

papers that lacked sufficient data for meta-analysis such as a conference abstract or an ongoing trial.

CONCLUSIONS:

From the three reviews examined, limiting the search to fewer databases had no or minimal impact on the review conclusions despite the variable number of studies that would be missed and records needed to sift. More exploration during the scoping search prior to commencing the review will aid the decision on whether to limit the search to fewer databases.

OP107 Sources Used To Find Studies For Systematic Reviews Of Economic Evaluations

AUTHORS:

Hannah Wood, Mick Arber, Jaana Isojarvi, Julie Glanville (julie.glanville@york.ac.uk)

INTRODUCTION:

Evidence about which information resources should be searched to identify economic evaluations (EEs) of healthcare interventions when conducting a systematic review (SR) predates closure of the National Health Service Economic Evaluation Database (NHS EED) and Health Economic Evaluations Database (HEED). We assessed which databases are now the best sources of EEs and identify the most efficient combination of databases, taking into account the order in which databases could be searched.

METHODS:

We gathered a reference set of EEs from published reviews of EEs undertaken to inform Health Technology Assessments (HTA). We calculated yield and relative recall (RR) (number of reference set records identified / total number of records in reference set) for each database, and combination of databases. We assessed the order in which databases should be searched, to identify the most efficient combination of databases to identify the reference set. We report the characteristics

of records not included in any database studied and implications for identifying this type of evidence.

RESULTS:

To date, a reference set of fifty-five EEs from seven HTAs has been processed. Embase and Scopus each yielded 53/55 records (RR .96). MEDLINE yielded 52/55 (RR .95). Embase or Scopus included all of the journal publications in the reference set; no additional unique records were provided by MEDLINE, CEA Registry, EconLit, or Science and Social Science Citation Indexes. The two records that were not identified were unpublished evidence, one of which was included in the National Institute for Health Research (NIHR) HTA database. Processing will continue until we reach the threshold of a reference set of 350 records.

CONCLUSIONS:

Preliminary results suggest that searching two or three databases may be most efficient, provided that resources are searched using appropriate strategies. Searchers should concentrate on developing search strategies that work well in those databases to ensure adequate sensitivity, and use freed time to identify grey literature.

OP108 Health Intervention Assessment Report Adaptation: Tunisian Experience

AUTHORS:

Wafa Allouche, Asma Ben Brahem (asmatbb@gmail.com), Hella Ouertatani, Mouna Jameleddine, Hela Grati, Khalil Jlassi, Mohamed Ben Hammouda, Randa Attieh, José Asua, Iñaki Gutiérrez-Ibarluzea, Khaled Zghal

INTRODUCTION:

Health Technology Assessment (HTA) reports adaptation process is an important tool for emerging HTA agencies. INASanté (National Instance for Accreditation in Healthcare) has chosen to rely on this approach, to develop its first health intervention assessment report: comparative study of computed

tomographic colonography versus standard colonoscopy for colorectal cancer screening.

METHODS:

Following consultations with healthcare professionals, the PICO question related to the colorectal cancer screening issue in Tunisia was determined. A literature search strategy covering 10 years (2006-2016) was carried out. Several databases including HTA on the net were explored. Then two independent reviewers conducted literature screening and realized a PRISMA flow diagram. Full text selected reports were submitted to three critical appraisal tools: PRISMA checklist, INAHTA checklist and Critical Appraisal Tools (FLC 2.0). The EUnetHTA adaptation toolkit was used to determine reports adaptability by assessing relevance, reliability and transferability. A structured study of the Tunisian context based on a qualitative data analysis was elaborated. The data synthesis and reporting were finalized with the contribution of a working group. Then an external peer review was conducted before the report dissemination.

RESULTS:

Eighty reports were screened to finally retain four eligible. After a critical appraisal performed by two independent reviewers, two reports from the Canadian Agency for Drug and Technologies in Healthcare and AETSA were selected to be assessed using the EUnetHTA adaptation toolkit. Regarding transferability criteria, the second report was retained. The context study has consisted in a qualitative analysis of seventeen individual interviews with healthcare professionals involved in colorectal cancer screening issues and an up to date Tunisian literature review. The final adapted report was a combination between relevant extracted data from AETSA report and synthesis of the Tunisian context analysis.

CONCLUSIONS:

This HTA report represents a tool for policy makers to establish the appropriate colorectal cancer screening program for the Tunisian context. HTA reports adaptation process is the best way to give evidence on emerging technologies without wasting time and resources.

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OP110 Survey Of Health Technology Assessment Evaluation Strategies For Patient And Public Involvement

AUTHORS:

Laura Weeks, Julie Polisen, Anna Scott, Anke-Peggy Holtorf (anke.holtorf@health-os.com), Sophie Staniszewska, Karen Facey

INTRODUCTION:

Although there is increased awareness of patient and public involvement (PPI) among Health Technology Assessment (HTA) organizations, evaluations of PPI initiatives are relatively scarce. Our objective as members of HTAi's Patient and Citizen Involvement Group (PCIG) was to advance understanding of the range of evaluation strategies adopted by HTA organizations and their potential usefulness.

METHODS:

In March 2016, a survey was sent to HTA organizations through the International Network of Agencies for Health Technology Assessment (INAHTA) and contacts of members of HTAi's PCIG. Respondents were asked about their organizational structure; how patients and members of the public are involved; whether and how PPI initiatives have been evaluated, and, if so, which facilitators and challenges to evaluation were found and how results were used and disseminated.

RESULTS:

Fifteen programs from twelve countries responded that involved patient (14/15) and members of the public (10/15) in HTA activities. Seven programs evaluated their PPI activities, including participant satisfaction (5/7), process evaluations (5/7) and impact evaluations (4/7). Evaluation results were used to improve PPI activities, identify education and training needs, and direct strategic priorities. Facilitators and challenges revolved around the need for stakeholder buy-in, sufficient resources, senior leadership, and including patients in evaluations. Participants also provided