

to research the expectations and experiences of the participants of this initiative, in order to reflect on the possibilities and challenges of governing innovative medical technologies.

Methods. A questionnaire was sent out to 10 purposively selected representatives of the IHSI MDWG participating countries: Austria, Belgium, Canada, Denmark, Italy, Luxembourg, Netherlands, Norway, Portugal, and Sweden. The survey covered individual countries' respective purposes for an international horizon scanning system as well as questions related to the desired scope and perceived challenges of such a system. The questionnaire was supplemented with online, semi-structured, in-depth interviews with the same representatives from each participating country. These interviews provided for diving deeper into the survey topics as well as discussing the relation between horizon scanning and health technology assessment, the relation to other international horizon scanning collaborations, and the relation between an international versus a national horizon scanning system. In addition, participant observations were conducted at the Dutch National Health Care Institute and during IHSI MDWG working group meetings.

Results. Preliminary results are discussed first with participants after which we will draw our final conclusions and recommendations for practice. Our analysis focuses on exploring participants' expectations and experiences with international horizon scanning through triangulating the three sources of data in our analysis.

Conclusions. The study will report on the expectations, needs and challenges of setting up an international collaboration for horizon scanning of medical devices and reflect on the regulation and governance of innovative medical technologies across several countries in Europe and Canada.

OP34 Horizon Scanning A Matter Of Collaboration. A Description Of The Processes Of I-HTS Member Organizations

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Introduction. Horizon Scanning (HS) has been part of the health technology assessment (HTA) world since the end of 20th century. In accordance with the life cycle concept of health technologies, there have been different organizations that have devoted part of their portfolio to HS's so called Early Awareness and Alert Systems. In 2017, a legal entity international Health Tech Scan (iHTS) was created on the basis of the previous existing network EuroScan. Our aim is to describe the current achievements of the network, the methods used by its members, and their achievements.

Methods. In 2010, EuroScan decided to analyze its members' methods and processes to perform HS. We used a previously defined questionnaire to revisit the analysis of methods, processes, and

impact of the founded legal entity i-HTS. We analyzed the clients, stakeholders involved, impact on health systems and alliances, as well as the current achievements as a group.

Results. i-HTS is currently rooted mainly in Europe and Asia-Pacific with members in the Americas and with ambassador programmes in Africa. The individual members have continued their achievements with special focus on three main aspects: proactive approach to innovators, stakeholder involvement, and client orientation. In most cases, the members of i-HTS produce information that is used for decision-making purposes, some of which influences the national or regional benefit package. Methods did not differ but the level of involvement of stakeholders in the different phases of the process. Some members also include in their portfolio early advice to innovators.

Conclusions. Early Awareness and Alert Systems are key to inform health care systems around technologies that could impact the management of patients in different contexts. There is a need to better understand the needs of the clients and the importance of HS in order to improve their efficiency. iHTS is in the process of redesigning its methods toolkit with the participation of all its members.

OP35 Suitability Of Preference Methods Across The Medical Product Lifecycle: A Multicriteria Decision Analysis

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Introduction. To understand the importance of the preference methods criteria to stakeholders at each decision point in the Medical Product Lifecycle (MPLC) and to determine the suitability of commonly applied preference methods (Discrete Choice Experiment [DCE], swing weighting [SW], probabilistic threshold technique [PTT], Best-Worst Scaling case 1 [BWS1], Best-Worst Scaling case 2 [BWS2]) for a given decision-point.

Methods. Nineteen preference methods criteria of an existing performance matrix were incorporated in an online survey of industry, regulatory, and health technology assessment (HTA) stakeholders. All methods criteria were given a relative weight based on the SW ranking and point allocation task in the survey. Based on this relative weight and the performance matrix values, an overall suitability score was calculated for each method per critical decision point along the MPLC. Several sensitivity analyses were conducted for which the performance matrix was adapted.

Results. In total 59 industry, 29 regulatory, and 5 HTA representatives completed the survey. In general, 'estimating trade-offs between characteristics', and 'estimating weights for treatment characteristics' were important preference method criteria throughout all MPLC decision points, while other preference method criteria were most