What happened in the last 2 years in HTA? Is Winter coming?

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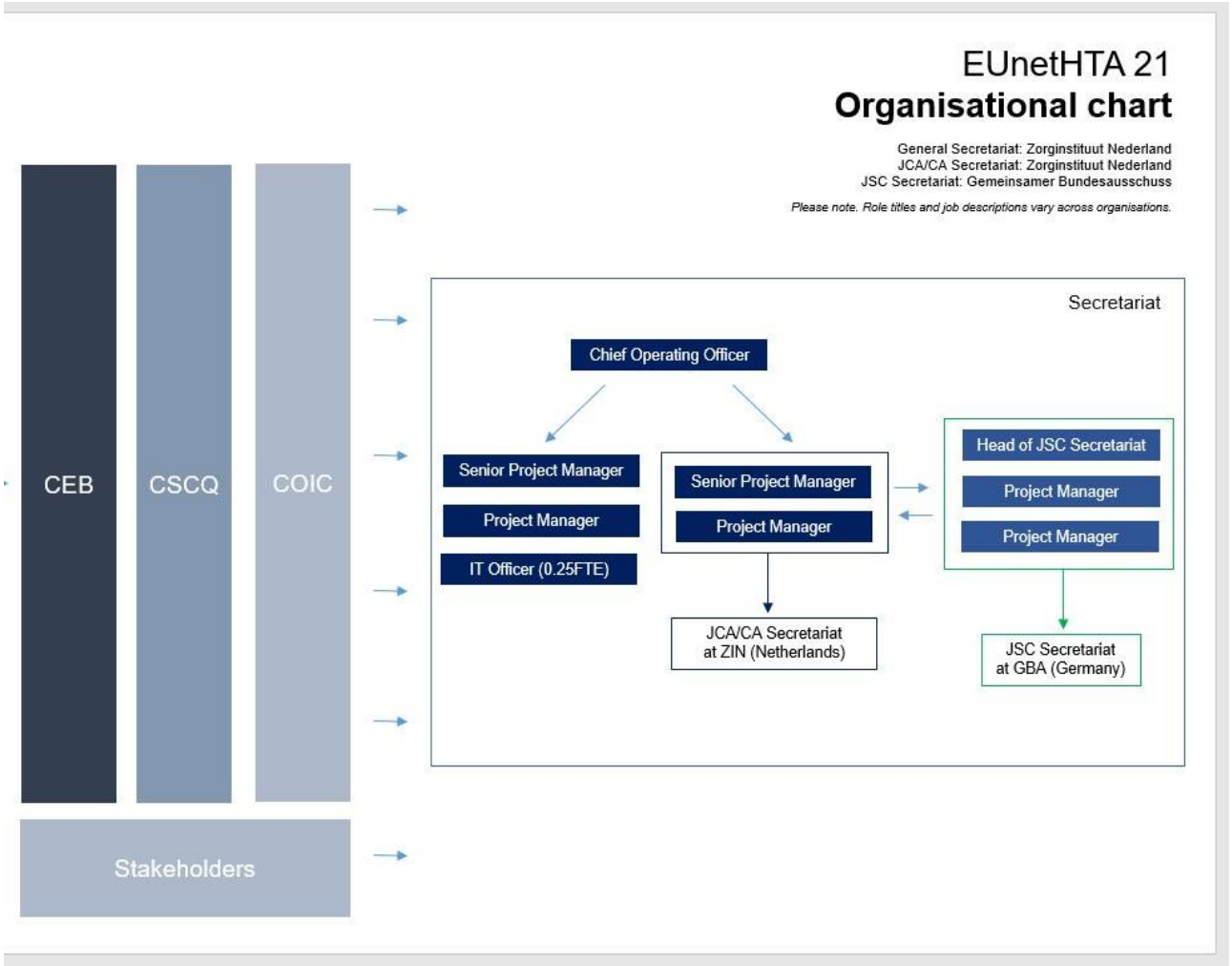
Winter is coming

EUnetHTA 21 and then what?

EUnetHTA project (2006 -2008) → EUnetHTA Collaboration (2009) → JA 1 (2010 – 2012) → JA 2 (2012 – 2015) → JA 3 (2016 – 2021) → EUnetHTA 21 (2021 – 2023)

EUnetHTA21 - is an integrative consortium continuing the collaborative work of previous Joint Actions, further building jointly towards the future EU HTA system under the EUnetHTA brand.
On 17 September 2021, the European Health and Digital Executive Agency (HaDEA) signed the Service Contract for the Provision of Joint Health Technology Assessment (HTA) Work Supporting the Continuation of EU Cooperation on HTA.

