

short-term RCT evidence was changed to a research recommendation when RWE showed an increase in long-term adverse effects. In another recent IPG update, special arrangements recommendation based on short-term RCT evidence was changed to a research recommendation when RWE reported long-term inferior efficacy and safety for the new intervention compared to current standard of care. A complete overview of results of the last 5 years will also be presented at the meeting.

**Conclusions.** These findings indicate that increased availability of RWE in HTA has the potential to impact national guidance recommendations. In addition, it shows how RWE can fill the evidence base gaps created by RCTs. Such data can confirm or contradict the findings of RCTs, or generate questions needing further research, or support disinvestment in non-effective technologies.

## OP93 Informing Efficient Diagnostic Monitoring Pathways Using Prospective Cohort Data: A Case Study In Neovascular Age-Related Macular Degeneration

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**Introduction.** Several diagnostic tests are often adopted into diagnostic pathways for specific indications without strong evidence to support their use. In this context, real-world prospective cohort studies in combination with decision modelling can generate evidence to support decision-making. The Early Detection of neovascular Age-Related Macular Degeneration (EDNA) study was a prospective cohort designed to assess the diagnostic accuracy and cost-effectiveness of several diagnostic monitoring tests used in routine practice for the detection of neovascular age-related macular degeneration (nAMD) in the second eye of patients being treated for unilateral disease.

**Methods.** Five-hundred and fifty-two participants with newly diagnosed unilateral nAMD were monitored for up to 3 years in 24 UK eye clinics. The diagnostic monitoring performance of five index tests was compared: self-reported change in visual function, Amsler test, clinic measured change in visual acuity, fundus assessment by clinical examination or colour photography, and spectral-domain optical coherence tomography (SD-OCT). The reference standard was fundus fluorescein angiography (FFA). A patient-level state transition model was used to simulate the onset of nAMD in the second eye, and assess the impact of different tests on the timing of detection and

treatment, and associated costs and quality adjusted life years (QALYs) over a 25-year time-horizon.

**Results.** One hundred and forty-five (26.3%) patients developed active nAMD in the study eye, of whom 120 had an FFA at detection. SD-OCT had the highest sensitivity (91.7 percent (95% CI: 85.2-95.6) and provided high specificity (87.8% (95% CI: 83.8-90.9)). It generated more QALYs and lower health and personal social care costs compared to all other monitoring tests. The combination of SD-OCT with fundus-examination provided a marginal increase in sensitivity over OCT alone, but the associated incremental cost-effectiveness ratios was >GBP 100,000 per QALY.

**Conclusions.** The efficiency of diagnostic pathways for nAMD may be improved by using SD-OCT alone to monitor the second eye of people being treated for unilateral disease. Prospective cohort studies embedded into routine practice offer value for informing decisions surrounding the use of technologies already in routine use.

## OP94 Online Elicitation Of Personal Utility Functions (OPUF): A New Tool For Eliciting EQ-5D-5L Value Sets On The Societal-, Group-, Subgroup-, And Individual-Level

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**Introduction.** The 'Online elicitation of Personal Utility Functions' (OPUF) is a new method for valuing health states. It is based on compositional preference elicitation techniques. In contrast to established, decompositional techniques, such as time trade-off or discrete choice experiment (DCE), the OPUF approach does not require hundreds or thousands of respondents, but allows estimating utility functions for small (patient) groups and even on the individual level. The objective of this study was to generate and compare EQ-5D-5L value sets on the societal-, group-, subgroup-, and individual-level.

**Methods.** A demonstration version of the EQ-5D-5L OPUF Tool is available at: <https://eq5d5l.me>. It broadly consists of three valuation steps: dimension weighting, level rating, and anchoring. Responses were combined on the individual level to construct personal utility functions. Every respondent also completed three conventional DCEs. Preferences were aggregated across individuals to estimate a societal and various group-level preference functions. We then assessed the heterogeneity of preferences between groups using descriptive statistics and k-means cluster analysis.

