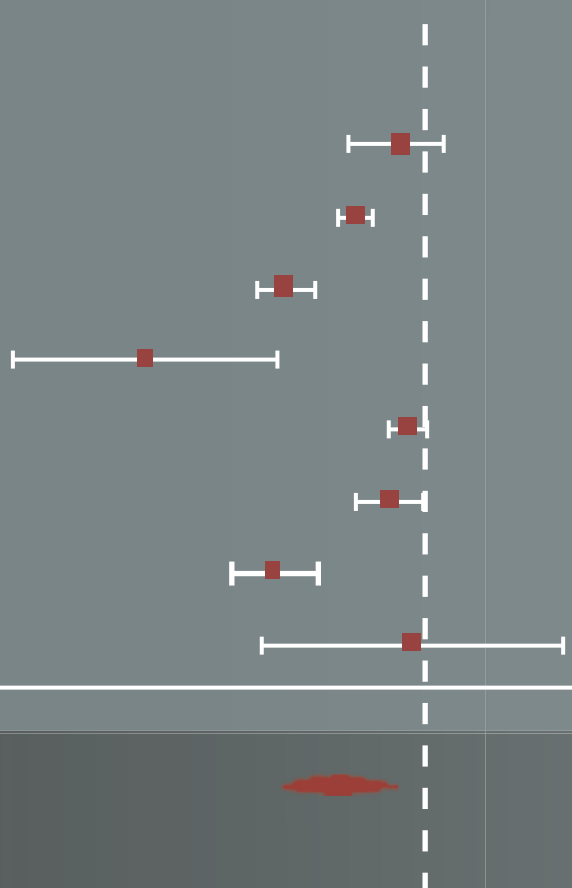


Abstracts from the HTAi 2021 Virtual Meeting
in Manchester, United Kingdom

International Journal of

Technology Assessment in Health Care



Instructions for Contributors

The Journal welcomes submissions of articles that evaluate health technologies to support health policy or practice decisions, or discuss methods of assessing such technologies; please see Journal Aims and Scope for details. Manuscripts are screened by the Editors and members of the Editorial Board. Manuscripts are screened by the Editor-in-Chief and Deputy Editors and those that are deemed appropriate for the journal proceed to an international review process, which usually is completed within 10 weeks. The timeframe from acceptance to FirstView is usually within 6 weeks. Articles must be in English. Spelling, capitalization, and punctuation should conform to the 15th Edition of *The Chicago Manual of Style* (University of Chicago Press).

MANUSCRIPT SUBMISSION AND REVIEW. All manuscript submissions to the *International Journal of Technology Assessment in Health Care* must be made electronically via ScholarOne Manuscripts, at the website:

<http://mc.manuscriptcentral.com/thc>

Please follow the detailed instructions on the website to avoid delays. The authors are asked to provide contact information and they may suggest reviewers. The website automatically acknowledges receipt of the manuscript and provides a manuscript reference number. Every effort will be made to provide the author with a rapid review. Correspondence must quote manuscript reference number and should be sent by email to the Editorial Office at IJTAHC@cambridge.org.

PREPARATION OF MANUSCRIPT. The manuscript, including all references, must be provided in Word or RTF format, double spaced on 8½ × 11 inch or A4 page sizes, with at least 1-inch (2.54 cm) margins. Manuscripts should typically have less than 4,000 words, including the abstract of 250 words maximum, and usually no more than 25 references. Manuscripts should be arranged as follows:

- 1) a title page with the full title, running title, and all author names with affiliations;
- 2) abstract and keywords;
- 3) acknowledgments, including source of funding;
- 4) text;
- 5) references;
- 6) tables with titles; and
- 7) figures, with captions on a separate page.

The Journal accepts no more than four tables or figures altogether for the published version. Tables and figures exceeding these limits may be posted on the Journal's web site (www.journals.cambridge.org/thc) as supplementary materials. Supplementary tables and figures should be numbered separately from the tables and figures in the published issue, beginning with Supplementary Table 1 and Supplementary Figure 1. The Journal does not accept footnotes or appendices.

