HTAi 2021 Annual Meeting Manchester
Abstract Submission Guidelines

Innovation through HTA

Researchers, agencies, policy makers, industry, academia, health service providers and patients/consumers meet to build international cooperation and to face new challenges together.

Health Technology Assessment international (HTAi) is the global scientific and professional society for everyone who produces, uses or encounters Health Technology Assessment (HTA) to support optimal policy and decision making. Its mission is to support the growth of the HTA community by providing a neutral, global forum for the exchange of information, methods, and expertise. With members from over 60 countries and across six continents, HTAi is a thriving global network.

Our members regularly participate in Annual Meetings, Policy Fora and Interest Groups. HTAi also provides access to a variety of resources including the International Journal of Technology Assessment in Health Care (IJTAHC).

HTAi supports national and regional initiatives for countries embarking on implementing HTA programs and works to connect members with common interests.

The Board of Directors governs HTAi and is supported by an Executive Committee, several Advisory Committees, and a Secretariat.

Held each year in June, the HTAi Annual Meeting is a key international gathering for sharing latest research, advancing discussions in policy and methods, and building global networks.

2021 Annual Meeting: Overall Scientific Theme and Program

Innovation through HTA

HTAi invites you to join the leading minds in Health Technology Assessment (HTA) from around the world to discuss and debate the role of HTA in leading health innovation.

The 2021 Annual Meeting will focus on how adaptive approaches to HTA can continue to provide the cornerstone in leading health systems innovation particularly as technologies advance and novel interventions rapidly emerge. As our technological world evolves and new challenges emerge, we will need to adapt HTA to ensure it continues to be a conduit to support technology innovation.

Innovation in the approach, pace, and scale of health technology development is rapid. As decision-makers respond to the pressures of not only meeting the essential needs of local health systems but also providing progressive and world-class care, traditional approaches to HTA are being challenged.

Collaboration in developing HTA in emerging regions and developing novel approaches to HTA in systems with established HTA, is essential to our goal of supporting patient access to evidence-based healthcare, particularly as diagnostic and treatment pathways become ever more complex. Through three sub-themes of: HTA in a changing evidence eco-system, Patients being at the Heart of the Innovation pathway, and Innovating HTA to support new interventions, we will explore opportunities presented across global health systems for sustained use of HTA.

The HTAi 2021 Annual Meeting will provide an opportunity for researchers, policymakers, health care practitioners, technology developers and patients to reflect on how they might innovate at regional and local level, across the core HTA elements of evidence, methods, and decision-making.

We invite all stakeholders to participate in these discussions as we consider driving *Innovation Through HTA*.

The Plenary themes for the HTAi 2021 Annual Meeting are therefore as follows:

1. **Evidence for HTA: Innovative Methods for Challenging Times**
2. **Patients at the Heart of Innovation**
3. **Innovating HTA to support Novel Interventions**

The Annual Meeting in Manchester will provide an opportunity to consider the following themes and topics in workshops, panels, oral presentations, vignettes and posters:

1. **Evidence for HTA: Innovative Methods for Challenging Times**

The continuous need to evolve and adapt methodological advances presents opportunities as well as challenges to those involved in Health Technology Assessment. Moving beyond the standard definitions and traditional sources of evidence necessitates thinking innovatively and challenging current understanding of how evidence is defined, generated, and used. Faster decision making that is responsive to patients', decision-makers', innovators' needs will be key whilst at the same time ensuring quality will take centre stage when planning for the future of evidence generation and use in HTA. This plenary theme brings to the fore a timely discussion on how the rapidly evolving evidence eco-system can support future health technology assessment

2. **Patients at the Heart of Innovation**

Over the past two decades there have been great strides in participatory research within the HTA and broader evidence community. Today, in many countries, patients are engaged across the technology innovation and development eco-system in meaningful ways through working to standardize clinical study outcomes and critique clinical trial designs. In many countries, patients are integrated into research as research partners in priority setting, data collection and real world evidence generation, within the process of deliberating HTA policy recommendations, and more.