**Results.** A representative sample (n = 1,000) of the United Kingdom (UK) population was recruited through the prolific online platform. On average, it took participants about 7 minutes to complete the survey. Data of 874 respondents were included in the analysis. For

each respondent, we constructed a personal EQ-5D-5L value set. The derived utility functions predicted respondents' choices in DCE with an accuracy of 78 percent. On the societal level, the predicted values for the EQ-5D-5L health states ranged from -0.376 to 1. Health state preference varied greatly between groups. This was largely due to differences in the anchoring, while there was near consensus on the relative importance of the five EQ-5D dimensions between groups. Demographic characteristics explained only a small proportion of the variability.

**Conclusions.** Using the OPUF approach, we were not only able to estimate a new EQ-5D-5L value set for the UK, but also to examine the underlying individual preferences in an unprecedented level of detail.

## OP95 Examining The Feasibility And Acceptability Of Valuing The Lebanese Version Of The SF-6D Using Standard Gamble

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**Introduction.** The SF-6D is a preference-based measure of health, derived from the SF-36 for economic evaluation. No value set exists for the SF-6D in Lebanon and other Arabic speaking countries in the Middle East. The aim of this study was to examine the feasibility and acceptability of using the standard gamble (SG) technique to generate preference-based values for the Arabic version of SF-6D in a Lebanese population.

**Methods.** The SF-6D was translated into Arabic using forward and backward translations. Forty-nine states defined by the SF-6D were selected using an orthogonal design and grouped into seven sets. A gender-occupation stratified sample of 126 Lebanese adults from the American University of Beirut were recruited to value seven states and the pits (worst) SF-6D health states using SG. Mean and individual level multivariate regression models were fitted to estimate preference weights for all SF-6D states. The quality of data and the predictive power of the models were compared with results from the United Kingdom (UK).

**Results.** All respondents completed the interviews with 25 percent reporting that the SG task was difficult and 21 percent felt some degree of irritation or boredom. A total of 992 (98% out of 1,008 observations) SG valuations were useable for econometric modeling. There was no significant change in the test-retest values of 21 subjects. The mean absolute errors in the mean and individual level models were 0.036 and 0.050, respectively, both of which were lower than the UK results. The random effects model adequately predicts the SG values, with the worst state having a value of 0.322 compared to 0.271 in the UK.

**Conclusions.** This study confirmed that it was feasible and acceptable to generate preference values with the SG method for the Arabic SF-6D in a Lebanese population. This would be the first step towards developing SF-6D value set for Lebanon to be used in economic evaluation studies and to support resources allocation decisions.

## OP96 Patient Reported Outcome Measure-Select App

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**Introduction.** A patient/person-reported outcome measure (PROM) is a questionnaire that measures patient's health self-assessment (PROs), such as pain/wellbeing. HTx is a Horizon 2020 project supported by the European Union lasting for 5 years from January 2019. The main aim of HTx is to create a framework for the Next Generation Health Technology Assessment (HTA) to support patient-centred, societally oriented, real-time decision-making on access to and reimbursement for health technologies (HTs) throughout Europe. Individual values, needs, and preferences should be taken into account when appraising HTs and in clinical decision-making. Better guidance is needed about how to develop and select generic and/or more specific outcome measures that are relevant to patients and fit-for-purpose. Our goal is to provide that guidance via the PROM toolbox and enable users to select PROMs by using this. The HTx project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement N° 825162.

**Methods.** A framework for the assessment of PROMs was discussed with experts, tested for a subset of PROMs (Linnean menu) and resulted in the PROM-cycle. Multiple literature studies were performed on PROMs, their properties, and characteristics. The general population was studied as well as cancer, diabetes, multiple sclerosis, myelodysplastic syndrome, and (long-lasting) COVID-19. This resulted in an Excel database (PROM-overview) made available via a user-friendly web-application helping users to select PROMs: the PROM select app via <https://www.prom-select.eu/proms>.

**Results.** Multiple tools were developed and are available in the PROM toolbox starting with the PROM-guide, Literature review on the use of PROMs, PROM-cycle accompanied by the Linnean menu. In addition, PROM-links, The making of the PROM-overview & PROM-select app, PROM-overview, PROM-select app, its usability test report and PROM toolbox presentation can be found on <https://www.zorginzicht.nl/ondersteuning/prom-toolbox-summary-in-english#what-is-the-prom-cycle>.

**Conclusions.** The PROM toolbox guides users and helps them to select PROMs and trustworthy information and finding relevant scientific articles.