Where relevant, manuscripts should include a paragraph on the policy implications of the findings of the study. Acronyms should be clearly spelled out on first use. The use of product trade names should be avoided; generic names should be used except where discussion of proprietary brands is essential to the manuscript.

COVER LETTER. The cover letter, must attest that 1) each author contributed to the conception and design or analysis and interpretation of data and the writing of the paper; 2) each has approved the version being submitted; and 3) the content has not been published nor is being considered for publication elsewhere.

As relevant to the content of the paper, the letter should also attest to the fact that any research with human or animal subjects conforms to the legal and ethical standards of the country in which it was performed. *All authors must disclose any financial arrangements with companies whose products are discussed in the paper or their competitors;* such

information will not be revealed to reviewers but may be included in a suitable format in the final publication if the manuscript is accepted.

A completed Conflict of Interest form should be included for each author. Access the Conflict of Interest disclosure form at http://www.icmje.org/coi_instructions.html.

ABSTRACT AND KEYWORDS. Most manuscript types should include a 100- to 250-word abstract, placed on a separate page without a heading, summarizing the objectives of the study or analysis, the major arguments and/or results, and conclusions/recommendations. Three to five keywords, using terms from the Medical Subject Headings from Index Medicus, should follow the abstract.

REFERENCES AND NOTES. *The references must be arranged according to the ICMJE Uniform Requirements for Manuscripts (URM): numbered consecutively in order of appearance in the text, identified by Arabic numerals in parentheses.* Bibliographic citations in the text should be indicated by Arabic numerals in parentheses. When authors are mentioned in the text, the citation number should immediately follow the name(s) as follows:

In-text citations: "Jones and Smith (7) maintained that . . ."

If a work has more than six authors, the first three authors should be listed, followed by et al. Abbreviate journal titles according to the listing in the current *Index Medicus*.

Book: 1. Jones AB, Smith JK (2011) *Computer diagnosis and results*. New York: Penta Publishers.

Journal: 1. Jones AB, Smith JK (2012) The relationship between health needs, the hospital, and the patient. *J Chron Dis*; **49**: 310-312.

Article in edited work: 1. Jones AB, Smith JK (2013) The diagnostic process. In: Brown R, Wilson T, eds. *New technology and its medical consequences*, vol. 1. New York: Apple Publishers, 101-134.

In the reference list, do not include material that has been submitted for publication but has not yet been accepted. This material, with its date, should be noted in the text as "unpublished data" as follows: **Unpublished data:** "Similar findings have been noted by L. W. Smith (unpublished data, 2014)."

See http://www.nlm.nih.gov/bsd/uniform_requirements.html for details.

TABLES AND FIGURES. Tables and figures should be numbered consecutively. All tables and figures must have a caption and must be cited in the text. All abbreviations used in each table and figure must be defined underneath, even if the abbreviations have been defined previously in the text. Table footnotes appear directly after the table; table references follow the footnotes. Tables must be submitted in Word or RTF and figures in tif, jpeg or eps format.

PERMISSIONS. Authors are responsible for obtaining written permission to publish material for which they do not own the copyright. Contributors will be asked to assign their copyrights to Cambridge University Press.

OPEN ACCESS. Our standard copyright forms allow Open Access Archiving (for instance posting the Accepted Manuscript in an Institutional Repository or on a personal webpage). Authors can also choose to publish Open Access (making articles freely available for non-commercial use) in a large number of our Journals by using Cambridge Open Option. For complete information on all the options available please visit

<http://journals.cambridge.org/OpenAccess>

COPYEDITING AND PROOFREADING. The publishers reserve the right to copyedit and proofread all accepted articles. Page proofs will be sent to the lead author for final review.

