

tomographic colonography versus standard colonoscopy for colorectal cancer screening.

**METHODS:**

Following consultations with healthcare professionals, the PICO question related to the colorectal cancer screening issue in Tunisia was determined. A literature search strategy covering 10 years (2006-2016) was carried out. Several databases including HTA on the net were explored. Then two independent reviewers conducted literature screening and realized a PRISMA flow diagram. Full text selected reports were submitted to three critical appraisal tools: PRISMA checklist, INAHTA checklist and Critical Appraisal Tools (FLC 2.0). The EUnetHTA adaptation toolkit was used to determine reports adaptability by assessing relevance, reliability and transferability. A structured study of the Tunisian context based on a qualitative data analysis was elaborated. The data synthesis and reporting were finalized with the contribution of a working group. Then an external peer review was conducted before the report dissemination.

**RESULTS:**

Eighty reports were screened to finally retain four eligible. After a critical appraisal performed by two independent reviewers, two reports from the Canadian Agency for Drug and Technologies in Healthcare and AETSA were selected to be assessed using the EUnetHTA adaptation toolkit. Regarding transferability criteria, the second report was retained. The context study has consisted in a qualitative analysis of seventeen individual interviews with healthcare professionals involved in colorectal cancer screening issues and an up to date Tunisian literature review. The final adapted report was a combination between relevant extracted data from AETSA report and synthesis of the Tunisian context analysis.

**CONCLUSIONS:**

This HTA report represents a tool for policy makers to establish the appropriate colorectal cancer screening program for the Tunisian context. HTA reports adaptation process is the best way to give evidence on emerging technologies without wasting time and resources.

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## OP110 Survey Of Health Technology Assessment Evaluation Strategies For Patient And Public Involvement

**AUTHORS:**

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**INTRODUCTION:**

Although there is increased awareness of patient and public involvement (PPI) among Health Technology Assessment (HTA) organizations, evaluations of PPI initiatives are relatively scarce. Our objective as members of HTAi's Patient and Citizen Involvement Group (PCIG) was to advance understanding of the range of evaluation strategies adopted by HTA organizations and their potential usefulness.

**METHODS:**

In March 2016, a survey was sent to HTA organizations through the International Network of Agencies for Health Technology Assessment (INAHTA) and contacts of members of HTAi's PCIG. Respondents were asked about their organizational structure; how patients and members of the public are involved; whether and how PPI initiatives have been evaluated, and, if so, which facilitators and challenges to evaluation were found and how results were used and disseminated.

**RESULTS:**

Fifteen programs from twelve countries responded that involved patient (14/15) and members of the public (10/15) in HTA activities. Seven programs evaluated their PPI activities, including participant satisfaction (5/7), process evaluations (5/7) and impact evaluations (4/7). Evaluation results were used to improve PPI activities, identify education and training needs, and direct strategic priorities. Facilitators and challenges revolved around the need for stakeholder buy-in, sufficient resources, senior leadership, and including patients in evaluations. Participants also provided

suggestions based on their experiences for others embarking on this work, for example including patients and members of the public in the process.

### CONCLUSIONS:

We identified a small but diverse set of HTA organizations internationally that are evaluating their PPI activities. Our results add to the limited literature by documenting a range of evaluation strategies that reflect the range of rationales and approaches to PPI in HTA. It will be important for HTA organizations to draw on formal evaluation theories and methods when planning future evaluations, and to also share their approaches and experiences with evaluation.

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## OP115 Effect Of Multiple Drug Resistance On Costs For Patients With Intra-Abdominal Infections in China

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### INTRODUCTION:

Multiple drug resistance (MDR) intra-abdominal infections (IAIs) are associated with noteworthy direct and societal costs. Compared to previous studies, the present one takes both resistance rate and total medical costs (TMCs) into consideration, focusing on the impact of MDR on TMCs in IAIs, as well as further estimating the additional costs at a national level.

### METHODS:

All inpatients discharged between 1 January 2014, and 31 December 2015 from a teaching hospital were included. Due to limits in budget and the large number of inpatients, the randombetween (bottom, top) function was applied to randomly select 40 percent of patients per year. Subsequently, we manually screened out 254 patients with IAIs, according to the International Classification of Disease (tenth revision) and electronic

medical records. Eventually, 101 IAIs patients were included, in which 37 were infected by non-MDR bacteria and 64 by MDR bacteria. The Kruskal-wallis non-parametric test and multiple linear regression were employed to analyze the effect of single and multiple variables on TMCs.

### RESULTS:

Compared to patients with non-MDR infections, those with MDR were associated with significantly higher TMCs, higher antimicrobial costs, increased insurance, combination antimicrobial therapy, higher usage of antimicrobial agents, greater number of pathogens, longer length of stay, and longer intensive care unit stays. In addition, the average TMCs among patients with MDR were CNY131,801.17 (1USD was equal to CNY 6.227 in 2015), which were CNY 90,200.99 higher than those with non-MDR infections. If our results are generalizable to the whole country, the total attributable TMCs are estimated to be CNY37.06 billion, and the societal costs of CNY111.18 billion in 2015.

### CONCLUSIONS:

This real-world data analysis demonstrated the significant excessive burden MDR infections are posing to the current Chinese healthcare system in terms of both TMCs and healthcare resource utilization. Enhanced antimicrobial stewardship in China is necessary to curb the distribution of MDR bacteria.

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## OP116 Cost-Effectiveness Of Sacubitril/Valsartan In Heart Failure

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### INTRODUCTION:

Heart failure (HF) is a major public health problem worldwide and in Asia. Sacubitril/valsartan reduces