

matched COS per condition, and scope discrepancies will be discussed. Case studies will be presented for localized and advanced prostate cancer, which demonstrated high levels of overlap.

Conclusions: Within a given condition, there appears to be a subset of outcomes relevant to both research and care, but the degree of overlap varies by disease area. Capturing these overlapping subsets of outcomes within routine data collection could provide a starting point to support generation of real-world evidence, thereby ensuring focus on outcomes of crucial importance to key stakeholders.

PP46 Economic Value Of Minimally Invasive Procedures: Examining Revolutionary And Evolutionary Devices In Aortic Stenosis And Benign Prostatic Hyperplasia

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Introduction: Minimally invasive procedures (MIPs) shorten procedural, hospital, and patient recovery time, providing patient benefits and reducing healthcare resource use (HCRU). This study explored the economic impact of two MIPs as discussed in published literature: transcatheter aortic valve replacement (TAVI), a step-change in cardiac clinical practice (“revolutionary”); and water vapor thermal therapy (WVTT), a progressive innovation in benign prostatic hyperplasia (BPH) (“evolutionary”).

Methods: Two pragmatic literature reviews were conducted to identify studies reporting comparative HCRU for TAVI versus surgical aortic valve replacement (SAVR) in aortic stenosis (AS), and WVTT versus other procedures in BPH. Searches were conducted on 20 October 2023 in the MEDLINE and MEDLINE plus Embase databases for the AS and BPH reviews, respectively. Studies from Asia-Pacific (AS review) and all geographies (BPH review) were included. HCRU data reported in the literature were identified and extracted.

Results: Forty eligible studies were included (14 AS, 26 BPH). Commonly reported outcomes were hospital length of stay (LOS) (AS, BPH studies), intensive care unit (ICU) LOS (AS studies), and procedure duration (BPH studies). In AS studies, hospital LOS was shorter for TAVI (8.00 to 19.96 days) than SAVR (13.09 to 29.50 days). ICU LOS was shorter with TAVI (0.00 to 6.40 days) than SAVR (1.00 to 8.13 days). In BPH, WVTT had shorter hospital LOS (0.00 to 1.10 days) than other procedures (1.00 to 3.00 days). Of five studies reporting procedure duration, four showed shorter procedure time with WVTT (4.00 to 30.00 mins) than other procedures (5.20 to 148.00 mins).

Conclusions: MIPs, whether “revolutionary” or “evolutionary,” could offer notable time-savings (both in terms of procedure duration and length of stay) at the hospital level, which may also lead to cost savings. This highlights the importance of establishing mechanisms in payer-level economic evaluations or health technology assessments that can account for the time-saving advantages of MIPs at the hospital level.

PP47 The Role Of Target Product Profiles Within Health Technology Assessment: A Narrative Review And Case Study

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Introduction: Target product profiles (TPPs) can be used to outline the minimal and desirable characteristics of a health technology to meet a particular health need. They have been used by industry, regulators, and international health agencies to guide product development and facilitate communication across stakeholders, but there appears to have been limited consideration of their utility within HTA.

Methods: We completed a narrative review of academic and grey literature on uses of TPPs across the product development, regulatory, and HTA pathway and considered areas within HTA where TPPs could have a role. We then developed a case study alongside an assessment of virtual ward platforms for acute respiratory infection. This case study aimed to explore whether it was possible to construct a TPP to support guidance based on HTA committee discussions and to consider associated opportunities and challenges. We also compared our TPP with other product specifications used within NHS England to support commissioning.

Results: There has been discussion about how industry can build HTA perspectives into TPPs. However, we did not identify use of TPPs led by HTA agencies. Two use cases of TPPs were identified: (i) to support demand signaling for areas of unmet need and (ii) to provide a framework for class-based recommendations. HTA committee discussions supported the development of a TPP for virtual ward platforms with domains relating to patient population, technological specification, evidence requirements, and other factors (e.g., patient choice). Challenges around the time needed to consider both evidence and desired attributes and overlap with approaches used in commissioning were identified.

Conclusions: TPPs may have a role to play within HTA to highlight areas of unmet need or to support innovative approaches to guidance. Digital health technologies may be particularly amenable to these approaches due to the larger range of similar products and ease of replicability. Further work should define how TPPs can be used to their full potential.