It is vital to ensure that best practices of participatory science are known and accessible across all HTA bodies, irrespective of how established or emerging engagement practices are. Coming together to develop a shared understanding across settings with emerging patient engagement practices may highlight opportunities for ensuring meaningful engagement. We need to explore evidence based best

practices for engagement to support standard HTA processes and develop new ways of engagement to support ever more complex and rapid technology innovation.

3. Innovating HTA to support Novel Interventions

As health technologies continually advance the possibilities for prevention, diagnosis, treatment, and monitoring, provide potential for health systems to continually improve patient care. As Innovative interventions, such as Gene Therapies, CAR-T Cell therapy, Contact Tracing apps are shifting the healthcare landscape, the needs of decision-makers are also shifting, with a direct impact on how we are, and should be, conducting HTA. As a global community, we need to review the current and potential intervention landscape and consider how our approaches to HTA need to adjust to ensure we continue to support the adoption of cost effective and affordable innovation.

For more details on the 2021 plenaries, please follow this link.

Abstract Submissions

When submitting abstracts, applicants will be asked to select topic areas from the list below to identify the one that most closely matches the theme of their abstract. Reviewers will identify their area of expertise based on this same list of topics — this ensures that knowledgeable reviewers assess all abstracts.

As the conference focuses on *Innovation through HTA,* it is recommended to submit abstracts leaning on one of the plenary themes. For example, innovative methods, patient engagement, novel interventions, etc.

HTAi will also look to ensure that at the conference there is a strong presence of patients, students, and presenters from Low and Middle-Income Country (LMIC).

List of topic areas for abstracts:

1. **HTA Processes**
   a) Core concepts, Introduction to HTA
   b) Novel approaches to conducting HTA (e.g., Fast Track Appraisals, AI in review production Adapting Existing HTAs, Integrated HTA)
   c) Horizon Scanning, Early Awareness
   d) HTA Prioritization Deliberative Processes (e.g. Citizen's Juries, Citizen's Councils, Delphi Panels, Consensus Meetings, Expert Elicitation Methods, Advisory Committees, etc.)
   e) Measuring the Impact of HTA
   f) Reassessment and Disinvestment

2. **HTA Core Methods**
   a) Topic Refinement, Scoping
   b) Information Retrieval, Database Search Methods
   c) Study design (Randomized clinical trials, knowledge synthesis, adaptive designs)
   d) Outcome measurement: Patient-Reported Outcomes, patient preferences, clinical effectiveness
   e) Evidence Review and Synthesis (e.g., Rapid Reviews, Meta-analysis, Network Meta-Analysis, Living Systematic Reviews)
   f) Evidence Quality (e.g. Rating/Grading, Bias, Transferability and Generalisability, evidence reporting)
   g) Economic Evaluation (e.g. Cost Effectiveness Analysis, Cost Benefit Analysis, etc.)
   h) Budget Impact Analysis
   i) Pricing Models and Approaches (e.g. Reference Prices, Cost Plus, Value-Based Pricing, etc.)
   j) Ethical evaluation in of HTA
   k) Social evaluation Aspects of HTA
   l) Cultural Aspects of HTA

m) Legal Aspects of HTA
n) Organizational Aspects of HTA
o) Environmental Aspects of HTA
p) Measuring and Valuing Health
q) Multi-Criteria Decision Analysis

3. **Stakeholder Involvement in HTA**
   a) HTA and Shared Decision-Making
   b) Patient Involvement
   c) Public Involvement
   d) Engagement with Industry
   e) Engagement with Payers
   f) Engagement with Regulators
   g) Engagement with Health Care Professionals
   h) Facilitating Multi-stakeholder engagement, co-creation
   i) Teaching and learning through Social networks/media
   j) HTA in the Media (e.g. Specialist, General, Social Media, Includes Misinformation and Fake News)

