CADTH

CADTH HEALTH TECHNOLOGY MANAGEMENT PROGRAM

Horizon Scanning Products and Services Processes

Service Line:	Health Technology Management Program
Version:	1.0
Publication Date:	September 2017
Report Length:	25 Pages

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Revision History

Periodically, this document will be revised as part of ongoing process improvement activities. The following version control table, as well the version number and date on the cover page, must be updated when any changes are made to the document.

Section(s)	Revision Number	Date	Description / Changes

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Abbreviations

CADTH	Canadian Agency for Drugs and Technologies in Health
PDF	Portable Document Format
ECRI	ECRI Institute
EHT	Emerging Health Technologies
HS Roundup	Horizon Scan Roundup
HS	Horizon Scan/Scanning
HTA	Health Technology Assessment
HTU Newsletter	Health Technology Update Newsletter
IEHT Bulletin	Issues in Emerging Health Technologies Bulletin
KM	Knowledge Mobilization
NIHR	National Institute for Health Research
RIS	Research Information Services
RCT	Randomized Control Trial

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Introduction

About the Program

CADTH's Horizon Scanning (HS) Service identifies and monitors new and emerging health technologies that are likely to have a significant impact on the delivery of health care in Canada. The service systematically summarizes the available evidence on technologies that are not yet in widespread use in Canada. This means that they are not yet licensed for use in Canada, are not yet widely available, or are not in routine clinical use. Technologies that are not yet licensed are typically expected to receive approval from Health Canada within six to 18 months.

Once technologies are prioritized by the HS team, brief summaries are prepared. For device technologies, these summaries describe the intended use of the technology, its regulatory status, the patient population, cost, current practice, adverse effects, and any relevant implementation issues. For drugs, these describe the overview of the disease and current treatment, description of the new technology, technology development stage, regulatory status, and the potential impact of technology adoption. Information on the device technologies is stored in the appropriate HS database where their status is monitored.

Topics may be filtered and used in various HS products, including:

- **Issues in Emerging Health Technologies (IEHT) Bulletins:** IEHT Bulletins are a series of concise reviews describing drug and device technologies that are not yet licensed for use, or not widely available for clinical application in Canada. Bulletins include a description of the technology, regulatory status and/or availability, patient population that may benefit from the technology, costs, implementation issues, and a summary of the available evidence.
- **Health Technology Update (HTU) Newsletter:** The Health Technology Update (HTU) Newsletter is a publication that includes a collection of approximately five articles about new or emerging device health technologies including medical devices, diagnostic tests, surgical procedures, and other health care interventions.
- **Horizon Scan Roundup:** CADTH's HS Service monitors national health information sources, as well as other international HS agencies and services. The resulting Roundup is a compilation of titles published by CADTH and numerous other HS services and selected health organizations, recognized for their identification of innovative technologies. The Roundup focuses on medical technologies including medical devices, laboratory tests, biomarkers, programs, and procedures. The full-scale Roundup is published twice per year, while the Mini-Roundup is included in the HTU Newsletter.

Program Scope

Any new or emerging health technologies may be suitable candidates for topic consideration, including:

- drugs
- devices

- diagnostic tests or imaging
- programs
- medical interventions or surgical procedures.

Audience

Primary Audience

CADTH's HS Service develops products to support publicly funded pan-Canadian health care decision-makers and health care providers within the federal, provincial, and territorial jurisdictions.

Secondary Audience

Secondary audiences include other health technology assessment agencies and HS programs, academic researchers, professional associations, clinicians and other health care providers, patients and patient groups, as well as the general public and the media.

All publications are freely available, and interested parties can subscribe to HS products by visiting cadth.ca.

Purpose and Application for Decision-Making

The purpose of CADTH's HS Service is to:

- Identify and evaluate the evidence on new or emerging health care technologies that may be important
- Assess what their potential impact may be, both for patients and for the health care system.

For decision-makers, the service aims to support planning and priority setting by increasing awareness of new and emerging health technologies. It helps them assess the evidence on these technologies to better meet existing health care challenges. HS products are also intended to assist in prioritizing and allocating resources, as well as to inform decision-makers of the possible implications of introducing new and emerging health technologies.

Health care providers and decision-makers can use horizon scanning products to facilitate the appropriate adoption and use of new and emerging health technologies, and to understand their potential risks and benefits. Patients and caregivers may also use these publications to learn about new and emerging health technologies that might affect their treatment.

