

comprehensive care, and principles like community participation. The incorporation, update or exclusion of new health technologies is done by the National Committee for Technology Incorporation (CONITEC), which issues reports on the incorporation of technologies and submits them to public consultations, which is the main mechanism of public involvement and an opportunity to influence the decision to access and coverage to new health technologies. Our study aimed to investigate a typology of social representations on the contributions from 2012 to the CONITEC's public consultations to the incorporation of Trastuzumab for the treatment of initial breast cancer in Brazil.

METHODS:

Our study deployed a mixed-methods approach to semi-quantitatively analyze the social representativeness and corpus composition of all the public consultation contributions for the recommendation of the Trastuzumab's incorporation for treatment of initial breast cancer within SUS, as well as the authors' qualitative analysis of the IRAMUTEQ software as a potential effective and efficient tool to semi-quantitatively analyze such public consultations. All contributions were included (127 contributions, from several Brazilian states) and organized into a single corpus, which was submitted to 5 types of analyzes (classical lexical analysis, analysis of group specificities, descending hierarchical classification; similitude analysis and word cloud).

RESULTS:

The general corpus consisted of 114 texts, separated into 685 text segments (TS), with use of 79.12 percent of total TS (684). The analyzed content was categorized into four classes: Class 1 – Patient Representations/ Advocacy (186 ST-34.3 percent); Class 2: Pharmaceutical Industry/ Advocacy (181 ST-33.4 percent); Class 3: Health Professionals (81 ST-14.9 percent); and Class 4: Individual Contributions (94 -17.3 percent). Class 1 corpus consisted mostly of contributions made from a breast cancer patient association/ advocacy report, which focused mainly on lay expertise terminology. We observed a proximity in corpus between Classes 2 and 3, showing a potential approximation between the pharmaceutical industry and health professionals' contributions, to whom the main word occurrences related to health technologies. Class 4 corpus focused on improvement and individual need, as well as in corpus referring to SUS.

CONCLUSIONS:

From our findings, we observed: (i) a potential similarity in contributions of health professionals and pharmaceutical industry; (ii) how lay expertise might affect the contributions of patients individually and within advocacy and patient organizations; and (iii) the uses and limitations of IRAMUTEQ as potentially effective and efficient tool to semi-quantitatively analyze health technology assessment public consultation contributions.

OP114 The Public's Role In Understanding The Value Of Health Technologies

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INTRODUCTION:

Increasingly, health technology assessment (HTA) organizations have instituted mechanisms for involving patients in assessment and review processes. The reasons are obvious—to understand the “patient experience” with a disease and to ensure that patient perspectives are considered during deliberations about the value of new treatments. More recently there have been efforts to engage the public in HTAs and HTA-informed decision-making processes. However, the goals of these efforts have not been well articulated. This may be attributable to the lack of a shared definition of “the public”. The objective of this study was to develop a common understanding of the term “the public” within the context of HTA.

METHODS:

The following were conducted: a survey of HTA organizations; a systematic review; consultation with Health Technology Assessment international's Special Interest Group on Patient and Citizen Involvement; and a workshop comprising representatives from patient organizations, industry, and HTA bodies in Canada.

RESULTS:

In many HTA processes, the terms “public” and “patients” are synonymous. Definitions found in scholarly articles vary and depend on the rationale for involving the public in a particular issue. Through

consultations it became clear that, in the context of HTA, the definition depends on understanding what is missing from current deliberations around the value of new health technologies. There was consensus among workshop participants that: (i) “patients” and “the public” are not the same; (ii) the role of the public may be to ensure societal values are reflected in HTAs and HTA-informed decision-making processes (e.g. serving an audit function); and (iii) a legitimate definition of “the public” could be: “A non-aligned community member with no commercial or professional interest in the HTA process who is not a patient or member of a stakeholder group”.

CONCLUSIONS:

Consensus on the use of the terms “patient” and “public” will support rigorous, evidence-based public and patient engagement in HTA. The proposed definition indicates a way forward in this debate.

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OP118 Women’s Preferences And Perspectives On Cervical Cancer Screening

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INTRODUCTION:

Cervical cancer screening (CCS) is conducted through multiple testing modalities including Papanicolaou smears and more recently, HPV Testing. Participation in CCS is influenced by a multitude of barriers and facilitators governed by the preferences, values, and beliefs of women. This presentation will discuss the findings from a Patient Perspectives and Experiences review for a CADTH Health Technology Assessment on HPV Testing for Primary Cervical Cancer Screening.

METHODS:

A systematic literature search yielded 4864 citations published from 1 January 2002 to 1 November 2017. One hundred and six eligible studies were analyzed using the qualitative meta-synthesis methodology.

RESULTS:

The social location, circumstances and resources available to women significantly influence how they negotiate the factors that influence their CCS

participation. Some of the factors we identified are Emotions, Understanding Personal Risk, Logistics, and Multiple Roles of Women. In this presentation, we will discuss how these factors interact with a woman’s social location to influence women’s choices and preferences about engaging in cervical cancer screening. Specifically, we describe an analysis that conceptualizes social location as a balancing fulcrum, which changes the force exerted by factors acting as incentives and disincentives. Women who experience social and material deprivation may find that disincentives are harder to overcome than women who have access to ample social and material resources. More incentives in quantity and strength would tip the balance in favor of incentives and increase CCS participation. This presentation will also describe how incentives and disincentives were operationalized in the context of a patient perspectives and experiences review for a health technology assessment.

CONCLUSIONS:

Women’s decisions to participate in CCS are influenced by many factors. The way women negotiate these factors is closely related to their personal circumstances and the availability of social, material, and financial resources.

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OP119 Appraising Qualitative Research For Qualitative Evidence Syntheses

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INTRODUCTION:

The growth of the evidence-based policy movement sought to determine how to better assess and incorporate qualitative evidence in clinical practice and policy development. The question engendered was not whether qualitative research is valuable but how researchers can enhance its rigor. From this discussion arose over one hundred appraisal tools for the quality appraisal process of qualitative studies. For those without a deep familiarity with the qualitative research paradigm, navigating through the breadth of tools to find the most suitable tool for the task is a cumbersome process. This presentation will review the descriptive