The Regulation (EU) 2021/2282 on health technology assessment (HTAR) entered into force on 11 January 2022 and will apply from **12 January 2025.**



- **CEB** (Consortium Executive Board)
- **CSCQ** (Committee for Scientific Consistency and Quality)
- **COIC** (Conflict of Interest Committee)
- **JCA** (Joint Collaborative Assessment; ZIN)
- **JSC** (Joint Scientific Consultation; G-BA)
- **HOG** (Hands on group)
- 17/09/21 – 16/09/**23**(!)

Joined scientific consultations (JSC)

- EUnetHTA 21 (2021 – 2023) offers at least 6, up to a maximum of 8, JSCs (formerly referred to as Early Dialogues) for medicinal products
- 3 conducted, a maximum of 5 in addition after the second call (ended 31/08/22)

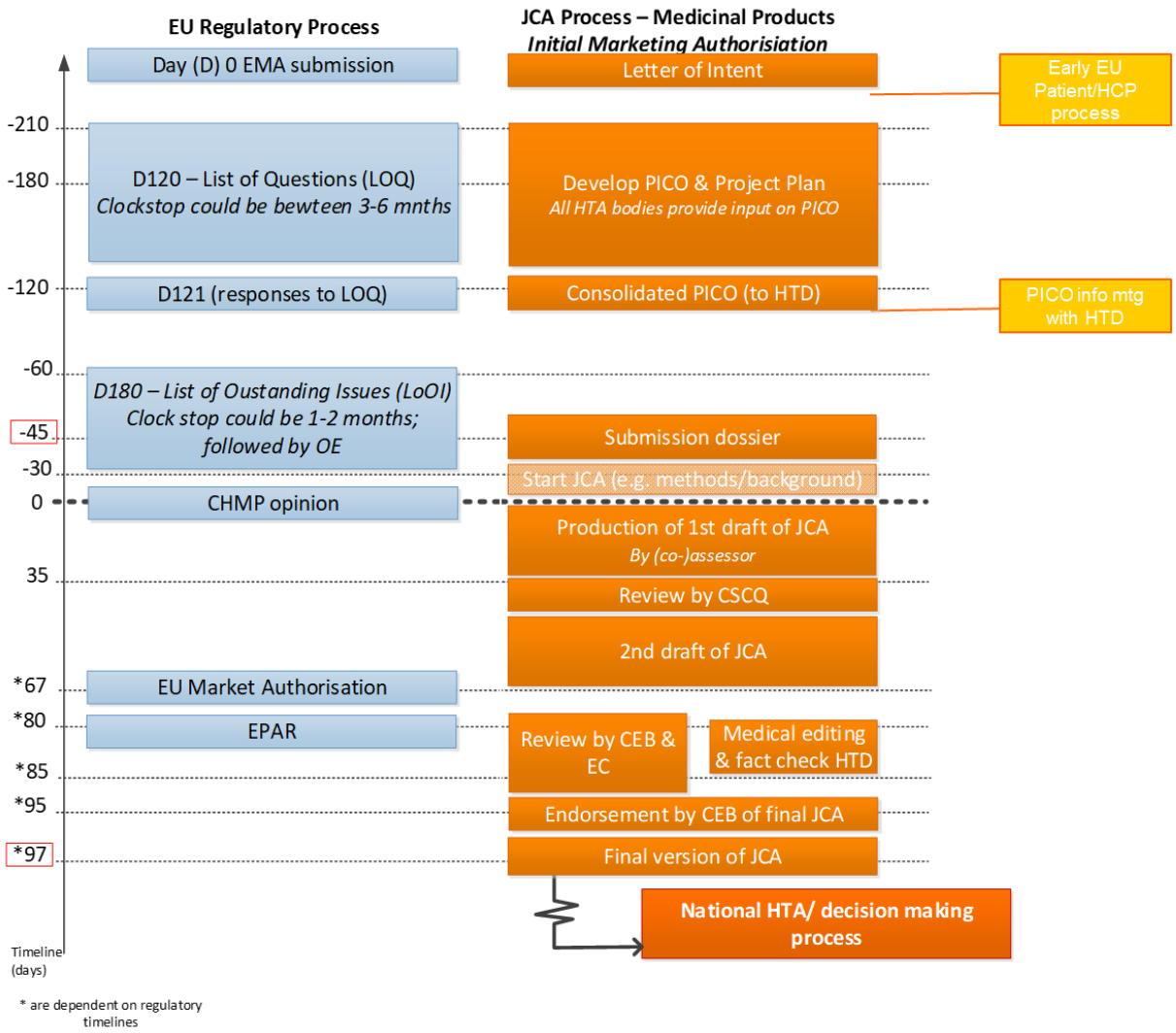
➢ Timing (long preparation time, no monthly submission) and resource restrains (70-90 SA's/month versus 8 JSC's in 24 month) have been highlighted already

➢ Are companies asking the right questions?

