gory outcome variable was used, defined as the decision to ‘recommend’, ‘restrict’ or ‘not recommend’ a technology. Multivariate analyses were conducted to assess the relative contribution of the explanatory variables on coverage decisions both within and between HTA bodies. RESULTS: Different combinations of clinical/economic evidence, process and socio-economic factors drive HTA coverage decisions by NICE, SMC, CVZ and HAS. In addition, the same factor may behave differently across HTA bodies, depending on the nature of the coverage decision. The analysis further suggested there is a significant difference between HTA bodies in the probability of reaching a ‘restrict’ or ‘not recommend’ decision outcome relative to a ‘recommend’ outcome, adjusted for evidence, process and context factors. CONCLUSIONS: This analysis contributes to the understanding of factors driving HTA coverage decisions by examining multiple European HTA bodies, enhancing the comprehensiveness of the factors examined through descriptive and multivariate analyses and by identifying and weighting the key drivers of the coverage decisions made by the four HTA bodies between 2004 and 2009. This research further provides relevant insights into the broader HTA bodies’ regulatory, financial, and political environment.

RS4
THE INTERIM CANCER DRUGS FUND - HOW TO NOT SPEND £50 MILLION
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OBJECTIVES: The Cancer Drugs Fund (CDF) was established in April 2011 by the UK government, with a pledge of £200 million additional funding for each of the next 3 years to increase patient access to high cost oncology drugs in England. As an interim measure, £50 million was distributed to 10 strategic health authorities (SHAs) in England to cover the 6 months from October 2010 to March 2011. This research aims to identify how the interim CDF (ICDF) was spent, and to discuss how this could impact utilization of the CDF. METHODS: Data regarding the total funding allocated to each SHA from the ICDF and how much of this money had been spent by March 31, 2011 were obtained from SHA websites. Missing data were accessed through freedom of information requests. RESULTS: Overall, there were over 2700 applications to the fund, with an average approval rate of 91%. Over the 6 month period covered by the ICDF, approximately £21 million was spent across the 10 SHAs in England; this constituted 42% of the £50 million allocated. There was a significant variation in the amount spent by each SHA; the highest under-spend was in the South West, where 75% of funds remained unallocated. Several SHAs experienced lower post-surgical treatment costs.

PM2D
CLINICAL DECISION RULES FOR ADULTS WITH MINOR HEAD INJURY: A SYSTEMATIC REVIEW
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OBJECTIVES: A small number of cases of minor head injury deteriorate, resulting in serious injury or death. Computed Tomography (CT) identify intracranial injuries, but because it carries a cost and its own health risk, it should be limited to those most likely to have an injury. Clinical decision rules aim to identify these patients. There are many such rules, but it is unclear how their diagnostic accuracy compare. This study aimed to systematically identify clinical decision rules for adults with minor head injury and compare the estimated diagnostic accuracy. METHODS: Several key electronic bibliographic databases (biomedical, scientific and grey literature), were searched from inception to March 2010. Reviews of abstracts were considered first, followed by full-text review of more promising studies. Cochrane and other systematic reviews were not included. A number of reviewers agreed on the list of rules to be included. CONCLUSIONS: From the literature, 24 clinical decision rules were identified. Multivariate analyses were conducted to assess how this could impact utilization of the CDF.

PM2D
OBJECTIVES: The aim of this study was to compare the 36-month Nd:Yag laser (a mode of post-capsular opacification, the most frequent complication of cataract surgery) incidence rate comparison of three monofocal intraocular lenses (IOL) 36 MONTHS AFTER CATARACT SURGERY IN FRANCE
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OBJECTIVES: The aim of this study was to compare the 36-month Nd:Yag laser (a mode of post-capsular opacification, the most frequent complication of cataract surgery) incidence rate of three monofocal IOls: Acrysof SN60WF (Alcon), Akreos AO-MI-60 (Baush&Lomb) and Hoya YA-60B8 (Hoya). METHODS: This is a retrospective study conducted at 3 French sites. Each centre implanted at least two of the above IOls. Patients had to have uncomplicated cataract surgery with at least 2 years of follow-up. Patients implanted with one of the above IOls were picked up at random from the surgery theatre registry. Medical data were retrieved from patient charts. 36-month post-surgical data were obtained from the surgeon’s medical records. Several post-operative ophthalmological evaluations were involved in post-surgical follow-up. Time to Nd:Yag laser analysis was carried out using Kaplan-Meier survival curves. Confounding variable imbalances were adjusted with a stepwise Cox model. The statistical unit is the eye. RESULTS: 126 eyes were implanted with Acrysof, 89 with Akreos and 85 with Hoya. Patients with Acrysof were younger (74.7, 76.4 and 75.2 years, P = 0.007). The sex ratio was 4 males: 6 females. Patient follow-up was longer in the Hoya eyes (27.8, 20.3 and 21 months; P = 0.002). Eyes implanted with Acrysof had 1.68 times less Nd:Yag laser than Hoya (P = 0.006) and 3.43 times less than Akreos (P = 0.0001). The results remained unchanged when the analysis was restricted to the events occurring during the first 36 months (HR = 2.20, P = 0.009, HR = 3.67, P = 0.001, respectively). Adjusting for confounding variable imbalances did not change the results. CONCLUSIONS: This analysis conducted at 36 months suggests that following usual surgical practice, Acrysof eyes had significantly less Nd:Yag laser complications than those implanted with Akreos or Hoya. Consequently, Acrysof eyes were less exposed to Nd:Yag laser complications and experienced longer post-surgical treatment costs.

PM2D
OBJECTIVES: During the development of new diagnostic and therapeutic devices, it is desirable to indicate their cost-effectiveness and to establish their potential clinical value to guide further research. In these early stages of development, however, there are usually limited or no clinical data available. In this study, expert elicitation was used to determine uncertain priors of the diagnostic performance of a new imaging technology, i.e. Photo Acoustic Mammography (PAM). We compared PAM with established Breast Resonance Mammography (PMD) and Breast Ultrasound (PMD). METHODS: Expert elicitation was used as a method to formulate the knowledge and beliefs of experts about the future performance of PAM and to quantify this information into probability distributions. 18 radiologists estimated the true positive and true negative diagnostic accuracy of a biochemical MRI and data and specified the mode, the lower, and the upper boundaries (95% credible interval). An overall probability density function (PDF) was determined using the linear opinion pooling method in which weighting is applied to reflect the performance of individual experts. RESULTS: The overall PDF indicated a sensitivity ranging from 58.9% to 85.1%, with a mode of 73.3%. The specificity ranges from 52.2% to 77.6%, with a mode of 66.5%.