Contents

Oral Presentations	1
OP117 Digital Real-World Evidence In Times Of General Data Protection Regulation.....	1
OP123 The Use Of Surrogate Outcomes In National Institute For Health And Care Excellence (NICE) Highly Specialised Technology Evaluations: A Review Of Published Guidance.....	1
OP128 Improving Literature Searching For Evidence On Health Apps: The National Institute For Health And Care Excellence (NICE) MEDLINE And Embase (Ovid) Health Apps Search Filters.....	2
OP129 The Use Of A Text-Mining Screening Tool For Systematic Review Of Treatments For Relapsed/Refractory Diffuse Large B-Cell Lymphoma.....	2
OP130 Economic Evaluation Of High-Cost Drugs For Relapsing-Remitting Multiple Sclerosis In Thailand.....	2
OP135 Impact Of Updated Trial Data On The Cost-effectiveness Of Health Technologies: A Case Study On Percutaneous Mitral Repair.....	3
OP164 Extracorporeal Cytokine Adsorption Therapy: An Update Systematic Review Of Clinical Efficacy And Safety For Two Indications.....	3
OP179 Quantitative Evidence Synthesis Methods For Assessing The Effectiveness Of Treatment Sequences For Clinical And Economic Decision-Making: Methodology Review.....	4
OP181 Adapting Evidence To Produce A Health Technology Assessment Of Mammography Screening: An Example From The West Bank.....	4
OP188 Post-Launch Evidence Generation Studies For Medical Devices In Spain: Integrating Real World Evidence Into Decision-Making.....	4
OP196 Clinical Decision Support Systems (CDSS) For Antibiotic Management: Factors Limiting Sustainable Digital Transformation.....	5
OP199 From Pilot Studies To System-Wide Innovation: Challenges And Opportunities For Clinical Decision Support Systems (CDSS) Implementation In Australia.....	5
OP208 Did Health Technology Assessments Make the Wrong Call? Quantitative Bias Analysis: Alectinib Versus Ceritinib In Non-Small Cell Lung Cancer.....	6
OP218 Searching Preprint Repositories For COVID-19 Therapeutics Using A Semi-Automated Text-Mining Tool.....	6
OP220 What Factors Do Clinicians Value Most In Selecting Physician Preference Items? A Survey Among Italian Orthopaedists.....	6
OP223 A Semi-Automated Process To Monitor The Clinical Development And Regulatory Approval Pathway Of Innovative Medicines.....	7
OP227 Exploring The Value Of Soft-Intelligence: A Case Study Using Twitter To Track Mental Health During The COVID-19 Pandemic.....	7
OP236 Evidence Synthesis Of Time-To-Event Outcomes In The Presence Of Non-Proportional Hazards.....	8
OP242 Patient-based Evidence: A Comparison Of The Views Of Patient And Clinical Engagement Participants And Committee Members.....	8
OP244 Tools And Experiences To Facilitate Effective Patient Participation In Health Technology Assessment.....	9
OP248 A Minimum Data-Set For Left Ventricular Assist Device On Destination Therapy: Cross-Border Collaboration Pilot On Real World Data.....	9
OP256 Recognising The Broader Value Of Vaccines In Health Technology Assessment: Worth A Shot?.....	9
OP267 Evidence for Health Technology Assessment: The Capability Approach.....	10
OP277 Rapid Development Of An Evaluation Framework: Capturing the Impact Of COVID-19 Activities By A Health Technology Assessment Body.....	10
OP279 Data Protection In The European Union Post-General Data Protection Regulation (GDPR): A Barrier Or An Enabler Of Pharmaceutical Innovation?.....	10
OP303 Do You Get The Message? Making HTA Findings Easier For Decision-Makers To Implement.....	11
OP305 A Systematic Approach To Include Ethical Aspects In Health Technology Assessments – Experiences And Evaluation.....	11

