RESULTS:

The systematic map includes eighty-one studies, most published since 2005, indicating an increasing area of investigation. Studies were mostly observational and retrospective in design, and a large proportion have been conducted in the United States, with many conducted by the National Institutes of Health. An example of an innovation is video training to improve reviewer reliability. Although research councils in the United Kingdom have conducted several relevant studies, these have mainly examined existing practices rather than testing peer review innovations. Full results of the systematic review will be provided in the presentation, and we will assess which innovations could improve the efficiency and/or effectiveness of peer review for selecting health research proposals.

CONCLUSIONS:

Despite considerable interest in, and criticism of, peer review for helping to select health research proposals, there have been few detailed systematic examinations of the primary research evidence in this area. Our evidence synthesis provides the most up-to-date overview of evidence in this important developing area, with recommendations for health research funders in their decision making.

PP022 New Models Are Needed To Optimize The Management Of New Medicines

AUTHORS:

Brian Godman (brian.godman@ki.se), Eduardo Diogene, Jurij Fürst, Kristina Garuoliene, Augusto Guerra, Roberta Joppi, Rickard Malmström, Wija Oortwijn, Gisbert Selke, Angela Timoney, Björn Wettermark

INTRODUCTION:

Countries are struggling to fund new premium priced medicines with ever increasing prices. In addition, there are substantial savings as medicines lose their patents. This requires coordinated approaches. Models are being developed centering on three pillars: pre-launch including horizon scanning; peri-launch including pricing and reimbursement (P & R)/ risk sharing; and post-launch including assessing effectiveness (1,2). This will continue to enable access to safe, effective and affordable medicines.

METHODS:

Desk research of regulatory and other relevant policy documents as well as a thorough and extensive literature search in peer-reviewed databases were conducted.

RESULTS:

Models to optimize the use of new medicines are being developed. These center on three pillars: pre-launch activities including horizon scanning with a specific focus on unmet needs, drugs expected place in therapy, drugs preliminary budget impact and forecasting (including medicines likely to lose their patents); peri-launch activities including P & R assessment and assessments of risk sharing arrangements; and post-launch activities include assessing the effectiveness and safety of new medicines in routine clinical care (1,2). Pre-launch activities to agree the number of potential patients for new cancer medicines resulted in hospitals staying within budget (3); and health authorities that had instigated activities pre-launch saw limited excess bleeding with dabigatran (3). Risk-sharing arrangements have increased access to new medicines; however, concerns with their confidential nature and administrative burden (2,3). Qualitative and/or quantitative approaches are also being developed to better value (new) medicines. There is also growing use of patient level data post launch, for example, studies highlighted concerns with dabigatran prescribing in Spain and anti-obesity medicines in Sweden. Long-term follow-up studies have shown greater effectiveness of ciclosporin versus tacrolimus for transplants despite the rhetoric.

CONCLUSIONS:

Stakeholders in the healthcare field are working together and developing methods to increase funding for new valued medicines whilst restricting their use

https://doi.org/10.1017/S0266462317002136 Published online by Cambridge University Press

where there are concerns to optimize resource use. This will (need to) continue to enable access to safe, (cost-) effective and affordable medicines.

REFERENCES:

1. Malmström RE, Godman B, Diogene E, et al. Dabigatran - a case history demonstrating the need for comprehensive approaches to optimise the use of new drugs. *Front Pharmacol* 2013;4:1-19.

2. Godman B, Malmström RE, Diogene E, et al. Are new models needed to optimise the utilisation of new medicines to sustain healthcare systems? *Expert Review Clin Pharmacol.* 2015;8:77-94.

3. Matusewicz M, Godman B, Bak-Pedersen H. Improving the managed introduction of new medicines; sharing experiences to aid authorities across Europe. *Expert Rev Pharmacoecon Outcomes Res.* 2015;15:755-8.

PP023 Applying Oncology Patient Registries As A Health Technology Assessment Tool

AUTHORS:

Alexander Kostyuk (alex.v.kostyuk@gmail.com), Alexandr Kostyuk, Amangali Akanov

INTRODUCTION:

The limited healthcare resources have to be invested efficiently; Health Technology Assessment (HTA) is applied ever more often in many health care systems for "rational decision-making". The oncology patient registries (OPR) track the eligibility of patients and the complete flow of treatments, guaranteeing appropriateness in use of pharmaceutical products, according to approved indications.

METHODS:

Normative legal acts and other regulatory documents in the field of oncology medical and pharmaceutical activity, include content and maintenance oncology registries. The system, process and information analysis, direct observation, comparative analysis, logical modelling, sociological methods (surveys and expert opinions) are applied.

RESULTS:

A temporary coverage/funding of oncology drugs often requires additional collection of data on safety, effectiveness, cost-effectiveness, and the appropriate use of the drug. Many of the oncology drugs show little or marginal effectiveness at time of approval and reimbursement agencies demand further data before deciding whether to cover the new drug. Pragmatic clinical trials, patient access schemes and standard data requirements on patient relevant outcomes in OPR are some of the approaches to generate further evidence and to fill the gap between knowledge on efficacy at time of approval and demanded knowledge on effectiveness for coverage decisions. For each monitored drug, patients eligible for treatment are registered in the specific therapeutic indication dynamic monitoring database to collect epidemiologic and clinical data, including data on the safety profile, and ex-post information missing at first evaluation stage.

CONCLUSIONS:

OPR provide a detailed view of the morbidity, mortality and resource utilization associated with an oncologies diseases entity. This data is of prime importance in coming to decisions on coverage of a drug or treatment. The collation of information is also quick and efficient owing to better methods of data management. OPR of Kazakhstan are equipped with sophisticated data processing software and technologies.

PP024 Changes In Reporting Characteristics Of Systematic Reviews For The United Kingdom

AUTHORS:

Eva Kaltenthaler (e.kaltenthaler@sheffield.ac.uk), Christopher Carroll

https://doi.org/10.1017/S0266462317002136 Published online by Cambridge University Press