thereby reducing their visiting frequency to a medical clinic. The aim of this work was thus to elaborate recommendations on the use of self-monitoring in the management of warfarin-treated patients in the province of Quebec.

**Methods.** Systematic literature reviews were conducted to retrieve the most up-to-date scientific data from primary studies and pharmacoeconomic evaluations as well as recommendations from published clinical practice guidelines. This information was then triangulated with the experiential knowledge of Quebec experts and clinicians collaborating on the project.

**Results.** The scientific, contextual and experiential evidence gathered during this work provided convincing support for the use of self-monitoring for long-term warfarin-treated patients, leading to a more effective treatment than standard monitoring while being safe, cost-effective and potentially improving patients' quality of life. However, physical and mental limitations can hinder the use of portable coagulometers, outlining the need for caution in the selection and support of self-monitoring patients.

**Conclusions.** This work led to the development of specific recommendations on the use of self-monitoring along with a clinical tool to help discussion between patients and health professionals leading to a shared decision-making. This work will be part of two optimal usage guides on oral anticoagulant therapy to be published by the Institut national d'excellence en santé et en services sociaux.

## PP48 Risk Of Bias Of Systematic Reviews Connected To Journal Impact Factor?

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**Introduction.** Systematic reviews (SRs) are today's cornerstone of evidence-based medicine. However, their risk of bias (ROB) may critically impact their findings. Hence, an impartial assessment of their ROB is paramount to their interpretation. The objective of this study is to evaluate the potential association between the results of the ROB assessment for a series of SRs and their corresponding journal's impact factor as determined by the citation reports.

**Methods.** A sample of over 500 SRs and their corresponding ROB will be employed in this study. The source for these data will be the database KSR Evidence. The corresponding impact factor (IF) for the publishing journal as reported by the Science Citation Index will also be retrieved. The total of ROBIS signaling questions answered as 'yes' or 'probably yes' will be used to approximate the awarded quality (Quality) for each systematic review. An analysis of the potential correlation between Quality and the IF will be performed with a simple linear regression.

**Results.** Results will be presented in tables and figures. Preliminary results confirm that a statistically significant association between the suggested variables exists, though this is of low magnitude.

**Conclusions.** Findings confirm that the ROB of an SR and the IF of the publishing journal are correlated.

## PP50 How Do Target Population Sizes In Health Technology Assessments Impact Drug Price Changes?

Daniel Liden (daniel.liden@contextmattersinc.com), Rachel Jao, Cameron Lockwood and Floriane Reinaud

**Introduction.** The relationship between heath technology assessment (HTA) recommendations and drug prices has received little attention in the published literature. We consider whether target population sizes estimated as part of positive HTA decisions impact future price changes. We hypothesize that larger target populations may result in larger drug price reductions, as overall budget impact is an important component of price negotiations.

**Methods.** HTA and pricing data were obtained from the Context Matters Market Access Platform (MAP) and IHS Markit's PharmOnline International (POLI) pricing database, respectively. We analyzed 55 HTA decisions from the Gemeinsame Bundesausschuss (G-BA; Germany) and the Haute Autorité de Santé (HAS; France) for oncology products receiving European Medicines Agency approval between 2011 and the end of 2014. Pricing and HTA histories were tracked from the beginning of 2012 until October 2018. Using multiple regression to control for HTA agency, country-specific scores (Improvement in Actual Benefit and Additional Benefit scores), pack size, and initial price, we examined the relationship between a drug's price change in the year following an HTA review and the increase in target population resulting from the HTA decision.

**Results.** We found that larger increases in target population were related to larger reductions in drug prices ($p = 0.014$). The magnitude of the effect size was low.

**Conclusions.** For the sample evaluated, we found a small but statistically significant association between target population size increases (as estimated by HTA bodies) and price reductions, supporting our hypothesis that target population plays a role in price negotiations. Confidential discounts and managed-access agreements likely account, in part, for the low magnitude of the observed association. Future work on this topic will involve larger samples covering a greater number of HTA agencies to improve the power and generalizability of the analysis.

## PP52 Interim Decision-Making To Address Uncertainty At Early Assessment

Noreen Downes (noreen.downes@nhs.net), Jan Jones, Anne Lee and Pauline McGuire

**Introduction.** Medicines regulation has become increasingly adaptive to support earlier patient access but the immature clinical data is often challenging for health technology assessment decision-makers due to high levels of uncertainty on long term risks and benefits. Scottish Medicines Consortium (SMC) is therefore exploring new, more adaptive approaches to help manage this challenge.

**Methods.** SMC consulted with key stakeholders including clinicians, the pharmaceutical industry and patient groups on a