

between the hospital responsibilities perceived by physicians and their medical professionalism practices in Chinese public hospitals, and the moderating effects of variables such as sex, hospital level, working period, department, and reason for career choice on the correlation model.

Methods. A pre-developed, reliable, and valid scale for the physicians' psychological contract was developed. Survey data from 123 public hospitals in three provinces in the east, central, and west areas of China were analyzed. The authors constructed and tested the correlation mechanism model and then analyzed the effects of particular variables.

Results. The fulfillment of hospital ideological responsibility has a significant positive effect on physicians' medical professionalism practices, with occupational satisfaction mediating the effect. In addition, hospital transactional, developmental, and relational responsibility can improve physicians' medical professionalism practices through fairness perception and work pleasure. Hospital level, working period, department, and reason for career choice had a moderating effect on the correlation mechanism model, with the effects varying between different paths.

Conclusions. The fulfillment of hospital responsibilities can have a positive effect on physicians' practices of medical professionalism, especially in the domain of ideological responsibility where the largest and most direct impact was observed. Furthermore, the results suggested that hospital administrators need to consider the differences between various types of physicians in order to improve the effects of guidance and motivation in these health professionals.

PP194 Research On The Correlation Mechanism Between The Psychological Contract Of Physicians In Public Hospitals And Their Turnover Intention

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Introduction. Guiding and motivating doctors' attitudes and behaviors in the public welfare of public hospitals is the key to promoting medical reform. This study explored the correlation between the hospital responsibilities perceived by physicians and their turnover intention in Chinese public hospitals, as well as the moderating effects of variables such as sex, hospital level, working period, department, and reason for career choice on the correlation models.

Methods. A pre-developed, reliable, and valid scale for the physicians' psychological contract was developed. Survey data from 123 public hospitals in three provinces in the east, central, and west areas of China were analyzed. The authors constructed and tested the correlation mechanism model and then analyzed the effects of particular variables.

Results. The fulfillment of hospital transactional and developmental responsibility had a significant negative effect on the intent of physicians to leave the hospital and front-line clinical practice, respectively. Working pleasure, fairness perception, and occupational satisfaction were mediator variables in the impact.

In addition, hospital level, working period, department, and reason for career choice had a moderating effect on the correlation mechanism model, with the effects varying between different paths.

Conclusions. The fulfillment of hospital transactional responsibility had a more negative effect on the intent of physicians to leave the hospital than other responsibilities, whereas fulfillment of hospital developmental responsibility had a more negative impact on the intent of physicians to leave front-line clinical practice. Furthermore, the results suggested that hospital administrators need to consider the differences between various types of physicians in order to improve the effects of guidance and motivation in these health professionals.

PP229 Surrogate Outcomes In Health Technology Assessments Of Oncology Drugs: The Osimertinib Case

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Introduction. Decision making in publicly funded healthcare systems must rely on patient-relevant outcomes that directly measure clinical benefit, such as overall survival and quality of life (QoL). However, studies that support market authorization of oncology drugs usually assess surrogate outcomes, without having previously demonstrated that these intermediate outcomes reliably predict clinical outcomes. As part of an HTA process, we evaluated the clinical benefit of osimertinib, compared with platinum-pemetrexed combination chemotherapy, in patients with epidermal growth factor receptor (EGFR) T790M mutation-positive advanced non-small cell lung cancer (NSCLC) that has progressed after first-line EGFR tyrosine kinase inhibitor (TKI) therapy.

Methods. We conducted a systematic search of the PubMed database for randomized controlled trials (RCT) published from inception to January 2019. The clinical outcomes of interest were overall survival and QoL. Where trials reported surrogate outcomes, we conducted additional PubMed searches for evidence of validity for predicting clinical outcomes and used guidance on surrogate outcome validation in oncology from the Institute for Quality and Efficiency in Health Care.

Results. Evidence on osimertinib, compared with chemotherapy, for patients with T790M-positive advanced NSCLC that has progressed after EGFR-TKI therapy was obtained from the AURA3 trial. In this study, overall survival data were immature and the results for QoL and symptom domains were not clinically meaningful. In addition, median progression-free survival (PFS) was six months longer for osimertinib than for chemotherapy. However, to date, no study has demonstrated that PFS reliably predicts longer survival or better QoL.

Conclusions. Our HTA suggested that, unless proven, PFS should not be used as a valid surrogate outcome for decision making in public health. For example, the results of the AURA3 trial showed that osimertinib has an effect on the surrogate outcome of PFS in patients with EGFR T790M-positive advanced NSCLC that has progressed after first-line EGFR-TKI therapy, but not on the