OP120 Developing A Call To Action For Patient Involvement In Health Technology Assessment (HTA) In Southern Africa

Lauren Pretorius (lauren@campaign4cancer.co.za), Debjani Mueller and Anke Peggy Holtorf

Introduction: In building health technology assessment (HTA) and related decision processes in Southern Africa, institutions and stakeholders face region-specific challenges such as disease prevalence and population makeup. These can be addressed by collaboratively discussing patient engagement solutions that fit the local culture and systems and serve to ensure equitable and sustainable access to patient-relevant health technologies. Our aim is to initiate a collaboration for driving patient involvement (PI) suitable for the Southern African context and Sub-Saharan patient communities. In addition, we explore current experiences in PI, including the stakeholder expectations, gaps, limitations, and new opportunities.
Methods: A one-day hybrid multi-stakeholder PI in HTA workshop was held in Johannesburg, South Africa. Co-created by the participants, the outputs are a call to action and a concept draft for the vital success criteria for PI in the region. The content of the call to action is gathered from pre-workshop surveys, interviews, and outcomes from historic meetings held in conjunction with the Health Technology Assessment International (HTAi) PI workstream as well as facilitated discussion from the actual workshop.
Results: The workshop was attended by 42 participants from nine countries, representing diverse stakeholder groups. The attendees represented multiple PI stakeholder groups. The workshop survey was completed by 44 respondents, while 12 participants completed the post-event survey. A workshop outcomes document highlighting a high level of alignment and identifying seven key success factors was developed. A workshop proceeding detailing the outcomes is now being drafted.
Conclusions: Over 95 percent of respondents to pre-and post-surveys indicated an interest in contributing to a more in-depth description of PI in their country. While the majority of participants were from South Africa, participants from Tanzania, Ethiopia, Zambia, and Zimbabwe emphasized that trans-African-engagement for HTA will provide an additional opportunity for HTA in Africa and patient and community participation in HTA and healthcare decision-making. Hence, a collaborative platform could help all African countries to advance and benefit from improved healthcare decision processes.

OP121 Cost-Utility Analysis Of A Supervised Exercise Intervention For Women With Early-Stage Endometrial Cancer

Yufan Wang (yufan.wang1@uqconnect.edu.au), Alexandra L. McCarthy and Haitham Tuffaha

Introduction: Cardiovascular disease (CVD) is the leading cause of death in women diagnosed with endometrial cancer. There is clinical evidence that exercise significantly reduces the risks of CVD and cancer recurrence; however, it is unclear whether there is value for money in integrating exercise into clinical cancer care for this population. This paper aimed to assess the long-term cost effectiveness of a 12-week supervised exercise intervention, compared with standard care, for women diagnosed with early-stage endometrial cancer.
Methods: A cost-utility analysis was conducted from the Australian health system perspective for a time horizon of five years using a five percent discount rate. A Markov cohort model was designed with six mutually exclusive health states: no CVD; post-stroke; post-coronary heart diseases; post-heart failure; post-cancer recurrence; and death. The model was populated from the best evidence available in the literature. The incremental cost-effectiveness ratio (ICER) and net monetary benefit were reported. Uncertainty in the results was explored using deterministic and probabilistic sensitivity analyses.
Results: Over the time horizon of five years, the incremental cost of supervised exercise versus standard care was AUD358 (USD236.74) and the incremental quality-adjusted life-year (QALY) was 0.079, resulting in an ICER of AUD5,148 (USD3,404) per QALY gained. The incremental net monetary benefit was AUD3,589 (USD2,373.24) and the likelihood that the supervised exercise intervention was cost effective at a willingness-to-pay threshold of AUD50,000 (USD33,062.75) per QALY was 99.5 percent.
Conclusions: This is the first economic evaluation of exercise for endometrial cancer survivors. The results suggest that exercise is cost effective in this population. Given the low uncertainty in the outcomes, efforts should focus on implementation of exercise as part of clinical cancer care.

OP122 Economic Evidence To Support Expanding Use Of Existing Positron Emission Tomography Technology As A Diagnostic Tool For High-Risk Cancer Patients

Michelle Tew (Michelle.tew@unimelb.edu.au), Abby Douglas, Jeff Szer, Ashish Bajel, Simon Harrison, Shio Yen Tio, Leon Worth, Rodney Hicks, David Ritchie, Monica Slavin, Karin Thursky and Kim Dalziel