Joined clinical assessment (JAC)

Guidelines in italics = under revision

Title	Version	Last Update
Comparators & Comparisons: Criteria for the choice of the most appropriate comparator(s)	2.0	2015
Comparators & Comparisons: Direct and indirect comparisons	2.0	2015
Endpoints used for Relative Effectiveness Assessment Health: related quality of life and utility measures	2.0	2015
Endpoints used for Relative Effectiveness Assessment: Clinical Endpoints	2.0	2015
Endpoints used for Relative Effectiveness Assessment: Composite endpoints	2.0	2015
Endpoints used in Relative Effectiveness Assessment: Safety	2.0	2015
Endpoints used in Relative Effectiveness Assessment: Surrogate Endpoints	2.0	2015
Internal validity of non-randomised studies (NRS) on interventions	1.0	2015
Internal validity of randomised controlled trials	2.0	2015
Levels of Evidence – Applicability of evidence for the context of a relative effectiveness assessment	2.0	2015
Meta-analysis of diagnostic test accuracy studies	1.0	2014
Methods for health economic evaluations – A guideline based on current practices in Europe	1.0	2015
Personalised Medicine and Co-Dependent Technologies	1.0	2015
Practical considerations when critically assessing economic evaluations. Guidance document	1.0	2020
Process of information retrieval for systematic reviews and health technology assessments on clinical effectiveness	2.0	2019
Therapeutic medical devices	1.0	2015


EU Regulatory Process
JCA Process – Medicinal Products
Initial Marketing Authorisation
Day (D) 0 EMA submission
Letter of Intent
Early EU Patient/HCP process
-210
-180
D120 – List of Questions (LOQ)
Clockstop could be bewteen 3-6 mnths
Develop PICO & Project Plan
All HTA bodies provide input on PICO
-120
D121 (responses to LOQ)
Consolidated PICO (to HTD)
PICO info mtg with HTD
-60
D180 – List of Oustanding Issues (LoOI)
Clock stop could be 1-2 months;
followed by OE
-45
Submission dossier
-30
Start JCA (e.g. methods/background)
0
CHMP opinion
Production of 1st draft of JCA
By (co-)assessor
35
Review by CSCQ
2nd draft of JCA
*67
EU Market Authorisation
*80
EPAR
Review by CEB & EC
Medical editing & fact check HTD
*85
*95
Endorsement by CEB of final JCA
*97
Final version of JCA
National HTA/ decision making process
Timeline (days)
* are dependent on regulatory timelines

Must all submission also go for HTA?

- After 12 January 2025, the Commission, after seeking a recommendation from the Coordination Group, shall adopt a decision, by means of an implementing act and at least every two years, selecting the medical devices and in vitro diagnostic medical devices referred to in paragraph 1, points (c) and (d), for joint clinical assessment based on one or more of the following criteria:
  - (a) unmet medical needs;
  - (b) first in class;
  - (c) potential impact on patients, public health or healthcare systems;
  - (d) incorporation of software using artificial intelligence, machine learning technologies or algorithms;
  - (e) significant cross-border dimension;
  - (f) major Union-wide added value.
- Oncology products and/or ATMPs and indications for which there is no established guidance for clinical development (i.e. in absence of recent HTA evaluation in similar indication) are also given preferred consideration.

Guidelines directly affecting your work

- D4.2 – Scoping Process (PICO)
- D4.3.1 – practical guideline of comparators and comparisons
- D4.3.2 – Methodological guideline for comparators and comparisons
- D4.4 – practical guideline on endpoints
- D4.6 – Validity of clinical studies

- D5.2 – JCA report template guidance
- D7.1 – Practical Guideline for interaction with HTD and HTA