4. **HTA Findings, Advanced Methods and Other Topics**
   a) HTA and Procurement (National, or setting based)
   b) HTA and Health Technology Management
   c) Technology Innovation, research, and development, early HTA
   d) Novel approaches to conducting HTA (e.g., Fast Track Appraisals, AI in review production Adapting Existing HTAs, Integrated HTA)
   e) Real World Data/Evidence
   f) Machine Learning and Artificial Intelligence Methods
   g) Procedures and Other Interventions (e.g. Surgery, Non-Pharmacological/Non-Device Interventions)
   h) Tests (Including Screening, Predictive, Diagnostic, Companion Diagnostics, Biomarkers, etc.)
   i) Innovative Pharmaceuticals and Biologics (Including Genetic Therapies, Immunotherapies, etc.)
   j) Assessment of Medical Devices
   k) Public Health Interventions (e.g. Screening Programs, Immunization Programs)
   l) Health Systems Research
   m) Health and Social Services
   n) Models and Methods of Hospital-Based HTA
   o) Digital Health (e.g. wearable tracking devices)
   p) Telehealth (e.g. telemonitoring, remote consultations, etc.)
   q) Mobile-Health (e.g. Health Apps)
   r) Personalised Medicine Interventions (e.g. Prediction Models, etc.)
   s) Research on Research
   t) Aligning HTA and Clinical Practice Guidelines (e.g. case studies, methods and processes, etc.)
   u) Other HTA findings

5. **Policy Issues In HTA**
   a) Globalisation
   b) Universal Health Coverage and HTA
   c) Health System Quality Assessment
   d) Regulatory-HTA Alignment
   e) Value-Based Health Policy and Value Frameworks
   f) Translating HTA Findings into Policy and Practice (Including Evidence-to-Decision Frameworks)
   g) Dissemination via Journal Publication
   h) Transferability of HTA Findings Across Jurisdictions
   i) Capacity Building in HTA, Enhancing Skills and Capabilities at Country and Regional Level
   j) Country-Specific HTA and Regional HTA Networks
   k) Comparative HTA Systems and Emerging Markets
   l) Measuring the Impact of HTA

6. **Other Topics**
   a) Emergency Response (e.g. COVID-19)
   b) Other

1) **Panel and Workshop Submissions**

- **Panels** are designed to stimulate discussion and share learning on topics relevant to the 2021 Annual Meeting Theme and Scientific Program. The panels are 75 minutes in duration with a moderator and three to five panellists from different organizations presenting on the topic. HTAi strongly encourages the involvement of panel members from different perspectives and settings, particularly those focusing on or dealing with one of the three plenary topics.

- **Workshops** are designed to share innovative experiences and practices, and to provide learning opportunities for participants. They are half or full-day events that should include interactive activities and focus on developing participants' skills. Workshops should also contribute to HTA capacity building. When submitting a workshop abstract, submitters will be asked to indicate for whom their session will be most relevant (e.g. early career, mid-career, policy makers, industry), as well as learning outcomes and interactive activities. If the proposal does not have an interactive component, submitters are strongly encouraged to submit it as a panel session instead.

2) **Oral, Vignette and Poster Submissions**

- **Orals:** Oral presentations will be grouped by topic area with sessions led by Chairs well-versed in the field. Each individual oral presentation will be 12 minutes in length including questions from the audience. Chairs will be selected by the HTAi Secretariat and the ISPC. Chairs will ensure

presenters stay to time and will moderate the question/answer sessions following each oral presentation.

- **Vignettes**: Vignettes are considered a high level of scientific communication. A vignette is a brief oral presentation highlighting a specific research finding with an emphasis on the practical implications. Authors present for five minutes using a single (i.e., one) slide and then answer follow-up questions. Vignettes need to be precise, concise and comprehensible. Each Vignette is followed by time for discussion. Vignette authors are encouraged to show how their research deals with the future of HTA. Presentations will be grouped by topic area and Chairs will be selected by the HTAi Secretariat and the ISPC. Chairs will ensure presenters stay to time and will also moderate the question/answer sessions following each vignette. HTAi strongly encourages submissions for vignette presentations.

