**Supplementary materials** – Workshop participants

**Participants**

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**Host**

Thomas P. Leahy– Co-host

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**Supplementary materials** – post-workshop survey

Many thanks for your ongoing participation in this project.

The key statements which have been drafted on the basis of the workshop discussion are provided below. Further text contextualising these statements has been provided in the accompanying slide deck.

After reviewing the accompanying slide deck, please click on the appropriate box below indicating whether you agree with each of the statements. Additional comments can be provided for context in the comments box if desired.

|  |  |  |  |
| --- | --- | --- | --- |
| Heading | Agree | Disagree | Comment |
| There may be a role for QBA in supporting HTA but only where it can be clearly demonstrated that established methods to address systematic error and bias are not feasible |  |  |  |
| The primary responsibility for designing and conducting a QBA should fall to the manufacturer of the technology(ies) under assessment |  |  |  |
| Both ‘estimate-adjustment’ QBA and ‘threshold-based/tipping-point’ QBA have a potential complementary role in HTA. |  |  |  |
| Work to identify important potential biases should be a key part of the overall planning and design of any study, those biases that can’t be addressed through the design and analysis of the primary study data would be those relevant to a QBA |  |  |  |
| In order for QBA to be well-accepted in HTA, the evidence used to inform the analysis must be collected in a transparent manner and be perceived to have high accuracy, as such internal validation datasets and systematic reviews of external data are likely to be the best accepted sources of these data |  |  |  |
| While it is important to reflect uncertainty in the QBA inputs appropriately, the approach used to reflect uncertainty should be transparent and understandable to the relevant HTA stakeholders |  |  |  |
| The findings of a QBA should ideally be reflected in the outputs that are most relevant to HTA decision-makers, this may include outputs relevant to clinical effectiveness and/or cost-effectiveness and/or budget impact |  |  |  |
| Activities should be pursued to increase awareness and understanding of QBA methods in the HTA community, further develop consensus around their use in this setting |  |  |  |