Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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products. Methods: CADTH pan-Canadian Oncology Drug Review (pCODR) reports were reviewed from pCODR inception to May 2021 to identify all submissions lacking phase III trial data for which phase III data was considered feasible. NICE recommendations for the same product/indication pairs were identified, if available. Descriptive statistics were generated for the pCODR submissions. Agreement between pCODR and NICE was assessed with respect to recommendations and associated conditions. Results: 35/219 (16%) pCODR submissions were submitted without phase III data, with an increasing trend over time. Nearly 40% of submissions were for hematological cancers. 19 of 35 submissions (54%) were recommended for reimbursement, the majority with conditions. For submissions receiving negative recommendations, key clinical evidence was found to be lacking. Conclusion: Clinical input during these appraisals suggests that these variations may be directed towards prioritizing HTAB concerns. Data maturity and will likely be similar for upcoming HER2-low therapy launches. Our research suggests that some of these uncertainties can be accepted at launch based on post-launch evidence identified, which would accelerate access to patients in areas of high unmet need.

POSA285

REVIEW OF NICE SUBMISSIONS IN MULTIPLE SCLEROSIS TO ASSESS DIFFERENCES BETWEEN LABEL POPULATIONS AND NICE RECOMMENDATIONS

McLean T, Christofarou K, Herbert A, Alexopoulos ST

Merck Serono Ltd, UK, on an affiliate of Merck KGaA, Darmstadt, Germany, Feltham, UK

Objectives: In the past 15 years there have been 17 treatments in multiple sclerosis (MS) assessed by the National Institute for Health and Care Excellence (NICE), across different sub-types of MS. NICE recommendations can often result in different reimbursed populations to the label population. We investigated these differences and why there was variation in NICE recommendations in MS.

Methods: A targeted review of completed NICE technology appraisals in MS (Jan 2007-June 2021) was conducted based on European Medicines Agency (EMA) marketing authorisation, clinical trial populations, NICE recommendations, sub-group analyses and lines of therapy were explored. Results: 13 NICE appraisals were identified, which assessed 17 treatments (including ocrelizumab twice). These included 12 STAs and 1 MTA. For 9/17 (53%) of the treatments, there was a difference between the label population and the NICE-recommended population. Of these, 4 had highly active disease (HAD) and/or rapidly evolving severe (RES) subgroup exclusions versus label, 3 had a broader MS label but were restricted to relapsing-remitting MS only, 1 was restricted to patients only when another therapy was contraindicated, and 1 treatment was restricted to the RES subgroup and use in second-line. In one instance, the company proposed a restriction but this was rejected by NICE. In 3 appraisals, clinical experts stated there were limitations to the MS categorisations used in NICE appraisals, and that these can be difficult to apply in clinical practice. Conclusions: Variation exists between label populations and NICE-recommended populations in prior MS appraisals. Clinical input during these appraisals suggests that these variations may impact clinical decision-making. Further research is required to understand to what extent such optimised recommendations are relevant in clinical practice, and if changes to the way NICE assesses MS drugs are required to reflect the complexity of the UK MS treatment pathway and disease presentation.

POSA286

EARLY EXPERIENCE WITH HEALTH TECHNOLOGY ASSESSMENTS FOR COVID-19 TREATMENTS

Sitavu-Radu X, Tuluka T, Rajani R, Vasileva S

IQVIA, Bucharest, Romania, 1IQVIA, Gurgaon, India, 1IQVIA, London, UK

Objectives: The COVID-19 outbreak has impacted many sectors of society, including access to healthcare innovation. This research aimed to analyse the pandemic’s impact on the processes, timelines, and decisions implemented for the health technology assessment (HTA) of COVID-19 treatments.

Methods: A thorough hand-searching of 15 agency websites, selected based on availability of assessment reports, was conducted to analyse published COVID-19 evaluation reports. Based on the completeness of information available from these agencies, the HTA AcceleratorTM was searched for HTAs of COVID-19 healthcare technologies across nine HTA agencies: CADTH (Canada); FIMEA (Finland); G-BA (Germany); HAS (France); ICF (Belgium); NICE (England); SMC (Scotland); TUV (Sweden) and ZIN (Netherlands).

Results: A total of 63 evaluations on COVID-19 treatments were identified. Several HTAs, including NICE and HAS, have prioritised COVID-19 interventions as “therapeutically critical” (Boss et al, 2020). Various COVID-19 treatments are relevant in clinical practice, and if changes to the way NICE assesses MS drugs are required to reflect the complexity of the UK MS treatment pathway and disease presentation.