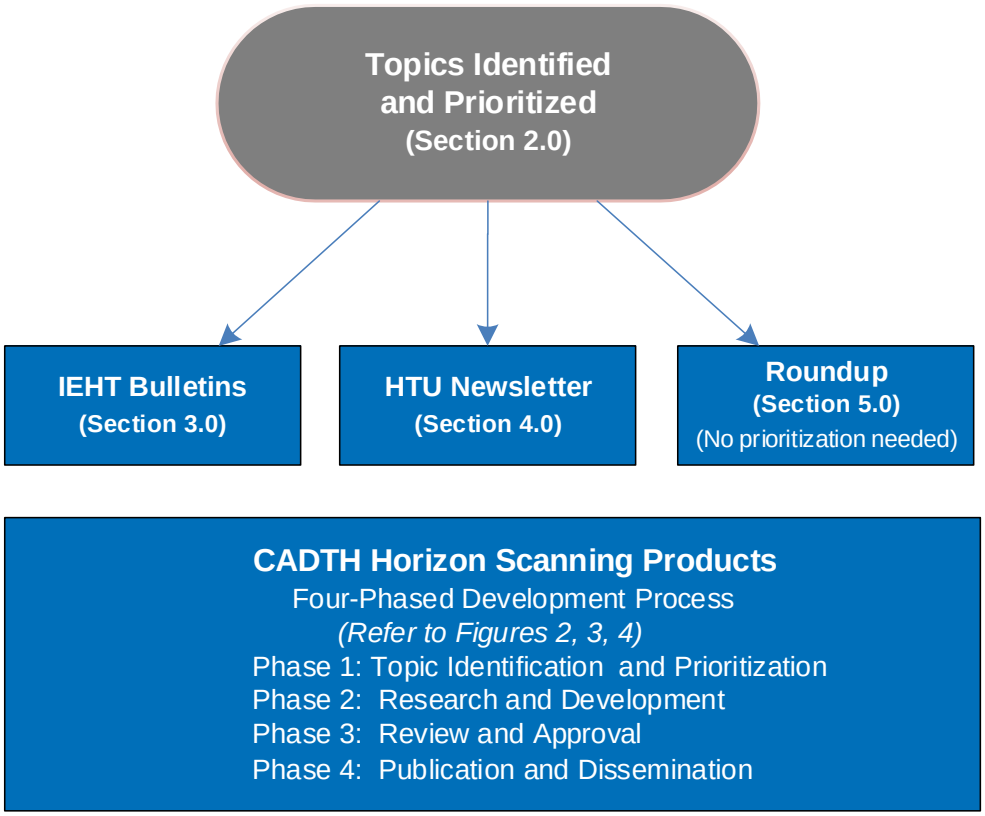
HS products do not make recommendations for or against a particular new or emerging health technology, nor are they intended to replace professional medical advice. Readers are cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness or harms. This is particularly the case for new and emerging health technologies for which little information may yet be available, but which may in the future be supported by additional evidence once clinical development is completed.

Transparency

CADTH aims to be as transparent as possible within its HS Service. Stakeholders (see section Primary Audience) may suggest new and emerging topics for review at any time by contacting the CADTH Liaison Officer for their jurisdiction. New and emerging drug topics filtered by the CADTH HS team are typically sent to pan-Canadian committees to review and prioritize. New and emerging device topics are prioritized as part of a CADTH multi-criteria internal process. Technologies selected for review are listed on the "Projects in Progress" section of cadth.ca prior to publication. All horizon scanning products are freely available for download from cadth.ca.

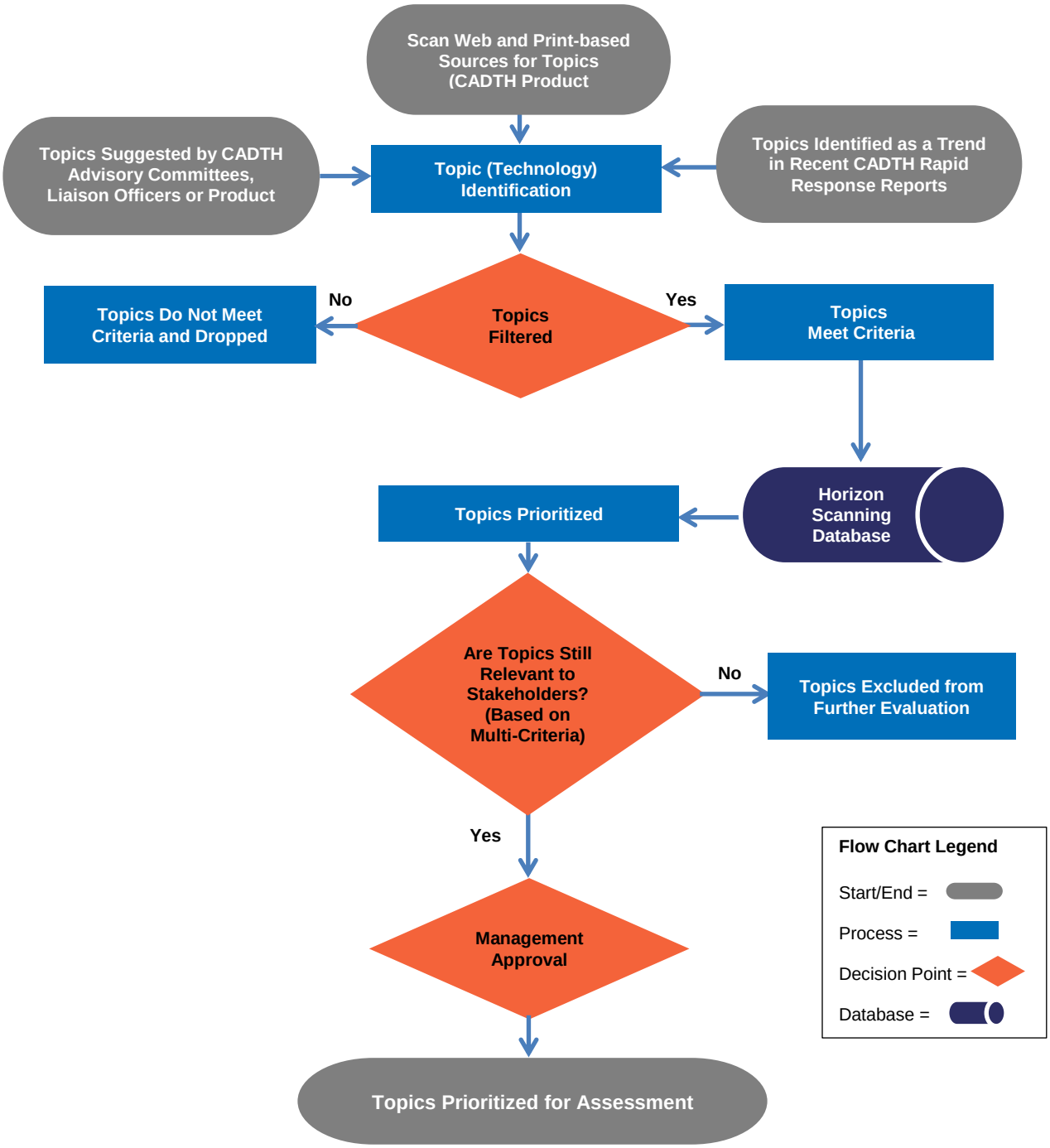
Program Type	Deliverables	Approximate Turnaround Time
Horizon Scanning (HS) Topic Identification and Prioritization	New and emerging technologies identified (drugs and devices), filtered and selected for further evaluation.	Meetings three or more times per year for topics short listed by CADTH and others.
Issues in Emerging Health Technologies (IEHT) Bulletins	Bulletin of concise reviews describing drug and device (devices) technologies.	Four to six months from topic selection to Web publication.
Health Technology Update (HTU) Newsletter	Newsletter including articles about new or emerging device (devices) health technologies.	Four to five months from topic selection to Web publication.
HS Mini-Roundup	Compilation of new and emerging device health technology titles, including medical devices, laboratory tests, biomarkers, programs, and procedures.	Published in CADTH's HTU Newsletter.
HS Roundup	Compilation of new and emerging device health technology titles, including medical devices, laboratory tests, biomarkers, programs, and procedures.	Four months from topic selection to Web publication.

