

PD69 Road Map Of Health Equity Considerations In Health Technology Assessments: Identifying The Evidence From Epidemiology To Health Economics

Grammati Sarri (grammati.sarri@cytel.com),
Amruta Radhakrishnan and Lydia Vinals

Introduction: Achieving health equity through access to new health technologies has not been consistently considered within the health technology assessment (HTA) remit. HTA bodies now recognize that achieving health equity (or reducing health inequities) is a distinct value element for new technologies beyond the restrictive focus on clinical benefits and costs, but they lack familiarity with methods to reliably measure such effects.

Methods: We conducted a targeted literature review in indexed databases (Embase and MEDLINE) to identify relevant literature on methods for measuring health equity in HTAs published in the English language within the last five years. We mapped the literature based on key HTA stages: topic selection (eligible patient population); scoping (description of pre-decision health equities); evidence synthesis (equity impacts on health outcomes from introducing the intervention); comparative clinical comparisons including indirect treatment comparisons and cost-effectiveness analyses (including assessment of equity and efficiency trade-offs); and re-assessment (for conditional marketing). Equity-informed HTA decision frameworks and checklists were separately summarized. A narrative synthesis was performed.

Results: The databases returned 2,800 unique publications. After screening 50 percent of the abstracts (30 publications) were found to be relevant. We applied additional selection criteria based on quality and information availability. Findings across the studies were grouped in a health equity methodological map as follows: understanding baseline epidemiological data in the targeted population; assessing diversity in trial populations and need for additional robust real-world evidence; effectiveness methods (subgroup analyses, incorporation of observational data with trials, simulation studies); and expanded economic modeling (distributional cost-effectiveness analysis, augmented cost-effectiveness analysis, extended cost-effectiveness analysis) or the use of multicriteria decision analysis. Two equity checklists and frameworks for HTA were also identified.

Conclusions: Greater familiarity with health equity methods will drive its routine implementation in HTA and decision-making. This

road map provides a summary of available health equity methodologies across the full HTA cycle and can be used as a guide for future HTA case studies. Decision-makers should directly engage with patients to learn about the experiences of diverse and disadvantaged patient groups.

PD70 A Mapping Study Of EORTC-QLQ-C30 To EQ-5D-5L Among Korean Patients With Non-Small Cell Lung Cancer

Hyorim Lee (hyorimlee@ewhain.net), Jeonghoon Ahn,
Hyerin Seo and Doyeon Jin

Introduction: This study aimed to develop an algorithm to map the clinically popular European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire Core 30 (QLQ-C30) to the prevailing health technology assessment outcome measure, the EuroQol 5D-5L questionnaire (EQ-5D-5L), to investigate the quality of life in patients with non-small cell lung cancer (NSCLC).

Methods: Mapping models were estimated using EQ-5D-5L, the EQ visual analogue scale (EQ-VAS), and the QLQ-C30 results from patients with NSCLC. This study used data at baseline from all three quality of life scores (n=289) to estimate the mapping algorithm. Linear regression was conducted on each domain of the QLQ-C30 as follows: physical functioning, global health status, emotional function, diarrhea, financial difficulties, insomnia, fatigue, and pain. Quality of life data collected at six (n=176) and 12 weeks (n=60) were used to evaluate the validity of the estimated mapping algorithm. The EQ-VAS was used to compare correlations with the algorithm.

Results: The estimated algorithm had a root mean squared error of 0.0937 and an adjusted R-squared of 0.7227. The correlations between the estimated and the observed EQ-5D-5L values at baseline, six weeks, and 12 weeks were 0.8546, 0.8493, and 0.8846, respectively. The estimated and observed values had a high correlation. Also, the bias between the predicted and the observed EQ-5D-5L values at six and 12 weeks was 0.0113 and 0.0292, respectively. Hence, the mapping algorithm had a good predictive validity.

Conclusions: The mapping algorithm can be used to convert a cancer-specific health-related quality of life measure to a preference-based health-related utility measure, which is useful in health technology assessment. Mapping EORTC-QLQ-C30 onto the EQ-5D-5L enables the estimated EQ-5D-5L scores of patients with cancer to be used in economic evaluations such as cost-utility analyses.