

Involving women with a lived experience of pelvic organ prolapse in designing and refining the economic components of a Health Technology Assessment

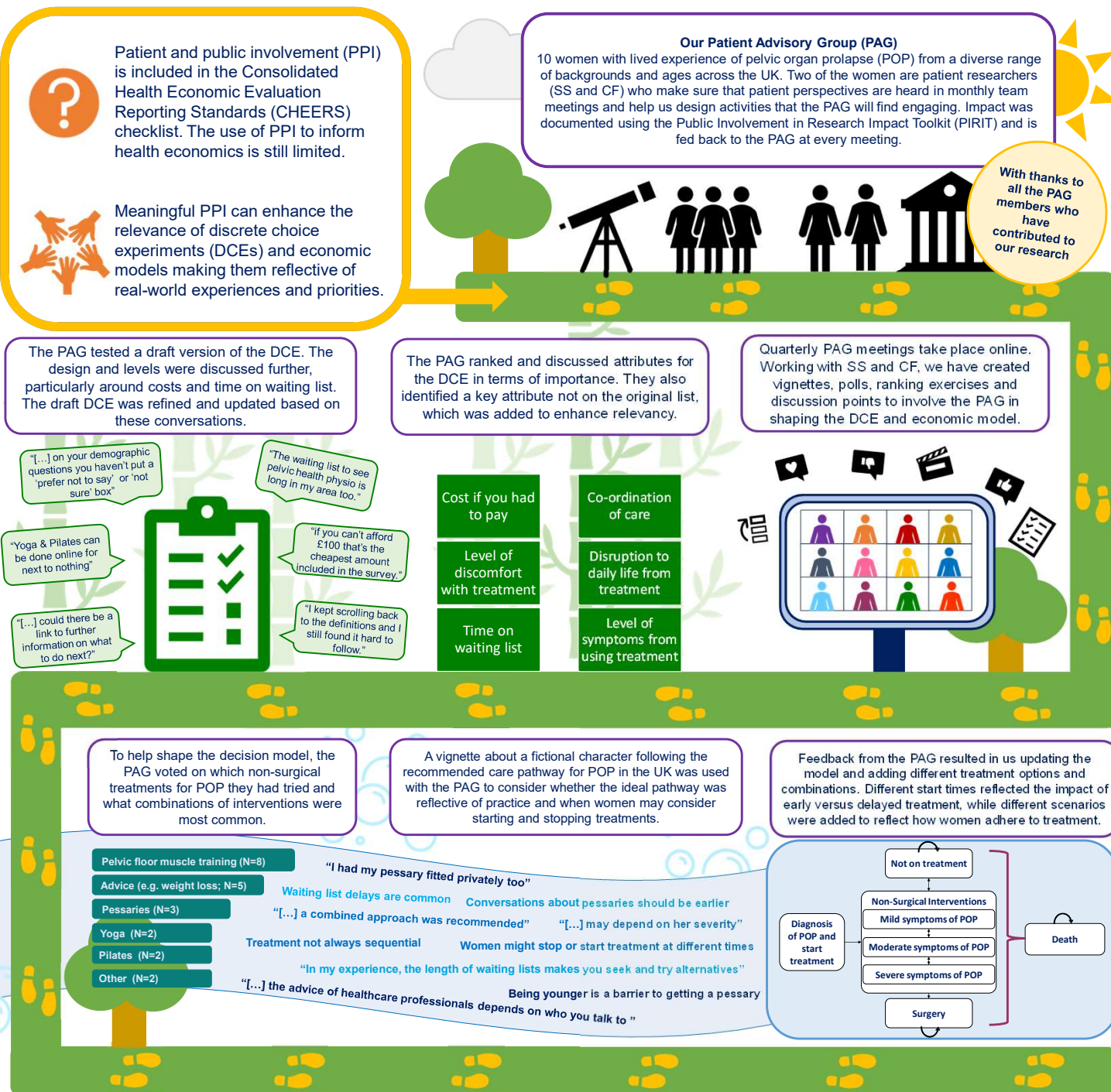
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Eugenie Evelynne Johnson,¹ Iris Mosweu,² Malkeet Singh,² Madeleine Still,¹ Sharon Spencer,³ Curie Freeborn,³ Luke Vale,² Katja Gravenhorst²

¹ Population Health Sciences Institute, Newcastle University, Newcastle upon Tyne, UK

² Department of Health Services Research and Policy, London School of Hygiene & Tropical Medicine, London, UK

³ Public research team member, UK



Conclusion: Involving women with lived experience of POP in the design of both the DCE and economic model ensured that both components reflected patients' experiences of care and treatments. Future studies could build on this approach to incorporate meaningful PPI into health economic components of HTAs.



References

- Husereau D, Drummond M, Augustovski F, de Bekker-Grob E, Briggs AH, Carswell C, Cauley L, Chaiyakunapruk N, Greenberg D, Loder E, Mauskopf J. Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) statement: updated reporting guidance for health economic evaluations. MDM Policy & Practice. 2022 Jan;7(1):23814683211061097.
- Public Involvement in Research Impact Toolkit (PIRIT) [Available from: <https://www.cardiff.ac.uk/marie-curie-research-centre/patient-and-public-involvement/public-involvement-in-research-impact-toolkit-pirit>]