HS Process Overview Flowchart



Horizon Scan Topic Identification and Prioritization Process

Figure 1: Topic Identification and Prioritization Flowchart



Detailed Process – Horizon Scanning

Topic (Technology) Identification

Potential new or emerging technologies evaluated for HS products are identified through a range of sources, including:

- Medical and technology media services
- Health care associations, networks, and conferences
- Major medical journals
- Popular press and CADTH media monitoring
- Regulatory agency news
- Other health technology assessment and HS networks and agency websites
- CADTH Rapid Response, Health Technology Assessment, or Optimal Use service queries.

Canadian health care decision-makers can suggest new and emerging technologies by contacting their jurisdictional CADTH Liaison Officer. Others, including CADTH staff, CADTH board and advisory committee members, industry, patients, and clinicians can also suggest topics to the Product Development team directly or by emailing: HorizonScanning@CADTH.ca.

Topics Filtered

New and emerging technologies that are identified by the HS process are filtered for further evaluation by CADTH's Product Development team. The drug and device teams meet separately three or more times annually to short list technologies that are collected during the ongoing scanning process. When prioritizing potential health technologies to be either monitored or considered for assessment, the Product Development team considers the following criteria:

- What is the burden of disease, prevalence of the condition, or potential population impact of this technology in Canada?
- Is the technology within CADTH's HS time horizon?
- Is the technology new or innovative?
- Does this technology have the potential to have a significant impact on patient outcomes or health care resources?
- Will this technology have an impact on health disparities?

Technologies that meet the initial filtering criteria are entered into the appropriate HS database for further investigation.

Horizon Scanning Databases

The HS databases, one for drugs and another for devices, are used as repositories for all identified technologies. These databases provide a central resource that can be used to track and monitor new and emerging technologies. This allows the Product Development team to filter for specific technologies, diseases, or priority areas. Database fields include the name of the technology, identified patient population, approval and regulatory status of

the technology, type of technology, and the medical specialty and clinical setting for use. Topics that are not selected for review are maintained in the databases and flagged with one of three terms (monitor, dropped, or dormant), in case any of these topics re-emerge at a later time.

Topics Prioritized

The primary purpose of priority setting is to select technologies for more detailed assessment. The technologies that are selected should be those that are likely to be of significant interest and relevance to CADTH stakeholders. To accurately represent stakeholder interests at the federal, provincial, and territorial levels, members of several pan-Canadian committees and networks assist in prioritizing topics to be evaluated regarding drugs. For devices, topics are prioritized based on a multicriteria internal process.

The Product Development team prepares a high-level summary of the technologies, including a brief description, regulatory status in Canada or elsewhere, target population, the setting in which the technology is intended to be used, and recent clinical trial information. For drugs, the Product Development team also looks at where the drug is in the clinical development stage (from published phase II and/or phase III data). For devices, topics are prioritized based on a multicriteria internal process.

Management Approval

CADTH Management gives final approval to evaluate a new technology.

Topics Prioritized for Assessment

Once technologies have been approved for further evaluation, they may be featured in one of the following CADTH HS Service products:

- **Issues in Emerging Health Technologies (IEHT) Bulletins:** Refer to Section 3.0 for detailed process
- **Health Technology Update (HTU) Newsletters:** Refer to Section 4.0 for detailed process
- **Horizon Scan Roundup:** Refer to Section 5.0 for detailed process.