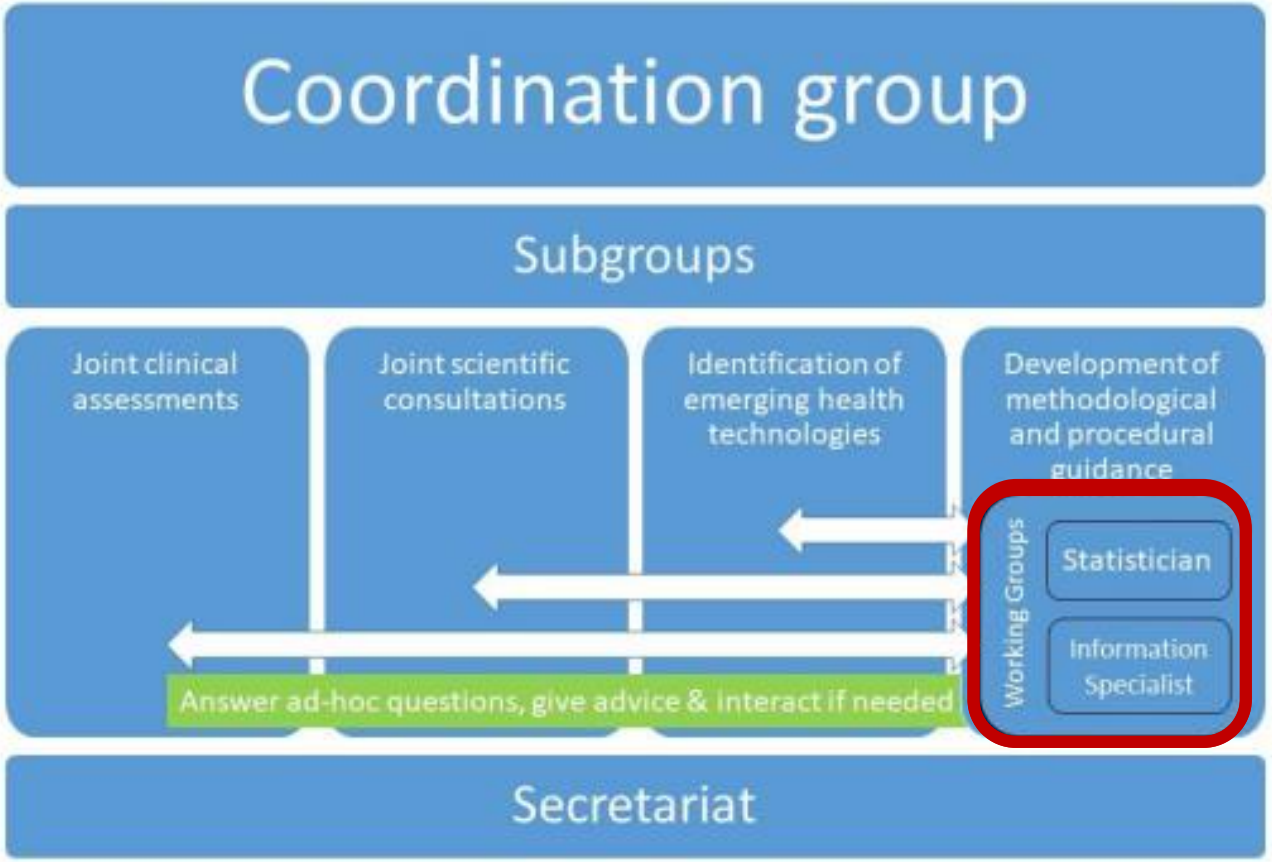
The REQueST tool for registries

- The Registry Evaluation and Quality Standards Tool (REQueST) aims to support HTA organisations and other actors in guiding and evaluating registries for effective usage in HTA.
- The tool has been developed to be a comprehensive resource that covers all important aspects relating to the quality of registries. The standards set out in the tool are universal and essential elements of good practice and evidence quality that are, therefore, relevant for different types of registries.
- REQueST sits alongside the existing guidance on registries as a way to implement it.

Joined EMA EUnetHTA workplan

- Optimise utilisation of registries for post-licensing/launch evidence generation to support decision making - Collaborative work on registry methodologies
- Further optimisation of the regulatory assessment report to facilitate uptake of regulatory consideration in the context of HTA
- Continue sharing experience on labelling and EPARs information, e.g. regarding information on subpopulations
- Supporting access to and analysis of real-world data (HTA representation in the advisory board of DARWIN EU / Explore use cases for HTA RWE and pilot them through DARWIN EU)

Some sort of Methodology Working Party?



Open for discussion

- Is everyone aware why asking the HTAs the same questions as SAWP is not really utilising the JSC in the best way?
- Which aspects of the future JCA are unclear (particular in terms of additional evidence requirements).
- Acceptability of methodologies differ between HTABs and Regulators but also between HTABs. Challenges?

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