S82 Poster Presentations

PP65 How Does The Spanish Health Technology Assessment Network Assess The Value Of Robotic Surgical Platforms? A Review Of Challenges Faced

Beatriz Pellicer Vercher (beatriz.pellicer@medtronic.com), María Álvarez Orozco and Carlos Mansilla Morales

Introduction: The value assessment of robotic surgical platforms poses several challenges on existing health technology assessment (HTA) frameworks of robotic-assisted surgery (RAS). Following widely RAS adoption, this work aimed to assess current RAS evaluation from the Spanish HTA network perspective taking into consideration, in the absence of local guidance, the principles published by Erskine J et al. in 2023.

Methods: A review of the HTA reports comparing RAS versus open surgery (OS) and laparoscopic surgery (LPS) conducted by the Spanish HTA network and published between 2017 and 2023 was performed and compared against the consensus statement on RAS evaluation set out around seven key themes (i.e., evidence inclusion and exclusion, patient- and clinician-reported outcomes [PRO, CRO, respectively]), the learning curve, allocation of costs, appropriate time horizons, economic analysis methods, and robotic ecosystem/ wider benefits].

Results: Four HTA reports, developed by AQuAS (Agència de Qualitat i Avaluació Sanitàries de Catalunya), assessing RAS versus OS and LPS were identified and reviewed in depth. Seven groups of indications and 57 outcomes were retrieved and classified according to the principles set out in the paper. Our findings show there is a strong lack of compliance with the consensus statement: real-world evidence studies are deprioritized or considered insufficient, and none of the reports provides either an economic evaluation or an assessment on the robotics ecosystem. Only PROs comply fully or partially, except for one report.

Conclusions: Spanish HTA evaluation of robotic surgical platforms diverges significantly from the consensus. Discrepancies were observed across crucial domains, notably in evidence-selection criteria, economic evaluations, and holistic robotic ecosystem assessment, despite occasional compliance with PROs. Capturing specific, relevant outcomes to enable a comprehensive HTA beyond the context of therapy is key to informing decision-making and enhancing reliability of future evaluations.

PP66 International Horizon Scanning Initiative (IHSI): Time to Review the Need for Stand-Alone National Horizon Scanning?

Heather Eames (heathereon@gmail.com), Marie Harte, Caitríona Ní Choitir, Laura McCullagh, Lesley Tilson and Roisin Adams

Introduction: Ireland is a member of the International Horizon Scanning Initiative (IHSI) and has access to the full horizon for medicines across multiple disease areas and specialized reports on high-impact technologies within disease areas (IHSI High Impact Reports [HIRs]). Health technology developers (HTDs) provide a notification to HTA agencies and payers on intent to seek reimbursement for a technology in the preceding two years.

Methods: Information on technologies submitted to the national HTA agency in 2023 was selected for comparison to information in the IHSI database. The IHSI system detects products prior to regulatory approval. The national notification system (NNS) can receive information post-licensing. We examined how many products were received in the NNS that were either in the regulatory process or licensed in the EU. We sought to compare key information in the NNS and the IHSI database to identify areas of duplication. Areas where information from NNS could complement the IHSI database were highlighted. HIRs were not included in this assessment.

Results: In 2023, 20 percent of products submitted by HTDs via the NNS were already licensed. To compare the information provided in IHSI and the NNS, a sample of 35 technologies common to both systems was selected. The IHSI and the NNS contain multiple data fields (154 in IHSI and 72 in NNS) across domains including information on product characteristics, regulatory information, clinical trial data, and cost. The exceptional fields specific to the Irish context were compassionate access scheme availability in Ireland, Ireland-specific patient population estimates, and local pricing and reimbursement proposals.

Conclusions: Receipt of information from HTDs remains important, particularly country-specific information. There are efficiencies in identifying technologies via an independent horizon scanning system, not reliant on submissions by HTDs. Such a system could facilitate joint assessment, joint early advice, and joint problemsolving between countries. Joint efforts can also facilitate broader scope on how horizon scanning can be used to increase health system preparedness.