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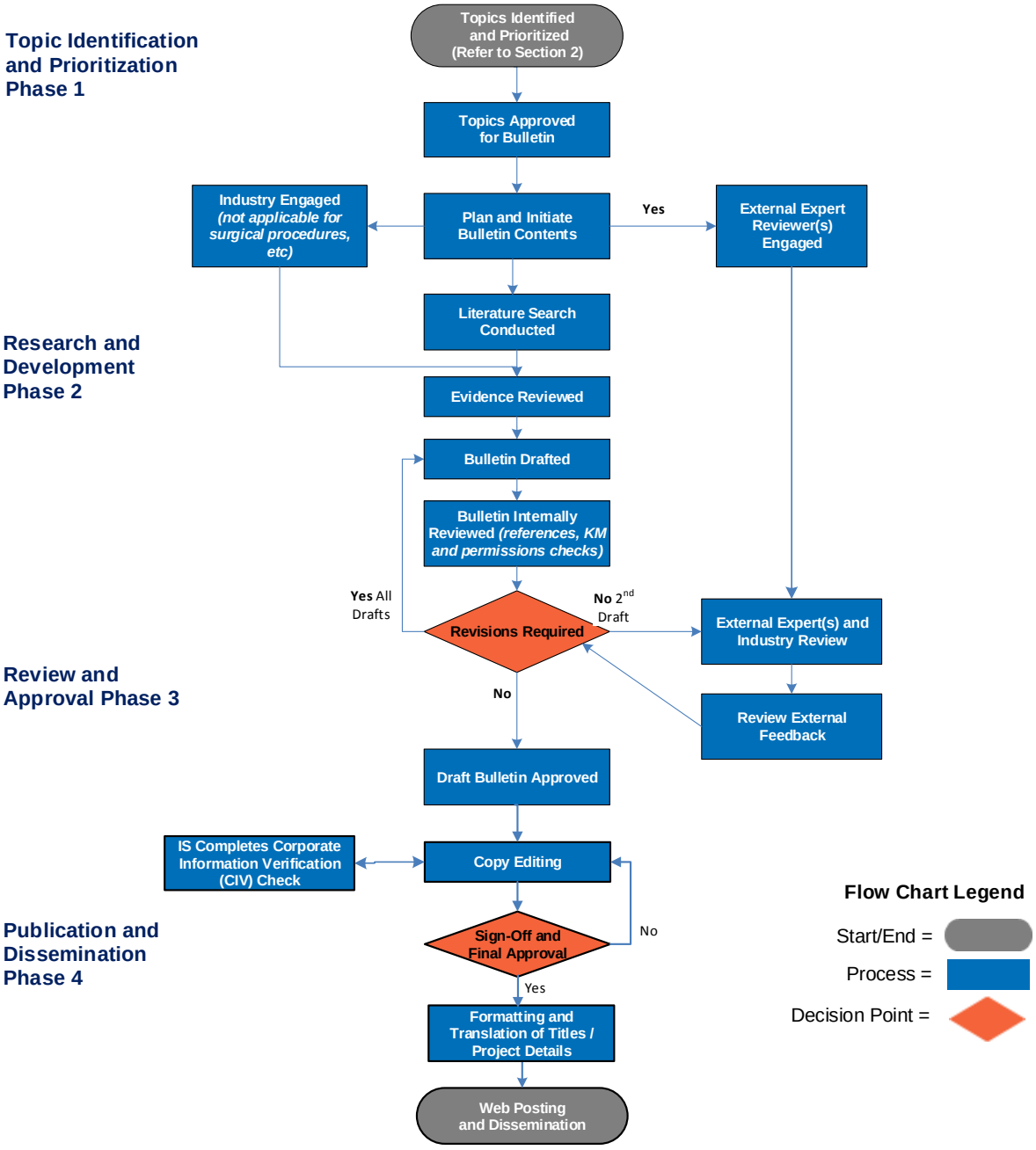
Issues in Emerging Health Technologies (IEHT) Bulletin Process

Figure 2: IEHT Bulletin Flowchart



Detailed IEHT Process: Phase 2 — Research and Development

Plan and Initiate Bulletin Project

Issues in Emerging Health Technology (IEHT) Bulletins are produced six to 12 times per year (depending on available in-house and contractor resources). Industry is invited to review bulletin drafts, which are also reviewed by at least one external peer reviewer (clinical expert).

A kick-off meeting is held to discuss the scope of the literature search and the project timelines. The Author prepares the draft bulletin using the Author Guidelines and Annotated Template for IEHT Bulletins.

Images and/or figures may be used, particularly if they help get the message across more effectively. Permissions must be obtained if the image is from a source other than CADTH. The Product Development team works with Research Information Services (RIS) to ensure that written permission to use any images is obtained from the source.

Industry Engaged

After a technology has been identified and approved for an IEHT Bulletin, industry is engaged to provide input. For drug topics, the manufacturer(s) associated with the technology are contacted by posted alerts or a formal letter. For device topics, manufacturers are invited to provide CADTH with any relevant information for the evaluation. The information provided by industry or the manufacturer must be disclosable. For any unpublished information, permission to cite is required.

External Reviewers Engaged

The CADTH team identifies and engages potential external peer reviewer(s) and coordinates the engagement of the reviewer(s), ensuring that conflict of interest (COI) forms are completed and guidelines met.

Conduct Literature Search – Internally Reviewed

The scope and approach of the literature search is agreed upon by the CADTH team. The literature search is conducted using key resources including PubMed, the Cochrane Library, HTA databases, Embase, EuroScan, and the ECRI Institute. Monthly search alerts are set-up until the final report is published. A focused grey literature search is also conducted by searching relevant sections of the Grey Matters checklist *(*http://www.cadth.ca/grey-matters*)*. The search is typically limited to English language publications published in the last two to five years.

The CADTH team also assigns French and English medical subject headings and keywords to the document metadata to facilitate retrieval in both official languages, once the document is posted on cadth.ca.

Perform Screening

Once the results of the literature search and any additional information provided by industry are received, the Author screens the titles and abstracts, and orders any relevant literature. Article orders are retrieved and delivered in full text by the Interlibrary Loans team to the Author, according to CADTH's Access Copyright licence terms. The Author then reviews the

full-text articles selected, as well as any unique information received from industry, if applicable.

Bulletin Drafted

Using the Author Guidelines and Annotated Template for IEHT Bulletins, the Author describes the emerging technology, regulatory status and/or availability, patient population that may benefit from the technology, costs, and implementation issues, and then summarizes the reliability and quality of the available evidence. Bulletins must be no more than 6,000 words in length (excluding images and figures, references, and optional appendices), with an upfront summary of key points for decision-makers.

Once Draft 1 of the Bulletin has been completed, the Author sends a copy to the HS Project Owner for internal review.