- **Posters:** Authors submitting abstracts that are accepted for posters will be given the opportunity to present their work during formal conference breaks. Authors presenting their work as a poster are expected to be present at their poster at the assigned time to interact with fellow conference delegates.

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General Information

1) **Submission deadlines** are different based on submission type. Please note below the important dates regarding abstract submissions and be advised that no extensions to these deadlines will be made.

- **Open Call for Abstracts:** August 25, 2020
- **Deadline for Workshop and Panel submissions:** October 8, 2020
  Acceptance notification: November 17, 2020
- **Deadline for Oral, Vignette and Poster Presentation submissions (1ˢᵗ call):** November 26, 2020
  Acceptance notification: February 1, 202
- **Deadline for Oral and Poster Presentation submissions (2ⁿᵈ call):** March 1, 2021
  Acceptance notification: April 2, 2021

Receipt of abstract submission will be acknowledged via e-mail prior to submission close for each category.

2) **Submission details**

a) **General submission details:**
- All proposals must be submitted via the online abstract submission system. HTAi will accept proposals by email from people who have conditions that prevent them using the online submission system.
- Abstract submissions must include a brief description (less than 60 words) that would allow delegates to assess relevance and interest to them. Descriptions will be displayed on the Annual Meeting website and mobile app, in the program and in the abstract book.
- Submitters may return to the online abstract submission system to edit their draft abstracts; add or delete authors, moderators or presenters; revise information; or withdraw abstracts at any time before the submission deadline.
- Accepted abstracts will be published in the Annual Meeting materials (e.g. website, mobile app, program and abstract book) as submitted. Changes to abstracts will not be accepted after the submission deadline.
- If authors wish their abstracts to go into the Supplement of International Journal of Technology Assessment in Health Care (IJTAHC), a fully completed copyright form must accompany the submission. Link to the Copyright Assignment Form. The abstracts that will be published in the Supplementary Issue of International Journal of Technology Assessment in Health Care might be subject to further review and authors might be contacted for revisions.
- Abstract submissions and presentations must be in English.
- Abstract submissions must not include references; however, the ISPC strongly encourages presenters to include all appropriate citations in their presentation at the Annual Meeting.

- Abstract submissions must not include tables, figures or charts.
- Please spell out all acronyms on first use.
- Abstract submissions and presentations must not promote any product or service.
- Abstract submission and presentation expenses are the responsibility of the abstract submitter (primary contact) and presenter. For presenters requiring financial support to attend the Annual Meeting, HTAi offers a limited number of Travel Grants each year (subject to conditions and availability).
- The abstract or work summarized in the abstract must be the sole work of the submitter or associated persons/authors; the abstract must not contain information with respect to which such person or persons is/are subject to an obligation of confidentiality; and the abstract must not infringe the copyright or moral right of any other person.
- The presenters of research are required to declare sources of funding for their presented work.
- Local Organizing Committee members, HTAi partner organizations and Interest Group Chairs should contact the ISPC Co-Chairs with their relevant abstract submission numbers to inform them about their official submissions.

b) **Workshop and Panel submission details:**
   - For workshops and panels, the abstract text must not exceed 210 words. Word count will include the introduction, structure of the session, objectives and outcomes. For workshops, you will need to specify target audience and method of interactive activities.
   - The title must not exceed 18 words and must accurately reflect content.
   - Please make sure your abstract title fits within the allotted space and is written in title case (i.e.: An Introduction To Health Technology Assessment).
   - Title, chairs and presenters as well as affiliated institutes are not included in the word count.
   - For a panel of 75 minutes, please limit your presenters to a maximum of five (5).

c) **Oral, Vignette and Poster submission details:**
   - For oral, vignette and poster presentations, the abstract text must not exceed 320 words. Word count will include the introduction, methods, results and conclusions.
   - Title, authors and affiliated institutes are not included in the word count.
   - Title must not exceed 18 words and must accurately reflect content.
   - Please make sure your abstract title fits within the allotted space and is written in title case (i.e.: An Introduction To Health Technology Assessment).

