OP8 International Benchmarking Of Health Technology Assessment Training Tools And Materials For Patients And Consumers

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Introduction: The objective was to conduct a benchmarking study of available online health technology assessment (HTA) training tools for patients, specifically those used by HTA agencies and major European and international patient and consumer groups (PCGs). We compared existing online training tools on this topic in order to develop in-house HTA training tools for French patients and consumers.
Methods: A literature search and a scoping review of websites was conducted by including the websites of HTA agencies, European and international PCGs, and other bodies. This was supplemented with videoconference interviews with selected HTA agencies and patient groups. The inclusion criterion was the existence of content describing HTA and patient and public involvement (PPI) in HTA that PCGs could use (regardless of its format).
Results: Eighty-two online training tools were selected according to the specified inclusion criterion. Sixteen international HTA bodies, nine European and international PCGs, and 13 other bodies provided online HTA training tools available for patients and consumers. No journal articles matching the inclusion criterion were found. Two broad categories of content were identified: the first relating to HTA and the second relating to PPI in HTA. Moreover, the formats of these tools ranged from interactive to non-interactive, with varying accessibility (freely available or with a paywall) and assessment methods.
Conclusions: These results should be considered together with budget requirements, project time constraints, human resources, and the preferences of HAS and patients when developing HTA training tools to improve the participation of patients and consumers in the HTA process at HAS.

OP9 Developing A Patient And Consumer Training Tool Explaining Health Technology Assessment And Patient/ Consumer Participation: The French Experience

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Introduction: The French National Authority for Health's (HAS) 2019-2024 strategic workplan called for "making public involvement a priority." This project was designed within the roadmap validated in 2021; "Strengthening public involvement in health technology assessment (HTA) at the HAS", including an action of building a means of training patient organizations for their contribution. The project's overall objective was to develop with patients and consumers a first training tool, representing an online knowledge base targeting French patients and consumers to explain the HAS HTA process and assist their participation in these assessments.
Methods: Three stages were designed to meet this objective. Firstly, an international benchmark was performed of available online HTA training tools for patients and consumers, notably those used by HTA bodies and European and international patient and consumer groups (PCGs). Secondly, an internal HAS search for e-learning tools, was conducted to identify whether they could meet the training needs of French patients and consumers. Finally, the training tool was developed via a working group composed of patients and HAS scientific officers.
Results: The benchmark identified 82 online training tools selected according to the specified inclusion criteria. Sixteen international HTA agencies, nine European and international PCGs and 13 other bodies provided online HTA training tools for patients and consumers during the research period, but no journal articles identified such tools. Eleven formats and 12 key themes, divided into two main categories were identified: important content related to HTA, and important content related to public involvement in HTA. The HAS search for e-learning tools resulted in internal e-learning tools offered for clinical experts not meeting the needs and preferences of patients and consumers. Finally, HAS based its training tool development on these preferences and needs to create a PowerPoint in two blocks of modules covering the two main categories above (six modules in total).
Conclusions: French patients and consumers preferences and needs for a HTA training tool were inspired by the international benchmark, dividing key themes into two main categories: important content related to HTA, and important content related to public involvement in HTA. This resulted in HAS development of two blocks of modules in PowerPoint format covering these two categories.

OP10 Standardized Multilingual Reporting Of Health Technology Assessment And Stakeholder Involvement

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Introduction: There is currently no standardized way to share information about health technology assessment (HTA). Standardised Data on Initiatives (STARDIT) addresses current limitations and inconsistencies in sharing data about HTA processes by