Detailed IEHT Process: Phase 3 — Review

Internal Review

The draft Bulletin is internally reviewed by the Product Development team, ensuring that the content is accurate and comments are addressed. The RIS team also ensures that references and permissions are checked, and that all copyright regulations have been followed. At this time, permission for including any unpublished information is requested and received. Knowledge Mobilization (KM) also completes a clarity check at this time.

Once the draft Bulletin has been internally reviewed, the team addresses any comments, makes the required updates, and sends the draft report out for external peer review.

External Review

If required, external reviewer(s) (External Reviewers Engaged) have up to 10 working days to complete their review. External peer reviewer(s) ensure that the Bulletin accurately describes current clinical practice within the Canadian context, and that all key evidence has been included. While the external review is being conducted, industry is also asked to review the Bulletin, if applicable.

Review Feedback

Comments from external reviewers are forwarded to the HS team, which reviews the feedback, and discusses and makes any required revisions.

Final Draft Bulletin

Once the required revisions have been incorporated into the document by the Author and the team is satisfied with the final draft, the RIS team double checks all of the references. The final draft IEHT Bulletin is then reviewed and approved by management before being sent to Publishing.

Detailed Process: Phase 4 – Publication & Dissemination

Copy-Edit Bulletin

The final draft of the Bulletin is sent to Publishing where all copy-editing tasks are completed. This includes the RIS team completing a Corporate Information Verification (CIV) check. Specific members of the team may also be consulted during this phase, and may be sent a copy of the draft for their review. Once approved, changes are incorporated.

Approve and Sign-off Bulletin

Once all copy-editing tasks have been completed, Publishing sends the Bulletin back to the HS team for a final check. Once checked, it is approved and signed off by the Director. Any final adjustments are completed at this time.

Format and Translate Bulletin

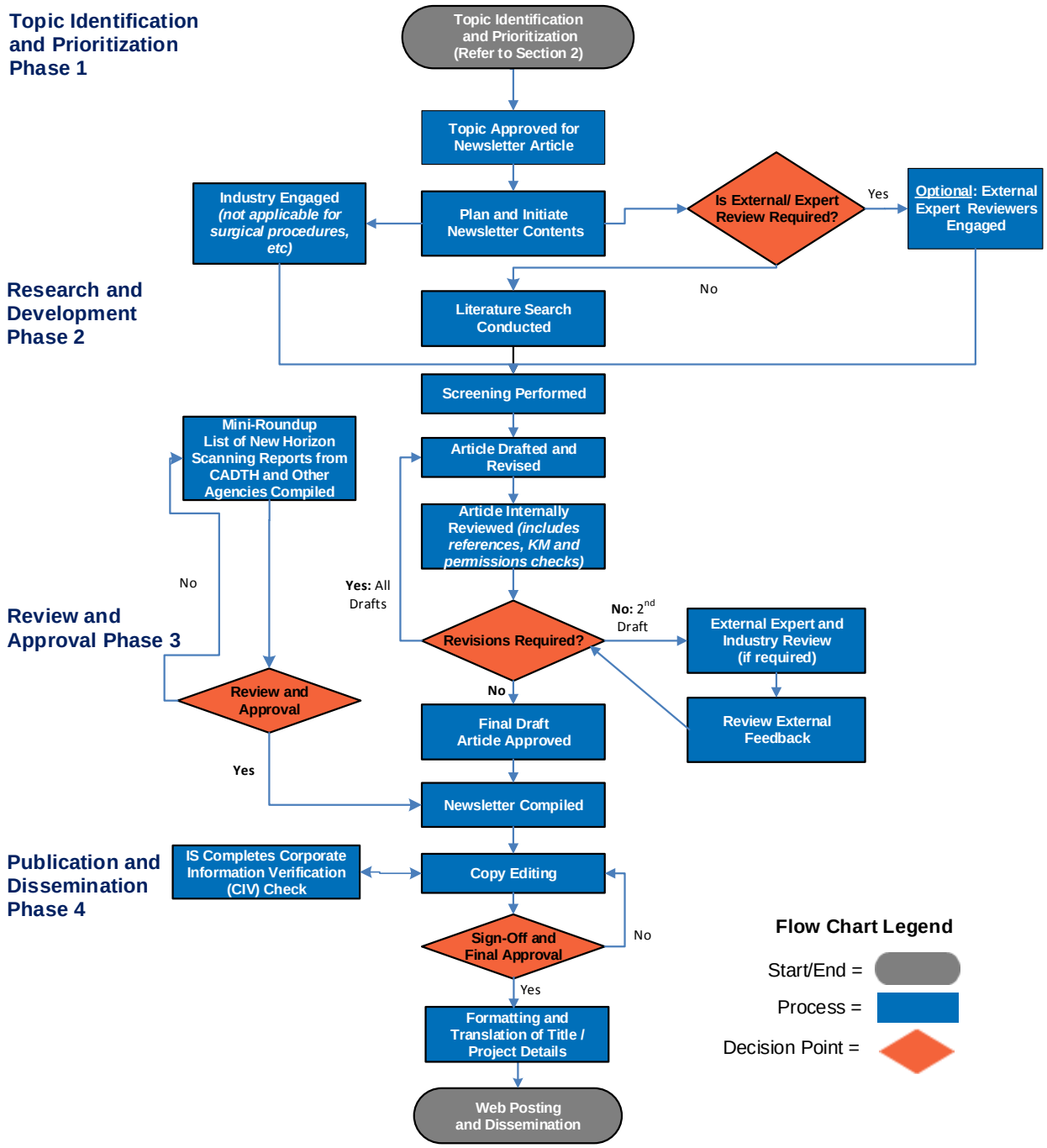
The signed-off Bulletin is sent back to Publishing for final formatting, as well as French translation of the titles and project details (not the full report). The RIS team performs a final check on the references and citation information.

Web Posting & Dissemination

The final IEHT Bulletin is posted on cadth.ca.

