Similar to the EUnetHTA project stage of 2006-2008, the existing HTA structures and national standards will need to be accurately and systematically assessed by a working-group appointed specifically for that purpose. Besides the importance of accepting a unifying framework similar to the EUnetHTA core model, implementation features that are specific to the context of EAEU countries could include the development of common adaptation toolkits and glossaries. Capacity building efforts may also prove crucial to ensure the sustainability of HTA-related cooperation.

Conclusions. Optimization of resources by streamlining HTA processes, whether in research, policy, or results dissemination, and avoiding duplication of effort by HTA agencies, is relevant in the context of limited healthcare resources in developing countries. This overview is an attempt at facilitating discussion to inform policy and research efforts to streamline HTA processes.

PP121 How To Involve Patients In Decisions About Antibiotic Prophylaxis After Tick Bite

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Introduction. Antibiotic prophylaxis with a single dose of doxycycline after a tick bite is one of the tools for preventing Lyme disease, which is becoming increasingly prevalent in Quebec. The aim of this work was to revisit this practice in adults and children younger than 8 years of age.

Methods. To assess the safety and absolute risk reduction (ARR) of doxycycline for preventing Lyme disease in contraindicated populations, two systematic reviews were conducted with a re-analysis of the original efficacy data. A knowledge mobilization framework was used to consider the scientific, contextual, and experiential evidence, taking into account information on patients' and clinicians' experiences.

Results. A single dose of doxycycline prescribed within 72 hours of being bitten by a tick (Ixodes scapularis) could prevent cutaneous manifestation of Lyme disease (ARR -2.8%, 95% confidence interval: -11.7–6.1; p = 0.06), without serious side effects, provided that the bite occurred in a geographical region where at least 25 percent of nymph and 50 percent of adult ticks are infected with the disease. However, the level of evidence was low and its generalizability to other contexts was doubtful. The decision to prescribe antibiotic prophylaxis may be based more on the fear of Lyme disease, rather than on effectiveness data and the real risk of contracting Lyme disease.

Conclusions. It may be challenging for clinicians to discuss Lyme disease prophylaxis with patients and their families in contexts where people are fearful of the disease, and the risk of contracting it from a tick bite is uncertain. Decision aids that provide scientific evidence on the real risk of developing Lyme disease after a tick bite, particularly in Quebec, can promote informed decisions based on patient preferences and values by supporting discussion between clinicians and patients.

PP123 Management of Patients' Conflicts Of Interest And Of Commitment In Health Technology Assessment

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Introduction. Health technology assessment (HTA) and the development of clinical practice guidelines (CPGs) support important health policy and clinical decisions. Conflicts of interest (COI) and conflicts of commitment (COC) can undermine the credibility and integrity of these processes, that of the actors involved, and, more alarmingly, the health of the population. Thus, management of COI and COC is critical. Although COI among experts participating in HTA and CPG development are increasingly discussed and managed, little is said about COCs and the possible COI and COC associated with patient participation. The aim of our study, which is part of the Institut national d'excellence en santé et services sociaux (INESSS) continuing improvement process for COI and COC management, was to identify best practices in this matter.

Methods. We examined the COI and COC management policies of ten HTA and CPG organizations and performed a review of the relevant academic literature.

Results. Three HTA and CPG organizations had norms regarding the management of patients' COI and COC, whether they were representatives of patient associations or not. These norms addressed situations such as: when a patient represents a patients' association; when a patients' association or an individual patient has important (financial) ties with the pharmaceutical industry; or when an expert or one of his/her family members suffers from the disease related to the HTA or CPG. The declaration of a COI or COC should not necessarily lead to the individual's exclusion from the entire HTA or CPG development process, but it must lead to some evaluation and management. Patients appointed to share their perspectives are not considered to have COI or COC if their mandate is explicit.

Conclusions. The COI and COC of all participants in HTA and CPG development should be managed fairly and transparently. Therefore, the management of COI and COC among patients participating in HTA or CPG development should be based on the same principles as those applied to clinical experts.

PP124 Smart Capability Building For Effective Patient Involvement

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Introduction. A new Health Technology Assessment (HTA) agency, Health Technology Wales (HTW), has been established to consider the identification, appraisal, and adoption of non-medicine health technologies. This includes, for example, medical devices, surgical procedures and diagnostics. HTW recognizes the importance of effective patient and public involvement (PPI) and is building smart capabilities.

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