POSA283

DIFFERENTIAL APPRAISAL OF FUNCTIONAL OUTCOME MEASURES BY HEALTH TECHNOLOGY ASSESSMENT (HTA) AGENCIES WHEN REVIEWING THERAPIES FOR RARE MUSCULAR, SKELETAL AND NEURODEGENERATIVE DISORDERS

Raza S, Keyzor L, Shroot S, Zalewska M, Hummel N, Brougham M

Amicus Therapeutics UK LTD, Marlów, BMK, UK, 1Certara Inc, Princeton, NJ, USA, 2Certara Inc, Achern, Germany

Objectives: To understand how European HTA bodies appraise the applicability of functional measures to assess treatments for Duchenne muscular dystrophy (DMD), mucopolysaccharidosis type IVa (MPS IVa), and Paediatric-onset hypophosphatasia (HPP). Methods: Targeted searches were conducted of publicly available appraisals from the UK (NICE, AWMSG, SMC), Spain (AEMP), Sweden (SBU, TUV, VGR), Netherlands (ZIN), Germany (G-BA), Italy (AIFA) and France (HAS) for the products Ataluren, Elosulfase alfa and Asafotase alfa treating the above disorders. Results: The agencies evaluate functional measures differentially and formed different conclusions: on their suitability. Six-minute walk test (6MWT) was found to be appropriate by NICE and AEMP with TUV’s experts indicating that the 6MWT has become an established measure of effectiveness. ZIN also recognised 6MWT as an important outcome measure in MPS IVa and DMD. Although G-BA recognised 6MWT as patient-relevant for both DMD and MPS IVa, it was not considered relevant for HPP. Three-minute stair climb test (3MSCT) was considered a valid measure in MPS IVa by ZIN but was questioned by G-BA. Forced Vital Capacity (FVC) as a pulmonary function measure was also considered an important determinant of clinical outcomes for MPS IVa by NICE. North Star Ambulatory Assessment (NSAA) and Time to Get Up and Stand (TTGS) or 10-m run are routinely used in clinical practice but considered less relevant than 6MWT in DMD by NICE. Conclusions: European HTA bodies differ in the applicability of these functional measures differentially. 6MWT is the most frequently evaluated outcome in these disorders and is a generally accepted measure by the HTA bodies. Conclusion: 6MWT is an established measure of effectiveness. ZIN also recognised 6MWT as an important determinant of clinical outcome. 6MWT was accepted and considered an important determinant of clinical outcome. NSAA, 3MSCT, and other functional measures like 6MWT, QT, and HRQoL are generally accepted as outcome measures in these disorders and is a generally accepted measure by the HTA bodies. FVC and other functional measures like 6MWT, QT, and HRQoL are generally accepted as outcome measures in these disorders.

POSA284

ASSESSMENT OF SELECT HER2-NEGATIVE MBC AGENTS AS A PROXY TO UNDERSTAND HTAB UNCERTAINTIES IN HER2-LOW MBC AGENTS IN EU4 AND ENGLAND

de Milliano T, Harding T, Seddik A, Oddsdottir J, Schmid P, Raza S, Keyzor L, Shroot S, Zalewska M, Hummel N, Brougham M

1IQVIA, Bucharest, Romania, 1IQVIA, Gurgaon, India, 1IQVIA, London, UK

Objectives: The HER2-negative metastatic breast cancer (mBC) treatment landscape has evolved substantially over the last five years, with identification of HER2-low patients, previously classified as HER2-negative, and through EMA approval of novel therapies for HER2-negative patients. Majority of these agents have been assessed for reimbursement by national health technology assessment bodies (HTABs) in EU4 and England. This research investigated whether evidence that became available post-launch mitigated HTAB concerns on the evidence base, to support future access to therapies for HER2-low mBC patients.

Methods: In lack of approved HER2-low targeting therapies, an in-depth analysis of the HTAs for therapies targeting CDK4/6, PI3K or PARP in HER2-negative mBC was conducted for national HTABs in EU4 and England. This research investigated whether evidence that became available post-launch mitigated HTAB concerns on the evidence base, to support future access to therapies for HER2-low mBC patients.

Results: Of 53 HTA recommendations, 80% were positive, 23% were positive with restrictions, 17% were negative and 30% received no recommendation. HTABs questioned relevance of progression-free survival (PFS) as primary endpoint, reliability of median PFS as a surrogate for OS and size of clinical evidence. The analysis of data for palbociclib, abemaciclib, ribociclib, alpelisib, talazoparib and olaparib focused on HTAB concerns regarding trial design, clinical outcomes, data maturity, safety and HRQoL. A targeted literature review (TLR) was conducted to identify evidence published post-HTA submission which addressed prioritized HTAB concerns.

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based on informal appraisals of evidence from literature reviews, clinical guidelines, and horizon scanning reports. No appraisals included evidence for cost-effectiveness, while a few cost-effectiveness studies. FMEA based their recommendations for dexamethasone and remdesivir on clinical benefit alone. FIMEA only recommended remdesivir for COVID-19 treatment based on its potential to reduce mortality and neutralise cost due to hospitalisation. Timelines to assess the impact of COVID-19 on HTA processes were not presented. Has-based their recommendations for COVID-19 treatments to-date have been prioritised under high unmet need and given the urgency and limited evidence available, HTA agencies have followed a modified approach in terms of evidence requirements and shortened timelines to recommendation.