3) **Review, acceptance, notification and final inclusion in the official Program**

a) **Review:** All abstracts will be peer reviewed by three experts identified by the HTAi International Scientific Program Committee (ISPC). Panel and workshop submissions will be reviewed by members of the ISPC. Oral, vignette and poster submissions will be reviewed by a broad group of reviewers,

coordinated by the HTAi Secretariat, which will include ISPC members and a selected group of experts in the HTA field. Final decisions about inclusion and organization of the program will be made by the ISPC, led by the ISPC Co-Chairs.

b) **Abstract acceptance and notifications:**
   - Workshops and Panels: After review, the abstract's primary contact will receive an email notification indicating the abstracts acceptance or rejection by November 17, 2020. Registration for the Annual Meeting must be submitted by April 30, 2021 (early bird registration deadline), to ensure inclusion in the Annual Meeting program.

   - Oral, Vignette and Poster Presentations: After review, the abstract's primary contact will receive an email notification indicating the abstract's acceptance or rejection by February 1, 2021 (1st call) or April 2, 2021 (2nd call). Registration for the Annual Meeting must be submitted by April 30, 2021 (Early Bird Registration Deadline), to ensure inclusion in the Annual Meeting program.

c) **Final inclusion in the official Annual Meeting Program:**
   - Workshops and Panels: Until the Early Bird Deadline (April 30, 2021), at least one of the named chairs/moderators must be registered for the Annual Meeting to confirm the final inclusion in the official Annual Meeting Program. Panels and Workshops which do not fulfill this requirement will be withdrawn from the program.

   - Oral, Vignette and Poster Presentations: Until the Early Bird Deadline (April 30, 2021), the abstract's primary presenter must be registered for the Annual Meeting to confirm the final inclusion in the official Annual Meeting Program. Oral, Vignette and Poster Presentations which do not fulfill this requirement will be withdrawn from the program.

4) **Publication of abstract content**

a. **Annual Meeting Materials:**
   - Submission of abstracts constitutes all authors' consent to have their abstracts published on the HTAi 2021 website, mobile app, within the program and abstract book.
   - Please review your abstract prior to submission; check grammar and spelling and ensure all special characters and formatting display correctly. Accepted abstracts will be published in the Annual Meeting Materials (e.g. website, mobile app, program and abstract book) as submitted. Changes to abstracts will not be accepted after the Submission Deadline.

b. **Supplementary Issue of the International Journal of Technology Assessment in Health Care:** Accepted abstracts of Oral, Vignette and Poster presentations have the possibility to be published in a

Supplementary Issue of the International Journal of Technology Assessment in Health Care. Abstract submitters will be able to provide their consent for publication in the abstract submission form. Once abstracts have been accepted for the official program, there will be an editing process and if any major changes are recommended these will be communicated to the abstract submitter (primary contact). If authors would like to have their abstracts to go into the Supplement of IJTAHC then a fully completed copyright form must accompany the submission. Link to the Copyright Assignment Form. The Supplementary Issue will be published ahead of the meeting.

Scoring Criteria

The scoring system applied to all abstracts will take into consideration gender balance, the involvement of students and contributions from people from Low and Middle-Income Country (LMIC) as well as patients, users, and clients.

1) **Appropriateness to HTAi**

   The concept of the abstract should be appropriate to HTAi and in alignment with the main themes of the Annual Meeting. Panels and workshops should have presenters who are knowledgeable about the subject matter and, collectively, represent a variety of different perspectives and/or settings.

2) **Original and Innovative Contribution**

   Abstracts with original and innovative ideas will receive a higher score. In particular:
   - challenging existing paradigms or HTA practice,

   - addressing an innovative hypothesis or critical barriers/issues to progress, and

   - developing or enhancing novel concepts, approaches or methodologies, tools, or technologies for this area.