HTU Newsletter Process

Figure 3: Newsletter Flowchart



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Detailed Newsletter Process: Phase 2 – Research and Development

Plan and Initiate Newsletter Contents

Each Newsletter issue typically contains five short easy-to-read articles on new and emerging health care technologies. Unless it is a particular theme issue, each issue includes a cross-section of devices, procedures, diagnostics or other health interventions. A list of recent new and emerging health technology publications from CADTH and other HTA agencies (Mini-Roundup) is also included.

A kick-off meeting is held to plan and initiate the newsletter project. The Authors prepare the draft articles using the Health Technology Update Newsletter Author Guidelines and Annotated Template for HTU Newsletter.

The newsletter uses colour photos and other images for visual appeal. Permissions must be obtained if the image is from a source other than CADTH. The Product Development team works with RIS to ensure that written permission to use any images is obtained from the source.

Engage Industry (if applicable)

After a technology has been identified and approved for the newsletter, the manufacturer associated with the technology (if applicable) is contacted by the Author or Project Owner. If they are interested in reviewing the draft article or providing further information they will receive a formal email containing instructions for reviewing the draft and a request for information and images. They will also receive a copy of the draft when it goes out for external review.

Engage External Reviewers (if applicable)

The Author or PO identifies potential external peer reviewer(s), typically clinical experts. The Project Management Officer and CADTH Contracting staff coordinate the engagement of the reviewer (usually one reviewer per article), ensuring that COI forms are completed.

Conduct Literature Search

The scope and approach of the literature search is agreed upon by the CADTH team at the kick-off meeting. The literature search is usually conducted by RIS staff using key resources including PubMed, the Cochrane Library, HTA databases, Embase, EuroScan, and the ECRI Institute. Monthly search alerts are set-up until the final newsletter is published. A focused grey literature search is also conducted by searching relevant sections of the Grey Matters checklist (http://www.cadth.ca/grey-matters). The search is typically limited to English language publications published within the last two to five years.

Preference is given to the results of randomized controlled trials (completed or under way) and HTAs or systematic reviews. However, data reported in conference abstracts or media releases may be included if little information is available, or the full trial results have not yet been published.

The RIS team also assigns French and English medical subject headings and keywords to the document metadata to facilitate retrieval in both official languages once the document is posted on cadth.ca.

Reference citations are generally limited and an abbreviated Citing Medicine style is used. The RIS team formats the final references, and URLs are hyperlinked in the Document Viewer version so that online readers can go directly to the reference source.

Perform Screening

The Author reviews the available published literature. However, since many of the technologies are at an early stage of development, it is anticipated that some information will be obtained from clinical experts or others who have had experience with the technology. Typically, information on costs is obtained from the manufacturer, while regulatory information is obtained from Health Canada or the US FDA.

When an individual provides information that is not available in a published document, a signed personal communication form must be obtained.

Draft Newsletter Article

Using the Author Guidelines and Annotated Template for HTU Newsletter, the Author creates the first draft of the article by describing the emerging technology, how it works, who might benefit from it, its availability in Canada (or elsewhere), what it costs, current practices, the evidence, safety considerations, other issues to consider, related developments, and looking ahead at potential future use of the emerging technology. The newsletter article should not exceed 1,000 words in length. If any of the articles are theme articles (Focus On), they can be expanded to 1,500 words.

Compile Mini-Roundup

The PO compiles a list of new HS Reports from CADTH and other international HTA agencies and health care organizations, as part of the Mini-Roundup, to be included in the newsletter.

Detailed Newsletter Process: Phase 3 – Review

Internal Review and Revisions

The draft newsletter is internally reviewed by the HS team, ensuring that the content is accurate and all comments are addressed. At this time, permission to include any unpublished information is requested and received. The RIS team also ensures that references are correct, and that all copyright regulations have been followed. KM also completes a clarity check at this time.

Once the draft article has been internally reviewed, it is sent out for external peer review.

Internal Review and Approval of Mini-Roundup

Once the Mini-Roundup has been compiled and reviewed internally, it is ready to be included
in the HTU Newsletter. (Note: The Mini-Roundup should only use one page at the end of the Newsletter).

External Review and Revisions (if applicable)

The Newsletter articles are usually peer reviewed by external clinical experts and industry (when applicable). Note: Peer/Expert reviewers are different for each article.

External reviewer(s) have up to 10 working days to complete their review. External peer reviewer(s) ensure that the Newsletter accurately describes current clinical practice within the Canadian context, and that all key evidence has been included.

Industry is also given the opportunity to comment on the draft Newsletter article, if possible.

Comments and feedback from all external reviewers are forwarded to the PO and Author for review, and the required revisions are made.

Final Draft Article Approved

When the Author incorporates all the required revisions into the article and the HS team is satisfied with the final draft, it is then reviewed and approved by HS management. The RIS team then completes a final reference check, and the article is sent back to the Project Owner.

Detailed Newsletter Process: Phase 4 – Publication and Dissemination

Compile and Copy-Edit Newsletter

Once all articles for the Newsletter have been approved by management, the Project Owner compiles the Newsletter (including all articles, Mini-Roundup, and front page materials).

The Project Owner then completes a final check and sends the Newsletter to Publishing for copy-editing.

Final Sign-off and Formatting of Newsletter

Once all copy-editing tasks have been completed, Publishing sends the Newsletter back to the Project Owner for a final check. Once checked, it is approved and signed off by the Director. Any final adjustments are completed at this time.

The Newsletter is sent back to Publishing for final formatting and French translation of the titles and project details (not the full report). RIS completes a CIV check including a final check of references and citation information.