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providing a way to report these data, including which stakeholders have been involved, their tasks, what methods and data sources were used, and any impacts or outcomes observed.
Methods: STARDIT development began in 2019 and was guided by participatory action research paradigms. A multidisciplinary international team of over 100 citizens, experts, and data users was involved in co-creating STARDIT. These co-creators include cancer patients, people affected by rare diseases, Indigenous peoples from multiple countries, representatives involved in HTA processes, health researchers, environmental researchers, economists, librarians, and academic publishers. Methods of involving people included public events, online discussions, and a public consultation process. STARDIT is free to use, and data can be submitted by anyone. Report authors can be verified to improve trust and transparency, and data can be checked for quality.
Results: STARDIT can help create high-quality standardized information about HTA processes that can be accessed and edited by anyone. STARDIT enables data reporting at all stages of the HTA process and works in multiple languages. This allows stakeholders involved in or affected by HTA processes (including patients, the public, Indigenous peoples, and people from industry) to appraise and edit information and to self-identify the labels and terminology used to describe them. Organizations such as the Cochrane Collaboration, Australian Genomics, and multiple universities have created STARDIT reports. A link to the working beta version can be found at scienceforall.world/STARDIT.
Conclusions: STARDIT offers those conducting HTA access to standardized information that enables well-founded comparisons of the effectiveness of different HTA methods, including the most effective methods of involving stakeholders. STARDIT allows anyone to access data about HTA processes, which can support participatory ways of working and help improve the equity and quality of HTA processes worldwide.

OP11 Cost-Effectiveness Of Atezolizumab Plus Chemotherapy As A First-Line Treatment For Metastatic Non-Squamous Non-Small Cell Lung Cancer

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Introduction: Treatment with atezolizumab plus standard chemotherapy can prolong the overall survival of patients with metastatic non-squamous non-small cell lung cancer (NSCLC). However, the economic value of this treatment regimen is unknown. This study aimed to estimate the cost effectiveness of atezolizumab plus chemotherapy in the first-line treatment of metastatic non-squamous NSCLC from a healthcare system perspective in China.
Methods: A partitioned survival model consisting of three discrete health states was developed to estimate the cost and effectiveness of atezolizumab plus carboplatin or cisplatin plus pemetrexed (APP) versus carboplatin or cisplatin plus pemetrexed (PP) in the first-line treatment of metastatic non-squamous NSCLC over a 12-year lifetime horizon. Key clinical data were generated from the IMpower132 trial. Local direct medical and non-medical costs were used and health preference data were collected from patients with NSCLC in 13 tertiary hospitals across five provinces in China. Costs, quality-adjusted life-years (QALYs), and incremental cost-effectiveness ratios (ICERs) were measured. One-way and probabilistic sensitivity analyses were performed to assess the robustness of the model.
Results: Compared with the PP regimen, APP therapy yielded a gain of 0.21 QALYs at an increased cost of CNY145,602 (USD22,574), resulting in an ICER of CNY684,894 (USD106,185) per QALY gained. The ICER was significantly higher than three times the gross domestic product per capita for China in 2021 (USD37,663). One-way sensitivity analyses revealed that one of the most influential factors in this model was the cost of atezolizumab. Probabilistic sensitivity analysis showed that there was 14.7% probability that atezolizumab plus chemotherapy was cost effective at a willingness-to-pay value of CNY242,928 (USD37,663) per QALY gained.
Conclusions: The APP regimen could prolong survival and improve health benefits over standard chemotherapy in the first-line treatment of patients with metastatic non-squamous NSCLC, but it is unlikely to be a cost-effective treatment option in China.

OP13 Cost-Effectiveness Analysis Of Sintilimab Plus Chemotherapy For The First-Line Treatment Of Non-Squamous Non-Small Cell Lung Cancer: Societal Perspective

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Introduction: Sintilimab is an IgG4 anti-programmed cell death protein 1 (PD-1) antibody that has a high-affinity blocking interaction with PD-1 and its ligands. The updated ORIENT-11 study showed that sintilimab plus chemotherapy significantly prolonged progression-free and overall survival, compared with chemotherapy alone, in the first-line treatment of non-squamous non-small cell lung cancer (NSCLC). In China, it is uncertain whether sintilimab is a cost-effective alternative to standard immunotherapy.
Methods: A partitioned survival model with three health states (including progression-free survival, disease progression, and death) was constructed from the Chinese societal perspective using a three-week cycle with a lifetime horizon (16 years). Individual patient data were captured from the updated ORIENT-11 study, and high-risk and clinically severe adverse events were specifically added to the states. Quality-adjusted life-years (QALYs) and incremental cost-effectiveness ratios (ICERs) were the primary outcomes. Costs, health productivity losses, and utilities were derived from questionnaires and supplemented by expert opinion and literature review. All costs were expressed in 2021 USD, and costs and QALYs were discounted at an annual rate of five percent. Sensitivity analyses and scenario

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