explored in terms of IRR. If these results stand up to replication, one cannot rely on conclusions of published SRs, which has implications for the decisions they inform.

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OP72 Added Value Of Using Individual Patient Data Meta-analysis

AUTHORS:

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INTRODUCTION:

Although individual patient data meta-analysis (IPD MA) is considered the gold standard of systematic reviews (SRs), a recent International Network of Agencies for Health Technology Assessment survey indicates that IPD MA is not frequently included in a health technology assessment (HTA), or conducted by HTA researchers. The objective of this presentation is to describe our first experience with including an IPD MA in a HTA report, discuss the added value for an evidence-based decision-making process, and advocate for expanding work in this field.

METHODS:

An overview of SRs on endovascular therapy for acute ischemic stroke included one IPD MA and six study-level SRs/MAs. Methodological quality was appraised by two reviewers independently using the tool recommended by the Cochrane IPD MA working group for the IPD MA, and the AMSTAR (A MeaSurement Tool to Assess systematic Reviews) for the study-level reviews. Pooled results from subgroup analyses based on access to primary patient data were compared to those reported in SRs that conducted subgroup analyses based on the published data to identify patients or clinical factors that would impact clinical outcomes.

RESULTS:

The overall findings were similar between the IPD MA and other SRs/MAs. However, when compared to aggregated data used in study-level SRs/MAs, subgroup analyses based on patient data allowed for adjustment of confounders, multiple categories within a subgroup, standardization of outcomes across trials, and detailed data checking. Larger sample sizes of each pre-defined subgroup permitted for more precise estimates of treatment effects. A number of methodological issues in the IPD MA were identified; particularly, no assessment of risk of bias of included trials was conducted.

CONCLUSIONS:

Access to original patient data is demanding and conducting IPD MA requires extensive resources. The advantages of having an improved quality analysis, an appropriate quantification of the effects in the analyzed subgroups, and precision of results may justify additional efforts, and may increase confidence in the decision-making process.

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OP73 Problems And Promises Of Health Technologies: The Merits Of Early Health Technology Assessment

AUTHORS:

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INTRODUCTION:

Novel health technologies are being developed at a dizzying pace. The need to avoid unnecessary innovations and accelerate the adoption of valuable innovations is among the most important challenges facing healthcare systems today. To contribute to this challenge, we performed 30 so-called 'early health technology assessments' (HTA) over the last three years. We quantified the potential value, both in effects and cost. We will present our experience with performing these constructive assessments, as well as their feasibility and value in informing decisions.

METHODS:

We performed secondary analyses on an existing database of 30 assessments. We analyzed the phase of development, stakeholders involved, type of decision informed, and the technology's next steps.

RESULTS:

Out of the 30 technologies, four (13 percent) were in the idea screening phase, and had not yet started the development. Here, the room for improvement (headroom) was assessed. For 16 (53 percent) technologies that were under development but not yet