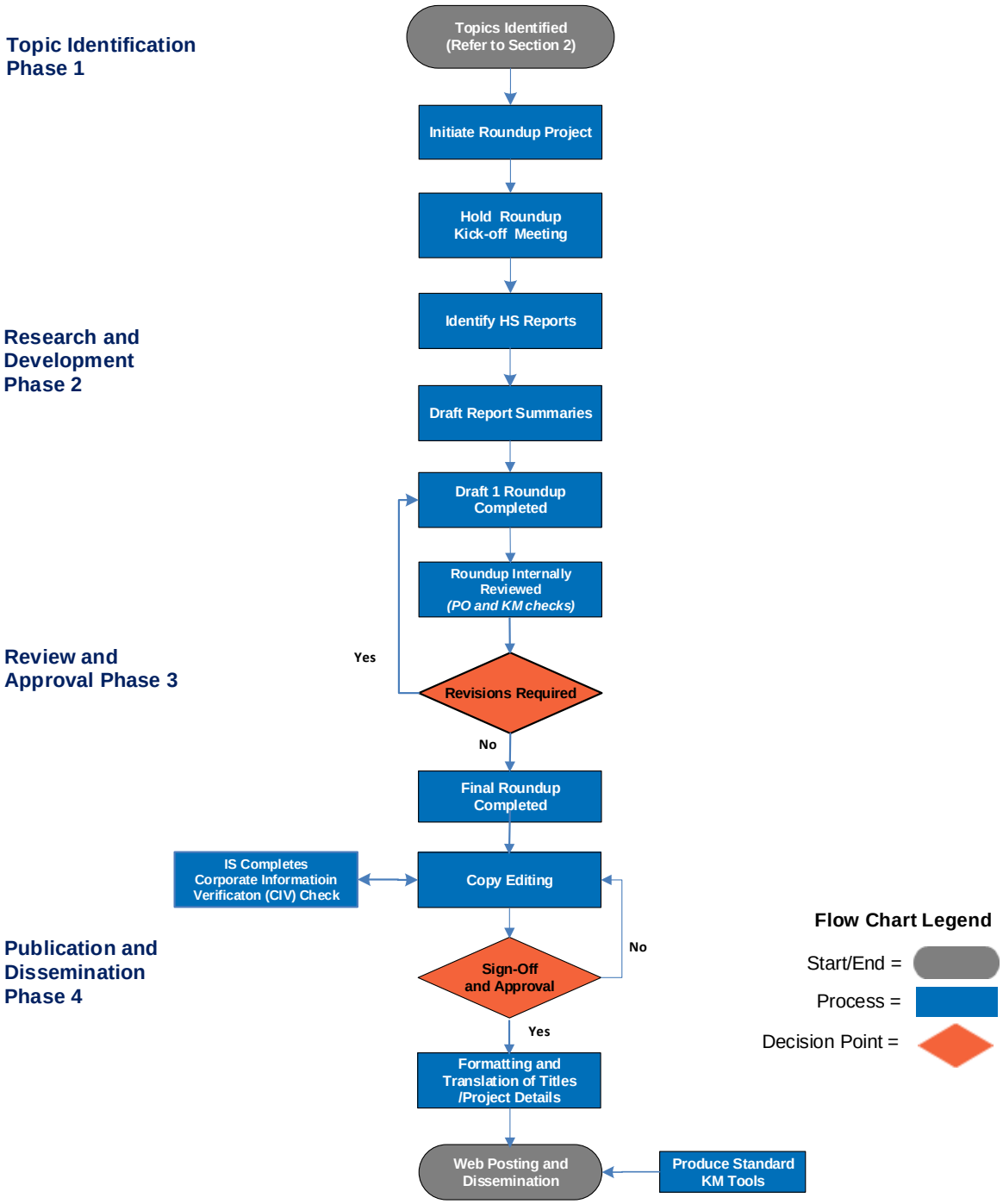
Web Posting & Dissemination

The Newsletter is typically disseminated electronically. When the HTU Newsletter is ready, Publishing posts a notification on cadth.ca.

A limited number of print copies may be requested by Liaison Officers for distribution within their jurisdictions, and by CADTH staff at conference display booths and meetings, as required.

Horizon Scanning Roundup Process

Figure 4: Roundup Flowchart



Detailed Roundup Process: Phase 2 – Research and Development

Background

The Horizon Scan Roundup is a compilation of new and emerging health technologies. It lists titles recently published by CADTH and other major Canadian and international HS services and selected health organizations recognized for their identification of innovative technologies. The focus of the Roundup is on medical technologies including devices, laboratory tests, biomarkers, programs, and procedures.

The Roundup is produced twice per year and is primarily a collaboration between the HS and KM teams. SharePoint is used as a working collaborative tool between the teams during the development and review phases to maintain the integrity of the master HS Roundup document.

Initiate Horizon Scan Roundup Project

The HS Project Owner, KM Officer and other HS staff involved in the Horizon Scan Roundup project meet to initiate it. This includes scheduling and holding a kick-off meeting to plan and execute on project requirements. Note that External Expert Peer Reviewers are not engaged during any part of the Roundup process.

Draft 1 Horizon Scan Roundup

The Project Owner downloads the Horizon Scan Roundup Author Guidelines and Annotated template. Using the template, the Project Owner includes the list of agencies alphabetically, their website links, and the name of the country in brackets.

The Author(s) can begin by updating the required Introduction section. If permanent text changes are made to the Introduction, the Project Owner will notify the Process Management Team to ensure that the Author Guidelines and Annotated Template are updated in a timely manner.

Once the template has been populated by the Project Owner with at least some of the agencies, the assigned Author(s) can begin drafting the required Roundup report summaries. Initially, when drafting the report summaries, the Author(s) enter them alphabetically by agency to make it easier to track. Once all the report summaries have been completed, the Project Owner removes the agency subheadings, and re-orders the report summaries alphabetically by report title within the medical specialty categories.

