

consultations it became clear that, in the context of HTA, the definition depends on understanding what is missing from current deliberations around the value of new health technologies. There was consensus among workshop participants that: (i) “patients” and “the public” are not the same; (ii) the role of the public may be to ensure societal values are reflected in HTAs and HTA-informed decision-making processes (e.g. serving an audit function); and (iii) a legitimate definition of “the public” could be: “A non-aligned community member with no commercial or professional interest in the HTA process who is not a patient or member of a stakeholder group”.

CONCLUSIONS:

Consensus on the use of the terms “patient” and “public” will support rigorous, evidence-based public and patient engagement in HTA. The proposed definition indicates a way forward in this debate.

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OP118 Women’s Preferences And Perspectives On Cervical Cancer Screening

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INTRODUCTION:

Cervical cancer screening (CCS) is conducted through multiple testing modalities including Papanicolaou smears and more recently, HPV Testing. Participation in CCS is influenced by a multitude of barriers and facilitators governed by the preferences, values, and beliefs of women. This presentation will discuss the findings from a Patient Perspectives and Experiences review for a CADTH Health Technology Assessment on HPV Testing for Primary Cervical Cancer Screening.

METHODS:

A systematic literature search yielded 4864 citations published from 1 January 2002 to 1 November 2017. One hundred and six eligible studies were analyzed using the qualitative meta-synthesis methodology.

RESULTS:

The social location, circumstances and resources available to women significantly influence how they negotiate the factors that influence their CCS

participation. Some of the factors we identified are Emotions, Understanding Personal Risk, Logistics, and Multiple Roles of Women. In this presentation, we will discuss how these factors interact with a woman’s social location to influence women’s choices and preferences about engaging in cervical cancer screening. Specifically, we describe an analysis that conceptualizes social location as a balancing fulcrum, which changes the force exerted by factors acting as incentives and disincentives. Women who experience social and material deprivation may find that disincentives are harder to overcome than women who have access to ample social and material resources. More incentives in quantity and strength would tip the balance in favor of incentives and increase CCS participation. This presentation will also describe how incentives and disincentives were operationalized in the context of a patient perspectives and experiences review for a health technology assessment.

CONCLUSIONS:

Women’s decisions to participate in CCS are influenced by many factors. The way women negotiate these factors is closely related to their personal circumstances and the availability of social, material, and financial resources.

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OP119 Appraising Qualitative Research For Qualitative Evidence Syntheses

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INTRODUCTION:

The growth of the evidence-based policy movement sought to determine how to better assess and incorporate qualitative evidence in clinical practice and policy development. The question engendered was not whether qualitative research is valuable but how researchers can enhance its rigor. From this discussion arose over one hundred appraisal tools for the quality appraisal process of qualitative studies. For those without a deep familiarity with the qualitative research paradigm, navigating through the breadth of tools to find the most suitable tool for the task is a cumbersome process. This presentation will review the descriptive