3) **Abstract Structure and Quality**

   - **Workshop and panel abstracts** must have the following structure:

     Title: must not exceed 18 words, with no abbreviations and the beginning of each word is capitalized.
     Introduction: Include the scientific background and rationale for the panel or workshop, and a clear statement of the issue. Must be clearly stated to achieve the highest score.
     Structure of the session: Give the structure of your workshop/panel (e.g. presenters, timing, format of interaction, etc.) and your plans to generate a vibrant discussion or learning environment.
     Panel/Workshop outcome and objectives: Explain what you would like to accomplish during your workshop/panel session, the session's contribution to HTA capacity building as well as the benefits and takeaways for the audience or participants.
     Moderators/Presenters: Include name, organization, position of all presenters, as well as the title (or brief description) of their specific contribution. Only confirmed moderators/presenters can be submitted with your application.
     Declaration of funding: Please declare sources of funding of the research.

Basic quality: Workshops and panel abstracts should be appropriately summarised, and grammar and spelling should be checked.

- **Oral, vignette and poster abstracts** must have the following structure:

Title: must not exceed 18 words, with no abbreviations and the beginning of each word is capitalized.

Introduction: Include the scientific background and rationale, and give a clear statement of the problem, issue, study goal, objectives, and/or research hypothesis. Must be clearly stated to achieve the highest score.

Methods: For quantitative and related studies, include a clear statement of the perspective, data collected, sources of data, analyses including statistical testing, etc. Clearly describe the populations studied, method of accrual and sample frame and analytical techniques. For conceptual, institutional, organizational or policy papers, provide a concise description of the content of the paper or report to be presented and other relevant factors such as policy analysis of alternatives, details of qualitative methods, etc.

Results: Present the most important study findings including generalizability to other populations, health systems or countries if relevant. Abstracts must reflect work that has already been done (i.e. results available) or at least provide preliminary results suggesting that the work is in progress and that results will be available to present at the Annual Meeting.

Conclusions: Provide a concise statement on the most important findings or policy implications. You should also address the question, "What do these results mean for your main area of research?" If relevant, include next steps, proposals for further research and study limitations.

Declaration of funding: Please declare sources of funding of the research.

Basic quality: Oral, poster and vignette abstracts should be appropriately summarised, and grammar and spelling should be checked.

Style Guidelines

Please consider the following style guidelines as a general direction in the submission process to have the abstracts submitted as consistent and standardised for Annual Meeting publications (website, mobile app, program, and abstract book). These guidelines are in line with those required for abstracts to be included in the Supplementary Issue of the International Journal of Technology Assessment in Health Care.

- American spelling (unless title is non-US English)
- Title – start of all words capitalized, no abbreviations
- Define all abbreviations on first use
- Use the word 'percent' rather than %
  (except for when using with numbers for Confidence intervals – stated as 95% CI)
- Confidence Interval - define first i.e. Confidence Interval (95% CI: 0.33 - 2.4)
- All numbers less than 1 have a 0 in front e.g. p< 0.001
- For numeric lists use Arabic letters in parentheses (i), (ii), (iii)
- i.e., e.g., etc. must be spelled out – that is, for example and etcetera if as part of main text. In brackets abbreviations are allowed.
- Numbers up to 100 spelled out and for 100 and over given as a numeral, but numerals for units of time and measurement.
- Dates must be in form of 8 June 1960 and not 8/6/60 or 6/8/60
- Currency should be given using currency abbreviations (see www.xe.com/iso4217.php) and must always include a conversion to USD or EUR as well as the local currency value i.e. in parentheses after the initial currency [i.e. (USD ___) or (EUR ___)]
- No Tables, Figures and Charts allowed
- No references allowed
- Results must be provided for publishing in supplement

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3 things to keep in mind:

1. Abstracts with **original and innovative ideas** will receive higher scores.

2. It is recommended that all abstracts relating to the 2021 Annual Meeting Theme(s) should consider the main topics. For example, innovative methods, patient engagement, novel interventions, etc.

3. Please read the submission guidelines carefully and thoroughly.