Each report summary should describe the technology, its purpose, and other relevant high-level information, and capture why the technology might be important (i.e., benefits over existing technologies, if possible). The Author(s) will summarize in their own words (other than CADTH reports), and will ensure that each report summary is no more than three sentences long.

The Author(s) will ensure that a report summary will only be listed once in the Roundup, and delete any medical specialty categories not used. Once Draft 1 of the Roundup is complete, the Author(s) will send the document for an internal review.

Detailed Roundup Process: Phase 3 – Review

Review Draft 1 Report

The HS team completes an internal review of Draft 1 of the Roundup, providing feedback and comments, as needed. The Project Owner reviews all feedback, and the Author(s) update the report accordingly. Draft 1 of the Roundup is completed and sent to KM.

Complete Final Draft Report

Upon receiving Draft 1 of the Roundup, KM performs a clarity check, and ensures that all hyperlinks work.

If required, further revisions are made, and the final draft of the Roundup is completed and approved by the Project Owner. The final draft is then sent to Publishing.

Detailed Roundup Process: Phase 4 – Publication and Dissemination

Copy-Editing and Sign-off

Upon receiving the report, Publishing performs the required copy-editing tasks, and the RIS team completes a CIV check. Once all tasks are done, Publishing forwards the completed final draft along with any other follow-up comments to the Project Owner for approval.

The Project Owner makes any final adjustments to the Roundup, and sends it to the Director for final approval and sign-off.

Formatting and Translation of Titles

Once the Roundup has been approved and signed off, the Project Owner sends the report back to Publishing for the remaining formatting and layout activities, as well as French translation of the titles and project details (not the full report). The HS Roundup is now ready for Web posting and dissemination.

Web Posting and Dissemination

The HS Roundup is typically disseminated electronically. When finalized, the Webmaster posts the final English PDF version of the Roundup, as well as the French translation of the titles and project details on cadth.ca.

KM also develops standard tools for the HS Roundup, as required. Most often, these tools are used as handouts at conferences and trade shows.

CADTH

Appendix 1

Definitions

Canadian Agency for Drugs and Technologies in Health (CADTH): an independent, not-for-profit organization funded by Canada's federal, provincial, and territorial governments. CADTH's role is to deliver reliable, timely, and credible evidence-based information and impartial advice to Canada's health care leaders and decision-makers through a variety of customized products and services.

CADTH Customer: an entity or organization that requests CADTH's products or engages CADTH's services. The customer is most often the first point of contact and requests knowledge from CADTH. The customers' needs may vary with specific topics, and they may request and/or choose between different products, services and suppliers. By expressing their needs, the customer drives the knowledge that CADTH produces.

Devices: medical devices, diagnostic tests, surgical procedures and other health care interventions.

Emerging Health Technology (EHT): a technology that has not yet been adopted in a health care system. Emerging pharmaceuticals are usually in phase II or III clinical trial or pre-launch stage. Emerging medical devices are at the pre-marketing stage or are within six months of being marketed, or have already been marketed but are only in use in a few centres. This may also include a new indication or use for an existing technology.

Health Care Technology: technologies that are inclusive of drugs, medical devices, diagnostics (such as tests), procedures, programs, and public health activities.

Health Technology Assessment (HTA): an evaluation of the clinical effectiveness, cost-effectiveness, and broader impact of medical technologies and health systems, on both patient health and the health care system. HTAs support and inform effective, evidence-based decisions about health policy and purchasing, service management, and clinical practice. They also provide extensive information and conclusions. However, they do not include recommendations from a CADTH expert committee.

Health Technology Update (HTU) Newsletter: an electronic newsletter, published twice per year and includes articles about new or emerging device health technologies including medical devices, diagnostic tests, surgical procedures, and other health care interventions. In some cases, the technologies have not yet been licensed by Health Canada, while other technologies may be in the early stages of diffusion and use in Canada.

Horizon Scan Roundup: a compilation of new and emerging health technologies, published twice per year, that lists titles recently published by major international HS services and selected health organizations recognized for their identification of innovative technologies. The focus of the Roundup is on device medical technologies including medical devices, laboratory tests, biomarkers, programs and procedures.

Horizon Scanning: the systematic identification of new and emerging health technologies that have the potential to impact health, health services, and/or society, and which may be considered for HTA.

Issues in Emerging Health Technologies Bulletins (IEHT): a series of concise bulletins describing drug and device technologies which are not yet licensed for use, or widely available in Canada.

Jurisdictions: the federal, provincial and territorial health ministries from across Canada.

Liaison Officer: a CADTH staff member who works closely with stakeholders in provincial and territorial jurisdictions, and who supports access to, and use of, evidence-based drug and health technology information by decision-makers. Liaison Officers contribute to enhanced communications between CADTH and the jurisdictions, and they highlight local needs, issues, and priorities that can guide program development, service delivery, and improvement, to ensure that CADTH's products and services remain responsive and relevant.

New Technology: a health technology including drugs or medical devices, in the phase of adoption that has only been available for clinical use for a short period of time, and is generally in the launch or early post-marketing stages.

Product: a deliverable that is provided to a client, consisting of an artifact that is produced, is quantifiable, and can be either an end item in itself or a component item.

Reference Check: a review of all the sources cited in the document, ensuring that they are accurate and follow the Citing Medicine bibliographic standards.

Stakeholders: organizations, institutions, or individuals who have a strong and vested interest in specific CADTH projects and their outcomes. Stakeholders may include:

- federal, provincial, and territorial Ministries of Health
- hospitals and health institutions
- health regions
- patients, consumers, and caregivers
- health professionals
- industry.

Topic: a health concept that is being, has been, or will be worked on internally to help determine a suitable product or service to be provided. Essentially, it is an idea that is being developed. The concept could result in multiple products, projects, or requests.