results, in 35% of cases a high ICER was reported in the summary of guidance.

CONCLUSIONS: There is a need to enhance the transparency of HTA decisions, and to improve the quality of evidence used by HTA agencies.

REFERENCES:

2. Cardie A, Alnwick K. NICE GUIDANCE: AN ASSESSMENT OF ITS USE IN THE UK. PHP103

OBJECTIVES:
To assess the importance of NICE guidance in the UK healthcare system, and to evaluate the factors influencing its use by healthcare professionals.

METHODS:
A survey of healthcare professionals was conducted, focusing on the use of NICE guidance in clinical decision-making.

RESULTS:
NICE guidance was used by 95% of respondents, with the majority (80%) using it multiple times per week. The most common reasons for using NICE guidance were due to its evidence-based nature and the need for standardized care.

CONCLUSIONS:
NICE guidance plays a significant role in UK healthcare, and its use is driven by the need for evidence-based practice and standardized care.

REFERENCES:

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OBJECTIVES: The willingness to assess ODs varies widely by agency and drug, as do CON-
motion for renal cell carcinoma, was accepted by AWMSG, CEDAC and SMC.

representatives within HTA and reimbursement bodies provides current insight into conditional coverage, increasing regional interest in HTA, reassessment/horizon scan-
time. Key issues/trends included early assessment of technologies with mechanism for are involved in assessments

50% of the time, and in the final decisions ~35% of the time. Key issues/trends included early assessment of technologies with mechanism for conditional coverage, increasing regional interest in HTA, reassessment/horizon scanning, and link between theory and practice in HTA. CONCLUSIONS: This survey of representatives within HTA and reimbursement bodies provides current insight into the state of HTA research methods in Europe. Future research could expand the results to specifically address Eastern European countries, Asia, and other emerging markets.