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Introduction: In Australia, 18F-fluorodeoxyglucose positron emission tomography with low-dose computed tomography (FDG-PET/CT) is currently only funded for cancer staging-related indications. A recent multicenter randomized trial demonstrated that FDG-PET/CT, compared with standard of care computed tomography (CT) imaging, improved antimicrobial management and the outcomes of patients with persistent and recurrent neutropenic fever. There is potential value in expanding the use of FDG-PET/CT as a diagnostic tool for this high-risk population. We conducted an economic evaluation from a healthcare perspective alongside the randomized trial and compared FDG-PET/CT with standard CT up to 6 months after the scans.
Methods: Case report forms were used to collect resource utilization data and length of hospitalization. Effectiveness was measured as the number of patients with antimicrobial rationalization and quality-adjusted life-years (QALYs) derived from patient-reported trial-based health-related quality of life. Generalized linear models (GLM) were used to analyze costs and outcomes. Incremental cost-effectiveness ratios (ICERs) for each of the outcomes were calculated and interpreted as the cost per patient with antimicrobial rationalization and cost per QALY gained. To account for sampling, we performed bootstrapping with 1,000 replications using the recycled predictions method.
Results: The adjusted healthcare costs were lower in the FDG-PET/CT group (mean AUD49,563, 95% confidence interval [CI]: 36,867, 65,133; equivalent to USD34,268, 95% CI: 25,490, 45,033) compared with the standard CT group (mean AUD57,574, 95% CI: 44,837, 73,347; equivalent to USD39,807, 95% CI: 31,000, 50,712). The magnitude of differences in QALYs between the two groups was small (0.001; 95% CI: -0.001, -0.001). When simulated 1,000 times, our analysis showed that across both outcomes FDG-PET/CT was the dominant strategy as it was cheaper and had better outcomes than standard CT in 74 percent of simulations.
Conclusions: FDG-PET/CT is cost effective when compared with standard CT for investigating persistent or recurrent neutropenic fever in high-risk patients. Aligning economic evaluations with clinical studies is key to an integrated evidence generation approach for supporting funding for FDG-PET/CT in this patient group.

OP124 Cost Effectiveness Of End-Stage Renal Disease Treatment Methods In Türkiye

Mustafa Kılıç (mustafa.kilic2@saglik.gov.tr) and Vahit Yigit

Introduction: Chronic kidney disease is an important public health problem and is a leading cause of morbidity and mortality worldwide. Hemodialysis (HD), peritoneal dialysis (PD), and kidney transplantation (Tx) are the main treatments for this disease. The aim of this research was to determine the cost effectiveness of treatments for end-stage renal disease from the perspective of a reimbursement institution in Türkiye.
Methods: A Markov model was developed to measure costs and health outcomes in terms of quality-adjusted life-years (QALYs). The model parameters were based on a six percent discount rate, lifetime time horizon, and a reimbursement agency perspective. The main outcome measures were the incremental cost-effectiveness ratio (ICER) and the cost per QALY. One-way and probabilistic sensitivity analyses were performed to determine parameter uncertainty.
Results: The lifetime costs of HD, PD, and Tx were USD26,883, USD37,672, and USD31,227, respectively. The lifetime QALYs gained with HD, PD, and Tx were 5.21, 6.77, and 9.73, respectively. The cost per QALY of HD, PD, and Tx were USD5,161, USD5,567, and USD3,211, respectively. Compared with Tx, the ICERs for HD and PD were USD961 and USD2,178, respectively.
Conclusions: Cost differences have occurred between the treatment options for end-stage renal disease due to the increase in drug costs in Türkiye in recent years. As seen in the Markov model in this research, HD, PD, and Tx are complementary rather than rival treatments. This study found that the cost effectiveness of Tx is higher than HD or PD. However, the rate of Tx, which has a higher quality of life compared with HD, is around 22 percent in Türkiye; the rate for PD is four percent. It is therefore recommended that a health policy be developed to encourage kidney donation and promote PD as a superior alternative to HD for eligible patients.

OP125 How Can Health Technology Assessment Evolve To Better Consider Benefits For Patients, Their Families, And Carers?

John Gillespie (john.gillespie1@abbott.com) and Paul Davies

Introduction: In Australia, technical guidelines for the health technology assessment (HTA) of medical technologies do not formally include broader societal benefits in the base case economic evaluation; they are considered supplementary analyses. If what matters to patients is relevant and valuable, then why shouldn't these broader benefits play a more important role? This presentation will consider the challenges and opportunities for HTA guidelines to change to allow this, and the broader implications for decision makers.
Methods: A targeted literature review was undertaken to assess whether economic evaluation methods and their application in HTA are well positioned to assess what matters to patients. Practical challenges for this will be considered, particularly from the perspective of decision makers having a full understanding of broader societal benefits.
Results: Preliminary findings from the literature review suggested that taking a broader societal perspective in economic evaluations used in HTA has the potential to enable more informed decisions for policy makers. However, there are practical considerations regarding consistent approaches to assessing broader societal and patient benefits.
Conclusions: For decision makers to be fully informed on the impact of their decisions beyond healthcare budgets alone, explicit

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