providing a way to report these data, including which stakeholders have been involved, their tasks, what methods and data sources were used, and any impacts or outcomes observed.
Methods: STARDIT development began in 2019 and was guided by participatory action research paradigms. A multidisciplinary international team of over 100 citizens, experts, and data users was involved in co-creating STARDIT. These co-creators include cancer patients, people affected by rare diseases, Indigenous peoples from multiple countries, representatives involved in HTA processes, health researchers, environmental researchers, economists, librarians, and academic publishers. Methods of involving people included public events, online discussions, and a public consultation process. STARDIT is free to use, and data can be submitted by anyone. Report authors can be verified to improve trust and transparency, and data can be checked for quality.
Results: STARDIT can help create high-quality standardized information about HTA processes that can be accessed and edited by anyone. STARDIT enables data reporting at all stages of the HTA process and works in multiple languages. This allows stakeholders involved in or affected by HTA processes (including patients, the public, Indigenous peoples, and people from industry) to appraise and edit information and to self-identify the labels and terminology used to describe them. Organizations such as the Cochrane Collaboration, Australian Genomics, and multiple universities have created STARDIT reports. A link to the working beta version can be found at scienceforall.world/STARDIT.
Conclusions: STARDIT offers those conducting HTA access to standardized information that enables well-founded comparisons of the effectiveness of different HTA methods, including the most effective methods of involving stakeholders. STARDIT allows anyone to access data about HTA processes, which can support participatory ways of working and help improve the equity and quality of HTA processes worldwide.

OP11 Cost-Effectiveness Of Atezolizumab Plus Chemotherapy As A First-Line Treatment For Metastatic Non-Squamous Non-Small Cell Lung Cancer

Liu Liu, Yi Yang (yangyi18@fudan.edu.cn), Dunming Xiao and Yingyao Chen

Introduction: Treatment with atezolizumab plus standard chemotherapy can prolong the overall survival of patients with metastatic non-squamous non-small cell lung cancer (NSCLC). However, the economic value of this treatment regimen is unknown. This study aimed to estimate the cost effectiveness of atezolizumab plus chemotherapy in the first-line treatment of metastatic non-squamous NSCLC from a healthcare system perspective in China.
Methods: A partitioned survival model consisting of three discrete health states was developed to estimate the cost and effectiveness of atezolizumab plus carboplatin or cisplatin plus pemetrexed (APP) versus carboplatin or cisplatin plus pemetrexed (PP) in the first-line treatment of metastatic non-squamous NSCLC over a 12-year lifetime horizon. Key clinical data were generated from the IMpower132 trial. Local direct medical and non-medical costs were used and health preference data were collected from patients with NSCLC in 13 tertiary hospitals across five provinces in China. Costs, quality-adjusted life-years (QALYs), and incremental cost-effectiveness ratios (ICERs) were measured. One-way and probabilistic sensitivity analyses were performed to assess the robustness of the model.
Results: Compared with the PP regimen, APP therapy yielded a gain of 0.21 QALYs at an increased cost of CNY145,602 (USD22,574), resulting in an ICER of CNY684,894 (USD106,185) per QALY gained. The ICER was significantly higher than three times the gross domestic product per capita for China in 2021 (USD37,663). One-way sensitivity analyses revealed that one of the most influential factors in this model was the cost of atezolizumab. Probabilistic sensitivity analysis showed that there was 14.7% probability that atezolizumab plus chemotherapy was cost effective at a willingness-to-pay value of CNY242,928 (USD37,663) per QALY gained.
Conclusions: The APP regimen could prolong survival and improve health benefits over standard chemotherapy in the first-line treatment of patients with metastatic non-squamous NSCLC, but it is unlikely to be a cost-effective treatment option in China.

OP13 Cost-Effectiveness Analysis Of Sintilimab Plus Chemotherapy For The First-Line Treatment Of Non-Squamous Non-Small Cell Lung Cancer: Societal Perspective

Fuming Li (20211020207@fudan.edu.cn), Yi Yang, Dunming Xiao and Yingyao Chen

Introduction: Sintilimab is an IgG4 anti-programmed cell death protein 1 (PD-1) antibody that has a high-affinity blocking interaction with PD-1 and its ligands. The updated ORIENT-11 study showed that sintilimab plus chemotherapy significantly prolonged progression-free and overall survival, compared with chemotherapy alone, in the first-line treatment of non-squamous non-small cell lung cancer (NSCLC). In China, it is uncertain whether sintilimab is a cost-effective alternative to standard immunotherapy.
Methods: A partitioned survival model with three health states (including progression-free survival, disease progression, and death) was constructed from the Chinese societal perspective using a three-week cycle with a lifetime horizon (16 years). Individual patient data were captured from the updated ORIENT-11 study, and high-risk and clinically severe adverse events were specifically added to the states. Quality-adjusted life-years (QALYs) and incremental cost-effectiveness ratios (ICERs) were the primary outcomes. Costs, health productivity losses, and utilities were derived from questionnaires and supplemented by expert opinion and literature review. All costs were expressed in 2021 USD, and costs and QALYs were discounted at an annual rate of five percent. Sensitivity analyses and scenario

https://doi.org/10.1017/S0266462323000612 Published online by Cambridge University Press