

quality decisions to be taken in relation to the incorporation of new technology.

PD18 Cost-Effectiveness Of Extracorporeal Life Support In Cardiogenic Shock

AUTHORS:

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INTRODUCTION:

Venoarterial extracorporeal life support (ECLS) is increasingly used in patients during cardiogenic shock, due to favorable results in this very high-risk scenario. However, it is a costly intervention that requires heavy financial investment and specialized human resources.

METHODS:

Cost-effectiveness analysis to evaluate ECLS in the perspective of the Brazilian public health system (SUS) in the population of adult patients with cardiogenic shock. A decision tree comparing ECLS and usual care was built, using efficacy data from a systematic review of literature, and cost data from SUS reimbursement values. Impact of parameter variability and uncertainty were ascertained with deterministic and probabilistic sensitivity analysis.

RESULTS:

Usual care resulted in thirty percent probability of survival, at an average cost of 3,000 international dollars (Int\$/USD); the strategy that includes ECLS resulted in sixty-two percent survival rate, and average cost of Int\$ 23,000, with incremental cost-effectiveness ratio (ICER) of Int\$ 62.215 per averted in-hospital death. Results were sensitive to device cost, and survival difference between strategies. In probabilistic sensitivity analysis, ECLS was consistently more costly and more effective than usual care; based on a willingness-to-pay of three times Brazilian gross domestic product (GDP) per capita (Int\$ 45,000), there was twenty-seven percent probability of ECLS being cost-effective.

CONCLUSIONS:

ECLS has the potential to increase survival for cardiogenic shock, but would significantly increase costs. In the

Brazilian public health system, the cost per averted in-hospital death is 4.1 times the domestic GDP per capita.

PD20 'Where's Waldo?' Incorporating Patient Aspects Into Rapid Reviews

AUTHORS:

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INTRODUCTION:

Patient and social aspects form a key domain within health technology assessments (HTAs) but are less well established in rapid HTA. Patient aspects can add value to HTAs by aiding in interpretation of variations in intervention effectiveness or providing context on the impact of interventions on patients' lives. This poster describes initial experience of incorporating patient aspects into a rapid HTA for the Scottish National Health Service.

METHODS:

A rapid review explored using qualitative literature to understand patient issues relating to transoral robotic surgery (TORS) for head and neck cancer. Literature searches identified qualitative studies or systematic reviews of qualitative studies using two search filters: one for patient perspectives and another for qualitative study designs.

RESULTS:

No qualitative literature specific to the exact question posed in the HTA was identified. Instead the project focused on patient experiences of alternative treatments (radiotherapy or open surgery) and identifying patient-important outcomes, such as speech function or lack of facial disfigurement. Pragmatic decisions on study selection were required in the TORS review due to the large volume of literature identified: we only included the most recent studies and limited our selection to patients with specific forms of head and neck cancer. Selecting studies from a large volume of literature may be an issue for future rapid HTAs attempting to incorporate qualitative evidence. The qualitative studies were summarised and used to inform advice issued to NHSScotland by the Scottish Health Technologies Group (SHTG).