

## PD226 Integration Of Patient And Clinician Insights Into The European Union Joint Scientific Consultations And Joint Clinical Assessments

Elaine Julian, Robin Doeswijk, Rosa Giuliani, Wim Goettsch, Francine Brinkhuis, Bernhard J. Woermann, Mira Pavlovic, Antonella Cardone, Heiner C. Bucher, Begoña Pérez-Valderrama, Renato Bernardini, Walter Van Dyck, Maureen Rutten-van Moelken, Fabrizio Gianfrate, Oriol Solà-Morales, Mondher Toumi, Daniel Widmer, Tomas Salmonson and Jörg Ruof ([info@euaac.org](mailto:info@euaac.org))

**Introduction:** To summarize insights generated during the preceding four conventions of the European Access Academy (EAA) regarding the interface of patient organizations and medical societies with the evolving European Union (EU) health technology assessment (HTA) process.

**Methods:** In 2022 and 2023 four EAA conventions were held on the EU HTA regulation, focusing on: (i) its relevance for beating cancer; (ii) stakeholder involvement; (iii) recommended preparatory steps to ensure its successful implementation; and (iv) the role of hematology and oncology as a pacemaker for the EU HTA process. Here we summarize insights generated at the four EAA conventions about the integration of patient and clinician insights in the evolving EU HTA process, including joint scientific consultations (JSC) and joint clinical assessments (JCA).

**Results:** Throughout the conventions it became clear that the interface of patient associations and clinical societies with the EU HTA process is key for successful implementation of the regulation. All involved stakeholders rely on the principles of evidence-based medicine (EBM), including best internal and external evidence, patient values and expectations, and clinical experience. It was agreed that patient and clinician perspectives on the assessments are needed to balance the technical analysis of best external evidence. While patient input is rather well defined, when and how input from clinical societies is best incorporated during the process remains unclear.

**Conclusions:** As stipulated by the EBM triad, systematic involvement of patients and clinicians throughout both JSC and JCA is key to ensuring best outcomes for patients and society as a whole, in line with the objectives of the EU HTA regulation.

## PD227 Qualitative Assessment Of The Value Of The Magnetic Resonance Linear Accelerator To Guide Decisions On Its Optimal Use

Marieke Ulehake ([marieke.ulehake@radboudumc.nl](mailto:marieke.ulehake@radboudumc.nl)), Ellen Brunenberg, Marcia Tummers, Marcel Verheij and Janneke Grutters

**Introduction:** The added value of medical technology is typically assessed in specific patient groups, which is less useful to guide decisions on optimal use. The magnetic resonance linear accelerator (MR-Linac) is a costly innovation that can enhance radiotherapy precision through daily imaging and plan adaptation. This study aimed to better understand its potential value and inform users on its optimal application.

**Methods:** Semi-structured interviews (n=24) were conducted with stakeholders, ranging from end users (radiation oncologist, clinical physicists, radiotherapy technologists, managers) to patient representatives and policy officers (e.g., procurement, health insurance, health technology assessment agency, and regulatory body). Themes explored with end users focused on the decision-making process of acquisition, current use, potential future deployment, optimal use, and the added value of MR-Linac. Themes explored with policy-makers and patient representatives included their roles concerning costly medical technologies and their perspectives on the added value of the MR-Linac. Interview data were analyzed using thematic analysis.

**Results:** Preliminary results showed stakeholders' optimism for improved patient outcomes, including reduced toxicity and increased treatment efficacy. Patient representatives highlighted not only the clinical value, but also the importance of ensuring patients' access to innovative care. End users perceived the MR-Linac as a gradual improvement, placing trust in its theoretical benefits. Additionally, they found value in its contribution to providing innovative treatment, potentially benefiting hospitals by attracting new patients. They also experienced improved job satisfaction. Policy officers emphasized the need for evidence to support potential clinical advantages as well as the significant costs associated with the MR-Linac within the broader healthcare context.

**Conclusions:** This qualitative, technology focused study deepens our understanding of the potential added value of the MR-Linac, beyond a specific context or patient group. The results not only highlight potential patient benefits, but also show a broader significance of the MR-Linac at other levels (e.g., clinician, hospital, and society). It is important to consider these different levels when guiding decisions on use of the MR-Linac.