OP310 Challenges Raised By The Economic Evaluation Of CAR-T-cell therapies: The Review By The French National Authority For Health.....	11
OP312 Developing A Tool-kit For Assessment Of Autism Spectrum Disorder.....	12
OP314 What Happened Next? Assessing Health Technology Assessment Impact In Scotland.....	12
OP316 Patients' Testimonials In The National Committee For Health Technology Incorporation In Brazilian Public Health System (Conitec) Meetings.....	12
OP318 Health Technology Assessment And Decision-Making Processes: The Purchase Of Magnetic Resonance Imaging Technology.....	13
OP321 The Scale And Variation Of The Impact Of COVID-19 On Prescribing Of Medicines In Primary Care In Wales.....	13
OP338 Involving Patients In Research: Early Consultation Of Women To Improve Study Design And Investigate Trial Acceptability.....	14
OP339 Virtual COVID Ward: The Use Of Telehealth In The Emergency Response To COVID-19.....	14
OP340 Kidney Patients' Preferences For A Wearable Digital Health Technology To Support Self-Management Of Chronic Kidney Disease - A Discrete Choice Experiment.....	14
OP345 Evaluation Of An Artificial Intelligence-assisted Service For Cardiac Monitoring As Part Of A National Institute For Health And Care Excellence (NICE) Digital Health Technology Pilot.....	15
OP348 Assessing The Potential Value Of Wearable Digital Health Technologies In Chronic Kidney Disease Using Early Health Technology Assessment Methods.....	15
OP437 Use Of Real-World Evidence In Survival Analysis Adjusting For Treatment Crossover In Cutaneous T-Cell Lymphoma.....	16
OP440 Comparison Of Evidence Supporting Cancer Drug Approvals And Prices In The US And Brazil.....	16
OP443 Evaluating The Value Of Endovascular Innovations For Aortic Valve Replacement Through Clinical Benefits, Patient-reported Outcomes And Resource Consumption.....	17
OP456 Encouraging Shared Decision-Making Of Goals Of Care Discussions In Lung Cancer Patients Using A Smartphone Application.....	17

Poster Presentations..... 17

PP89 The Investigation And Development Of A National Formulary Monitoring System Across Wales.....	17
PP90 Effectiveness Of Music Therapy For Autism Spectrum Disorder, Dementia, Depression, Insomnia, And Schizophrenia.....	18
PP94 Pandemic Preparedness: EUnetHTA COVID-19 Rapid Response With "Rolling Collaborative Reviews (RCR)".....	18
PP100 Characteristics To Consider In A Knowledge Translation Theory, Model Or Framework For Health Technology Reassessment.....	18
PP106 Twenty Years Of Orphan Medicines Regulation: Have Treatments Reached Patients In Need Across Europe And Canada?.....	19
PP112 Review On Change Management Models In Multi-Lateral, Multi-Stakeholder Contexts To Engage Stakeholders.....	19
PP118 A Survival Analysis Of The Lag Times In The Publication Of Network Meta-Analyses.....	20
PP119 Innovative Screening System For COVID-19 Using Application Of Artificial Intelligence For Telemedicine.....	20
PP126 Radiofrequency Ablation For Metastatic Spinal Lesions.....	20
PP133 Developing A Novel Multifaceted Graphical Visualization For Treatment Ranking Within An Interactive Network Meta-Analysis Application.....	21
PP140 Barriers And Prospects For The Development Of Hospital-Based Health Technology Assessment In Kazakhstan.....	21
PP145 VALIDATE Methodology For A Medication-Related Clinical Decision Support System: Innovating Or Going Back To Basics?.....	21
PP146 Use Of Carbon Dioxide In Endovascular Surgery To Prevent Contrast-Induced Nephropathy.....	22
PP148 Liquid Biopsy For The Detection Of Ovarian Or Endometrial Cancer In Samples Taken From The Pap Smear: PapSEEK.....	22
PP152 Epigenetic In Vitro Diagnostic Test For Early Diagnosis In Lung Cancer: An Early Assessment.....	23
PP162 Use Of The RenalGuard® System To Prevent Contrast-Induced Nephropathy.....	23
PP165 Bridging The Gap Of Health Services During The COVID-19 Pandemic Through Telemedicine.....	23
PP167 Cost Effectiveness Of Universal Childhood Vaccination Against Hepatitis A.....	24

