RESULTS:

Numerous terms are used to describe patient engagement: patient input (HTA = 1, PO = 1), patient-group submitted information (HTA = 1), cooperation with patients/users (HTA = 1), public consultation (HTA = 1), patient perspectives (HTA = 1, PO = 1), involvement of people affected (HTA = 1), patient involvement (HTA = 2), patient and public involvement (HTA = 1), lay involvement (HTA = 1), inclusion of patient representative (PO = 3), patient reports (PO = 1), patient preference (PO = 2), public consultation (CO = 1), stakeholder consultation (CO = 1), open input (CO = 1), stakeholder engagement (CO = 1), and patient participation (CO = 1). Opportunities for patient engagement were described as: patient questionnaire (HTA = 2); comment period (HTA = 1; CO = 1); committee participation (HTA = 3; PO = 3); propose topics (HTA = 1); draft guidance (HTA = 1); general stakeholder forum (CO = 1). While organizations outline opportunities for patient engagement, not all organizations have clear evidence the practices are used or have impact. Recent evaluations demonstrate clear evidence of engagement (HTA = 2); Unclear or mixed evidence (HTA = 1; PO = 1; CO = 2); No evidence (HTA = 3; PO = 3; CO = 1).

CONCLUSIONS:

There is substantial heterogeneity in the terms used to describe patient engagement activities across organizations. While a variety of opportunities for patient engagement are described, lack of clear evidence to how patient engagement practices are consistently used may contribute to the perception that engagement by HTAs.

VP166 Selecting Rapid Review Methods For Health Technology Assessment

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INTRODUCTION:

Rapid reviews are of increasing importance within Health Technology Assessment (HTA) due to the need for timely evidence to underpin the assessment of new technologies as well as financial constraints. There are many rapid review methods available (1) although there is little guidance as to the most suitable methods (2). A recent paper outlines issues to consider when selecting rapid review methods (3). The aim of this presentation is to present key aspects to consider when selecting rapid review methods.

METHODS:

We searched the evidence base for guidance on the selection of rapid review methods. We also examined three recently completed systematic reviews to identify rapid review methods used, the reasons for selection and the strengths and weaknesses of each method. Finally we identified key aspects to consider when selecting rapid review methods.

RESULTS:

The evidence on guidance identified for the selection of rapid review methods was very limited. The analysis of the three reviews found that each review had distinctly different challenges, such as large numbers of relevant trials and heterogeneity in terms of populations, interventions, comparators and outcomes. All reviews included at least ten randomized controlled trials and numerous outcome measures. Three different approaches to the rapid review of the evidence were used in the three reviews. Key themes to consider when selecting rapid review methods were identified. These include: the size and nature of the evidence base, the

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characteristics of included studies and the expectations of those commissioning the review.

CONCLUSIONS:

Rapid review methods need to be chosen to fit the needs of the review, each of which may have different challenges. Collaboration between those producing rapid reviews and commissioners is crucial when choosing methods to ensure that the needs of commissioners are met and limitations associated with the chosen methods are understood.

REFERENCES:

1. Tsertsvadze A, Chen YF, Moher D, Sutcliffe P, McCarthy N. How to conduct systematic reviews more expeditiously? *Syst Rev.* 2015;4:160.

2. Polisena J, Garritty C, Umsheid CA, et al. Rapid review summit: an overview and initiation of a research agenda. *Syst Rev*. 2015;4:111.

3. Kaltenthaler E, Cooper K, Pandor A, et al. The use of rapid review methods in health technology assessments: 3 case studies. *BMC Med Res Methodol*. 2016;16(1):26.

VP167 Comparison Of Methodology In Mixed Treatment Comparisons Of Treatments For Multiple Sclerosis

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INTRODUCTION:

The expanding range of disease modifying therapies (DMT) for relapsing-remitting multiple sclerosis (RRMS) has led to increased interest in the relative effects of different DMTs. Previous mixed treatment comparisons (MTCs) have used different methods to address similar questions highlighting the need for a consistent approach to the assessment of treatments in RRMS.

METHODS:

We compared the methodology of six published MTCs of DMTs for RRMS identified by a systematic search of the literature. We assessed sources of evidence, DMTs included, outcomes reported and methods of data synthesis.

RESULTS:

All six MTCs were based on systematic reviews that included randomized controlled trials (RCTs). MS relapse was reported as the rate ratio based on annualised relapse rates (four MTCs) and as odds ratios or relative risk (one MTC each) based on the proportion with relapse. The analysis of relapse included between sixteen and twenty-seven RCTs and seven to twenty DMTs in different MTCs. One MTC reported both disability progression confirmed after three months (CDP3M) and disability progression confirmed after six months (CDP6M) as hazard ratios. One MTC combined CDP3M and CDP6M as a single outcome. One MTC reported only CDP3M based on hazard ratios. Two MTCs reported only CDP6M as either odds ratios or risk ratios (one MTC each). In one MTC the definition of disability progression was not reported. The analysis of disability included between seven and twenty-six RCTs and between six and nineteen DMTs in different MTCs. All six MTCs fitted a random effects MTC model using either Bayesian (four MTCs) or frequentist (two MTCs) methods.

CONCLUSIONS:

There is substantial heterogeneity between published MTCs in RRMS with regard to inclusion criteria, outcome definitions, effect measures and statistical methods. There is a clear requirement for a consistent approach to health technology assessment of DMTs for RRMS.

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