Results. PSM and IV were feasible and produced results in relatively close agreement with randomized data. Effectiveness estimates in trial underrepresented groups (women over 70 years and women with high comorbidity) were consistent with an approximate one-third reduction in the risk of death from breast cancer. This is equivalent to approximately a 3–4 percentage point difference in all cause mortality over 10 years in these groups.

Conclusions. RWD are a feasible for generating estimates of effectiveness of adjuvant chemotherapy in early stage breast cancer. The process of using RWD for this purpose should include careful assessment of data quality and comparison of alternative strategies for causal identification in the context of available randomized data.

OP456 The Format And Language Consistency Of Guidance At The National Institute Of Health And Care Excellence (NICE)

Gemma Barnacle (gemma.barnacle@nice.org.uk)

Introduction. NICE is undergoing transformational change aiming to improve consistency across the different types of guidance and to bring together related guidance in a more accessible way (NICE Connect). Currently, NICE publishes myriad guidance with different language and formats, which may lead to stakeholder confusion and gaps in the provision of information. Here, the consistency of the format and language of a subset of NICE guidance was assessed to understand where and how guidance could be better aligned. This preliminary investigation is important to determine the extent of inconsistencies and whether a more detailed analysis is warranted.

Methods. Ten randomly selected pieces of guidance published (or updated) April 2018 – March 2019 from three programs were assessed (two pieces of guidance or ten percent of guidance per program, whichever was greatest): Medical Technologies (n = 2); Diagnostics (n = 2); Technology Appraisals (n = 6). Guidance was assessed on aspects listed on the guidance webpage (for example, summary type, additional sections, links to other resources, format) and the guidance pdf (for example, table of contents and language). Observed data and trends are described.

Results. The webpage summary and additional sections were consistent within and between programs. Additional information on the webpages showed themes which are not currently standardized (for example, guidance history). In the table of contents only one section was consistently included in all guidance, and the terminology was not consistent across different types of guidance. The format used to present evidence differed between programs (webpage tab or within the pdf), as did terminology for the external assessment groups.

Conclusions. These descriptive data highlight inter- and intra-program inconsistencies in the content and format of NICE guidance, especially in the guidance table of contents and the format and language regarding the provision of evidence. These inconsistencies contribute to the inaccessibility of NICE guidance, making it potentially difficult for patients and professionals to understand guidance, conditions and treatments as a whole.A more comprehensive analysis is warranted to extend and validate these conclusions. Future research of this kind could constructively direct the resources and priorities of NICE transformational projects, and could lead to an improvement in the accessibility of NICE Guidance.

OP457 A Collaborative Horizon Scanning Alert For Disinvestment And Early Awareness

Vigdis Lauvrak (Vigdis.Lauvrak@fhi.no), Kelly Farrah, Rosmin Esmail, Anna Lien Espeland, Elisabet Hafstad, Ingrid Harboe, Ingrid Kristine Ohm, Antonio Migliore and Leigh-Ann Topfer

Introduction. In 2019, the Norwegian Institute for Public Health and Canadian Agency for Drugs and Technologies in Health (CADTH) received support from HTAi to produce a quarterly current awareness alert for the HTAi Disinvestment and Early Awareness Interest Group in collaboration with the HTAi Information Retrieval Interest Group. The alert focuses on methods and topical issues, and broader forecasts of potentially disruptive technologies that may be of interest to those involved in horizon scanning and disinvestment initiatives in health technology assessment (HTA).

Methods. Information specialists at both agencies developed search strategies for disinvestment and for horizon scanning in PubMed and Google. The template for the alert was based on an e-newsletter developed by the Information Retrieval Interest Group. Information specialists and researchers reviewed the monthly (PubMed) and weekly (Google) search results and selected potentially relevant publications. Additional sources were also identified through regular HTA and horizon scanning work.

Results. Alerts are posted quarterly on the HTAi Interest Group website; members receive an email notice when new alerts are available. While the revised PubMed searches are identifying relevant information, Google alerts have been disappointing, and this search may need to be revised further or dropped. When the one-year pilot project ends, in Fall 2020, interest group members will be surveyed to see if the alerts were useful, and whether they have suggestions for improving them.

Conclusions. Collaborating on this alert service reduces duplication of effort between agencies, and makes new research in horizon scanning and disinvestment more accessible to colleagues in other agencies working in these areas.

