providing that their status could alter their assiduity.