**POS287**

**TRANSFERABILITY OF DISEASE-RELATED COSTS OF CHRONIC TUBERCULOSIS DISEASES IN MENA REGION: THE CASE OF MULTIPLE SCLEROSIS**

Mhanna L, Gulaczi L, Pintér M, Zrubka Z.

1. Corvinus University of Budapest, Budapest, Hungary, 2. Öbuda University, Budapest, Hungary

**Objectives:** Financing decisions of innovative health technologies including specialty medicines or biologics increasingly necessitate health technology assessment (HTA) in the Middle East North Africa (MENA) region. However, lack of cost data hampers health economic evaluations. Therefore, we assessed the possibility of transferring disease-related costs of multiple sclerosis (MS) within countries in the MENA region as a model for chronic-immune mediated disorders (IMIDs).

**Methods:** We conducted a review of papers comparing cost-utility models from Saudi Arabia used as reference and a burden of illness study attempting to highlight the issue of cost-recovery from HTAs.

**Results:** Compared to total costs, treatment costs of the four scenarios ranged between $30,349 and $32,020 for dexamethasone and remdesivir on clinical bene-

**POS2852**

**HIGHLY SPECIALISED TRIALS: HAS ELIGIBILITY FOR NICE HIGHLY SPECIALISED TECHNOLOGY APPRAISALS BECOME MORE STRICT?**

Chalk A1, Orchard Healthcare Consulting, Cambridge, CAM, Great Britain, 2. Cogentia Healthcare Consulting, Cambridge, CAM, UK

**Objectives:** This study compared number of patients included in pivotal clinical trials and assessed during HIV. HST over time, to observe trends in the strictness of application of HTS criterion with regards to the acceptable clinical evidence base.

**Methods:** Drugs assessed via HST prior to June 2021 were included. The number of patients from whom data was considered during the HST was extracted, alongside the number of patients in the “pivotal” trial.

**Results:** There does not appear to be a change in the application of the population size criterion over time. When considering the evidence base supporting HST submissions in proportion to estimated number of pa-

**POS2853**

**DEVELOPMENT OF A MULTI CRITERIA DECISION ANALYSIS (MCDA) TOOL FOR MEDICAL DEVICES NATIONAL PROCUREMENT IN EGYPT**

Fasseeh AN1, Elshebawy B2, Ibrahim N3, Kirillov MG4, Eldelbeity M5, Sedrak A6, Edesouski R7, Biles M, Marwa E, Abaza S, Kalo A8

1. Göteborg University, Sweden, 2. Alfred Health, Melbourne, Australia, 3. University of Alexandria, Egypt, 4. Syren Middle East, Alexandria, ALX, Egypt, 5. UPF - Barcelona School of Management, Cairo, C, Egypt, 6. UPJ, Cairo, Egypt, 7. Fayoum University, Cairo, Egypt, 8. UoH, Cairo, Egypt, 9. Syren Middle East, Cairo, C, Egypt, 10. Semmelweis University, 2. Syren Research Institute, Budapest, O., Hungary

**Objectives:** The lack of effective and good quality medical devices impairs health service delivery, leading to poor patient outcomes and inefficient health system. Our aim is to develop a Multi-Criteria Decision Analysis (MCDA) tool that can support the multidimensional scope of procuring medical devices for the Unified Procurement Authority (UPA) in Egypt.

**Methods:** Initially, a systematic literature review was conducted searching Medline and EMBASE databases as well as other grey literature sources. The search term was constructed on the domains “critical,” “medical de-

**POS2854**

**MECHANICAL THROMBECTOMY FOR ACUTE ISCHEMIC STROKE: SYSTEMATIC REVIEW AND META-ANALYSIS**

Olivera AJ1, Viana SMN, Santos A2

1. Universidade Federal de Minas Gerais, Belo Horizonte, MG, Brazil, 2. Universidade Federal de Minas Gerais, Belo Horizonte, Brazil

**Objectives:** This study aims to evaluate the safety and efficacy of mechanical thrombectomy associated with standard medical treatment compared to standard medical treatment alone for the treatment of patients with acute ischemic stroke.

**Methods:** A systematic review and meta-analysis of randomized controlled trials was conducted. An electronic search was performed in the Medline, Cochrane Li-

**POS2855**

**ENOUGH WITH THE MORDAIDS! HYDROXYCHLOROQUINE IS NOT A TREATMENT FOR COVID-19.**

Santos A1, Gonçalves ES2, Olivera AJ3, Lima DB4, Noronha KVMDS, 2

1. Universidade Federal de Minas Gerais, Belo Horizonte, MG, Brazil, 2. Universidade Federal de Minas Gerais, Belo Horizonte, Brazil

**Objectives:** Because of preliminary results from in vitro studies, hydroxychloroquine (HCQ) and Chloroquine (CQ) have been proposed as possible drugs for the treatment of COVID-19, but the clinical evidence is discordant. This study aims to evaluate the safety and efficacy of chloroquine and hydroxychloroquine for the treatment of COVID-19.

**Methods:** A systematic review with meta-analysis was performed. The Medline, Embase, The Cochrane Library, and Lilacs/ibecs databases were searched for