INTRODUCTION:

The HTAi Vortal is a product of the HTAi Information Retrieval Group (IRG) which has collected resources in the field of Health Technology Assessment (HTA) since 2005.

In 2011, a new technical platform was set up and the legacy Vortal content was split in three sections: HTA producers and networks, Selected references and Career development (including trainings). The same year, a fourth section was created to host a new product of the IRG: SuRe.info.

In 2014, the Vortal added a new service to other Interest sub groups of HTAi: the hosting of "Custom bibliographies". But while the Vortal was probably quite unique in 2005, other Websites have been developed since then to offer quite similar functionalities.

The present communication aims at evaluating how the Vortal compares with similar tools existing on the Web.

METHODS:

Vortal competitors have been identified using a quick empirical search of the Web.

Functionalities have been identified by testing the website or their archive; maintainers have been sometimes contacted to ask for complementary information. A grid listing all functionalities has been established and filled in with the collected information.

RESULTS:

Several competitors have been identified. The Vortal presents functionalities similar to online tools, but detailing level is different. Also, the Vortal provides a better integration resulting in more efficiency. And, the Vortal is the only Web platform to offer a service of publication of custom bibliographies to the different HTAi Interest Sub Groups.

CONCLUSIONS:

After 12 years of existence, the HTAi Vortal is still a recognized online resource about HTA. While some existing functionalities are to be found in other online tools, some remain unique to the Vortal. Further research is needed to evaluate the preferences of people with interest in HTA.

PP125 Evidence-based Policy Making – Bottom-Up Heuristic Engagement Process

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INTRODUCTION:

Solid organ and hematopoietic cell transplantation are some of the more expensive procedures universally paid by the public Brazilian Unified Healthcare System (SUS). Transplanted patients depend on maintenance immunosuppression to prevent death or graft loss. A bottom-up heuristic process proposed new immunosuppression drugs for incorporation into the SUS.

METHODS:

Systematic evidence synthesis and Brazilian transplantation registries base-cases, Kaplan-Myer survival and economic assessments were presented in specialized national congresses with open public Delphi sessions to build professional Clinical and Therapeutic Protocols (PCDT) by consensus. Five consensus transplantation PCDTs with a SUS perspective budget impact and sensitivity analysis were submitted to the Health Ministry SUS Technology Incorporation National Commission (CONITEC) plenary for a decision. PCDTs were publicized in CONITEC Internet and *Diário Oficial da União, an,* official periodic publication, as well as undergoing widespread dissemination through mailings for Public Consultation. Public contributions were added to PCDTs to support Health Ministry policy making.

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RESULTS:

The São Paulo State Health Secretariat coordinated the synthesis and economic assessments made by 115 experienced transplantation specialists and health technology evaluators over ten years. Heart, lung, liver, pancreas and hematopoietic cells transplantation PCDTs (with tacrolimus, sirolimus and everolimus alternative immunosuppression) can significantly prevent 27.8 percent, 28.1 percent, 7.2 percent, 11.1 percent and 4.3 percent graft loss or graft *versus* host disease and death, respectively, for refractory transplantees rescue during the first year post-transplantation, saving healthcare resources. Ten-year follow-up data demonstrated partial benefits were sustained. Analysis demonstrated +USD689,655.17, +USD501,567.40, -USD377,802.51, +USD221.289,42 and +USD50.734,08 budget impact, respectively, resulting in an overall USD1,085,443.55 for 2,146 transplantees. The 5 PCDTs were favorably voted by CONITEC plenary members, 155 public contributions were added by patients and stakeholders, and the Brazilian Health Ministry decided to adopt the SUS reimbursement listing.

CONCLUSIONS:

Democratic participation gave PCDTs real-world basis adjustments, SUS innovation and improved compliance.

PP126 MEA In Italy: Correlation Between Time To Payment By Result And Time To Off Treatment Curve

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INTRODUCTION:

Payment by result agreements have been quite widely used in Italy to provide access for high costs oncologic drugs and minimize uncertainties of real life benefits (1). The aim of this analysis was to overview the Roche experience in terms of Payment by Result (Pbr) in oncology and investigate the relation between timing for the evaluation of treatment failures and observed Time to Off Treatment (TTOT) from Phase III clinical trials (2).

METHODS:

A retrospective analysis of the Roche payment by results schemes in place in Italy was conducted. For each drug included in the analysis it was collected: (i) the negotiated timing to assess the treatment failure for payment by result, (ii) the median time to off treatment curve observed in clinical trials for the experimental drug, (iii) the median time to off treatment observed in clinical trials for the control arm. The mean ratios between timing to assess the treatment failure for payment by result and the time to off treatment observed for the experimental drug or the median time to off treatment observed in the control arm were calculated to identify potential correlations. High level of correlation was expected if ratio was close to 1 (±.2).

RESULTS:

Roche products or different indications of the same product were identified as candidates for the analysis from 2008 to 2016. The timing for the evaluation of treatment failures for Pbr varies between 2 and 9 months, depending on the type of tumor and line of therapy. The mean Time to Payment By Result (TTPbr) / Control arm Time To Off Treatment (cTTOT) ratio was 1.16 (±.37) while the mean Time to Payment By Result (TTPbr) / Experimental arm Time To Off Treatment (eTTOT) ratio was .71 (±.13). Data analysis according to different time periods shows that the mean TTPbr/cTTOT and TTPbr/eTTOT for drugs negotiated from 2008 to 2015 were respectively 1.07 and 1.39 whereas for drugs negotiated in 2016 were respectively and .63 and 1.

CONCLUSIONS:

Good level of correlation between TTPbr and cTTOT was found. This finding is in line with the methodology used by Italian Medicines Agency so far, leveraging the cTTOT as the most appropriate proxy to assess any incremental effect of a new drug compared to the previous Standard of Care. The analysis over time of TTPbr shows that in

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