

PP73 Integrating Valid Recommendations In The Clinical Practice Guidelines Updating Process Using GRADE Methodology

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Introduction: The development of clinical practical guidelines (CPGs) has been evolving towards a standard methodology based on GRADE. While reviewing CPGs, we found valid recommendations and no evidence to update. Including these initial recommendations in addition to new recommendations as part of the scope can improve understanding of the issue.

Methods: To develop a standardized approach to the writing of recommendations when updating a CPG, we consulted several methodological handbooks: Scottish Intercollegiate Guidelines Network (SIGN) (2011 and 2019 version), National Institute for Health and Care Excellence (NICE) last update (2024), New Zealand Guidelines Group (NZGG) grading system, and Oxford Centre for Evidence-Based Medicine (OCEBM) Levels of Evidence 2. We compared the wording and specific symbols used to express strength of recommendations and quality of evidence with those used by GRADE, as described in the methodology handbook for developing clinical practice guidelines in the Spanish National Health System (SNS).

Results: A table was developed to express the equivalence of wording and symbols of quality of evidence and grading of recommendations to align the expression of SIGN, NICE, OCEBM, and NZGG methods with GRADE terminology. SIGN and NICE methodologies did not utilize specific symbols to express strength of recommendations; SIGN did not utilize the GRADE approach to assess the quality of evidence. The NZGG system applied its own classification for quality assessment and grading of recommendations. Oxford OCEBM keeps the terminology of level of evidence and grading of recommendations.

Conclusions: Using wording and symbols equivalence to standardize the recommendations of different methods to GRADE could assist the process of updating CPGs with the GRADE-Adolopment approach. Recommendations that are still valid and have been developed rigorously could be integrated in an updated CPG avoiding the duplication of efforts, but this generates uncertainty, especially when the quality assessment is focused on the studies designs.

PP74 Are Commonly Used Cost-Effectiveness Thresholds Too Low? Empirical Evidence From Economic Studies On The Value Of Life

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Introduction: In health technology assessment (HTA), “value for money” is frequently conceptualized as incremental cost-effectiveness (CE), with effectiveness measured as (quality-adjusted) life years gained (LYG). Commonly used CE thresholds have been subject to controversial debate. We reviewed and analyzed the world-wide economic literature on the value of a statistical life (VSL), which reported empirical estimates during the last 25 years.

Methods: We conducted an extended systematic literature search in the EconBiz and EconLit databases, spanning the period from January 1995 to December 2020. We transformed VSL data into the implied values of a statistical life year (VSLY) and analyzed the results by regional origin, elicitation method, and annual gross domestic product (GDP) per capita. Then, we performed a regression analysis using the ordinary least squares (OLS) model after log-transforming the VSLY estimates.

Results: We identified 156 empirical economic studies with 169 unique VSL estimates. Overall, the median VSLY was EUR168,367 (mean, EUR256,701) or 6.3 times annual GDP/capita. The median VSLY (expressed as multiples of GDP/capita) differed by regional origin (North America: EUR288,994; 7.2; Europe: EUR168,367, 5.2; Asia: EUR45,260, 4.5) and by elicitation method (revealed preference/wage risk studies: EUR274,625, 9.1; stated preference/contingent valuation studies: EUR113,246, 4.4; stated preference/discrete choice experiments: EUR178,130, 5.2). Regression analyses confirmed that studies with data originating from North America resulted in significantly higher VSLY estimates. The difference remained statistically significant after adjusting for GDP/capita.

Conclusions: The empirical economic literature, while showing heterogeneity by elicitation method, suggests that the adoption of a preference-based or “demand-side” perspective leads to willingness-to-pay estimates for a LYG that exceed commonly used CE thresholds in the context of HTA.