OP484 Analysis Of Horizon Scanning Outputs For The National Institute for Health and Care Excellence Health Technology Assessment Process

Sarah Khalid Khan (sarah.khan@io.nihr.ac.uk), Sonia Garcia Gonzalez Moral, Dapo Ogunbayo and Dawn Craig

https://doi.org/10.1017/S0266462320001142 Published online by Cambridge University Press

Introduction. The National Institute for Health Research (NIHR) Innovation Observatory (NIHRIO) is the national Horizon Scanning (HS) organization in England, and the National Institute for Health and Care Excellence (NICE) is its key health technology assessment (HTA) stakeholder. NIHRIO has a remit to notify NICE of innovative technologies with a time horizon of three years prior to regulatory approval in the European Union (EU)/United Kingdom (UK). The notification process produces an initial 'filtration form' followed by a 'technology briefing' produced 17–20 months prior to licence for those technologies that NICE will consider for appraisal. Since April 2017, NIHRIO has produced ~400 technology briefings. We present an analysis of how this has fed into the NICE HTA process so far.

Methods. The analysis mapped NIHRIO's technology briefings (April 2017 – June 2020) with relevant NICE technology appraisal/highly specialized technologies (TA/HST) guidance during the time period. The analysis followed the timeline of technologies from identification during the horizon scanning process to filtration to briefing submission to NICE and entering the TA/HST process to outcome/recommendation given by NICE.

Results. Until June 2020, 496 technology briefings entered the NICE TA/HST scoping process. Forty per cent are in progress, four per cent have had a TA/HST recommendation and three per cent that entered the NICE TA/HST scoping process did not complete it. On average it took less time from briefing submission to NICE recommendation for cancer indications. The time from discovery to NICE recommendation ranged from 115 months to 22 months.

Conclusions. HS for TA/HST is a lengthy process from identification to final recommendation and there is considerable variation in time duration from identification to briefing submission to NICE recommendation. Average time taken from briefing submission to NICE recommendation is shorter for cancer indications and repurposed medicines. A full TA/HST may not be recommended for all technology briefings, rather they may update existing guidance or find different routes of evaluation. Technologies that enter the TA/HST scoping process might be terminated, suspended or discontinued for several reasons which may include lack of company engagement, change in development or regulatory plans by the company. Timely notification is key in achieving TA/HST recommendation at the time of market authorization but not the only influencing factor.

OP491 Beyond Horizon-Scanning And Early Identification Of Innovative Technologies – Development Of An Active Monitoring Framework

Patricia Aluko, Fernando Zanghelini (fernando.zanghelini@io.nihr.ac.uk) and Oladapo Ogunbayo

Introduction. While horizon-scanning systems aim to identify innovative and potentially disruptive health technologies in development, a key challenge is variation in information collation and tracking of the pace of change prior to regulatory approval. An active and efficient monitoring process is crucial for timely notification of health technology assessment (HTA) stakeholders to enhance faster market and patient access. The National Institute for Health Research Innovation Observatory (NIHRIO) identifies and notifies its key HTA stakeholders in England of technologies that are within three to five-year timeframe to regulatory approval. Regular review of each technology is required to meet this remit.

Methods. A standardized monitoring framework was developed based on the knowledge and experience of the evidence synthesis specialists in NIHRIO, supplemented by literature to ensure consistency of setting review periods. This framework used predefined criteria that integrated the technology innovation (advanced therapies, orphan status, regulatory awards), trial data (phase, status, completion date, preliminary results) and estimated approval timelines obtained from the company or other sources (for example, press releases).

Results. The framework has been piloted and early findings showed improved consistency in the monitoring process between different analysts. It ensures that each technology is reviewed at least once a year; review timelines are set at three, six, nine or twelve months based on the predefined criteria. Estimated timeframes obtained from the companies are used to triangulate and streamline review periods, improving efficiency of the monitoring process.

Conclusions. Findings from the pilot work with the framework demonstrated improved consistency and efficiency of the technology monitoring process, which can be easily implemented to provide early awareness in an accurate and timely manner for HTA. This framework was designed using a systematic and transparent approach that integrated different data sources to set review periods. While most of the data used in defining the criteria are publicly available, commercially sensitive information provided by companies were also used which may not always be readily available. Implications for horizon-scanning organizations will be discussed.

OP509 Do They Care? Debates About Nursing And Health Technology Assessment In The German Bundestag

Markus Wübbeler (Markus.Wuebbeler@hs-gesundheit.de) and Sebastian Geis

Introduction. Opposition parties in Germany are allowed to send formal requests to the government to control actions and pass important political debates to the parliament. These formal requests include a comprehensive analysis report issued by the scientific service of the German parliament. A systematic overview of these reports would support a deeper understanding about healthcare topics and assessments discussed by parties in the highest German decision body, particularly in the field of nursing.

Methods. We conducted a review using the German parliament "Bundestag" database for all formal requests since 1949. To systemize the formal requests we performed a quantitative category analysis using descriptive statistics.

Results. We identified 26,197 formal requests with 146 reports related to nursing issued between 1978 and 2019. The 146 reports

https://doi.org/10.1017/S0266462320001142 Published online by Cambridge University Press