PP168 Quality-Of-Life Study For Caregivers Of People With Drug-Resistant Focal Onset Seizures	24
PP180 Optimal Treatment Sequence For Targeted Immune Modulators For The Treatment Of Moderate To Severe Ulcerative Colitis	25
PP184 Twenty Years Of Health Technology Assessments On Robotic Assisted Surgery: A Summary.....	25
PP195 Cost Utility Of Transcatheter Aortic Valve Implantation For Patients With Inoperable Severe Aortic Stenosis In Brazil.....	25
PP205 The Use Of Real-World Evidence To Support National Institute For Health And Care Excellence Medical Technology Submissions	26
PP206 Health Technology Assessment Guidance In The United Kingdom: Addressing Issues Specific To Medical Devices.....	26
PP209 Analysis Of The Efficacy And Safety Of Robotic Spinal Surgery.....	27
PP215 An Evaluation of the Scottish Medicine Consortium Detailed Advice Document.....	27
PP216 Indirect Treatment Comparison Assessment: An Improvement Intervention In The Scottish Medicines Consortium	27
PP219 Combining Healthcare Solutions for Cataract Surgery. An Incremental Benefit Analysis from the Perspective of the Russian Healthcare System.....	28
PP222 Efficacy And Safety Of Foot Reflexology.....	28
PP228 Strategy For Including Information On The Research Priorities Of Patients And Experts In Health Technology Assessment Reports.....	29
PP230 Safety, Effectiveness, And Cost Effectiveness Of Interventions For Preventing Delirium In Hospitalized Patients	29
PP231 Safety, Effectiveness And Economic Analysis Of Exercise Intervention For Prevention Of Cognitive And Functional Deterioration In Hospitalized Patients	29
PP234 Analysis Of Discussions On Twitter On The Topic Of COVID-19 Tests: Exploring A Natural Language Processing Approach	30
PP254 Double-Counting In Evidence Synthesis Including Routinely Collected Data: Methodological And Practical Considerations.....	30
PP259 Invisible Resilience: The Value Of Medical Technology In Reducing Population And Health Systems' Vulnerability To COVID-19.	31
PP261 Development Of A Mapping Algorithm To Predict SF-6D Values In People With Drug-Resistant Focal Onset Seizures	31
PP275 Incorporating Quality-Of-Care Indicators In Health Economic Modelling: A Case-Study On Surgical Site Infections In Cardiac Surgery	31
PP283 Living Systematic Reviews In Time Of COVID-19: An Innovative Approach To Decision-making In An Environment Of Changing Evidence	32
PP290 Ongoing Swedish Initiatives To Improve The Potential For Real World Data Assessment Of Medical Devices.....	32
PP293 Tiered Rapid Response Products In The Evidence Directorate Of Healthcare Improvement Scotland.....	33
PP296 Patient Involvement In An Assessment Of The Management Of Sudden Onset Severe Headache Presenting To The Emergency Department	33
PP297 Management Of Sudden Onset Severe Headache Presenting To The Emergency Department: A Systematic Review	33
PP298 Scottish Health Technologies Group (SHTG) Adaptations: Utilizing Other Agencies' HTAs In Scotland.....	34
PP299 A Framework And Analysis Assessing The Impact Of Patient-Centered Outcome Evidence In HTA Appraisals	34
PP353 Patient-Reported Outcomes: What Matters For Brazilian Breast Cancer Patients?.....	34
PP403 New Medical Technology Adoption In Asia Pacific: Focused On South Korea And Japan.....	35
PP409 Cost-Effectiveness Of Ruxolitinib For Patients With Myelofibrosis: A Review Of The Literature	35
PP414 Improving The Accessibility Of Scottish Medicines Consortium Advice.....	36
PP424 Piloting A Comprehensive Search For eHealth Definitions In The Grey Literature: Preliminary Results From A Systematic Scoping Review.....	36
PP428 Rechargeable Versus Recharge-Free Sacral Neurostimulation: An Australian Health Economics Analysis.....	36
PP439 Data Driven Subgroups Of Patients With Type 1 Diabetes Based On Health Technology For Insulin Delivery	37

PP447 Informing The Development And Evaluation Of An Evidence-Based Service Delivery Model For Mental Health Patients With Complex Needs.....	37
PP451 Does NICE Reimburse Oncology Treatments Meeting End-Of-Life Criteria More Often Than Treatments That Do Not?	38
PP452 Impact Of Patient Access Schemes On Health Technology Assessment Agency Guidance For Rare Diseases In England and Scotland	38