Identifying patterns in lung cancer Health Technology Assessment outcomes across England and Germany using an AI-enabled market access intelligence platform

HTA347

Boland, L[1]; Keating, T[1]; Wu, CS[1]
[1]Remap Consulting, Cheshire, United Kingdom

INTRODUCTION

- Understanding differences in HTA outcomes across markets remains challenging due to variation in assessment frameworks and the volume of available decision documentation
- Agorva™ is Remap Consulting's AI-enabled HTA and market access intelligence platform, purpose-built to support structured analysis of HTA and reimbursement decisions. It brings together published HTA and regulatory decisions from multiple agencies in a structured, searchable and traceable dataset that continuously ingests published HTA and regulatory decisions from multiple agencies
- This study used that AI-enabled market access intelligence platform to identify and compare lung cancer assessment outcomes across England and Germany, and to explore potential drivers of outcome variation

OBJECTIVES

1. To assess the access in England and Germany of lung cancer treatments over a 5-year period
2. To use an AI-enabled market access intelligence platform to source the information required for the assessment

METHODS

- As of August 2026, Agorva™ contained more than 13,000 regulatory and HTA decisions covering close to 4,000 therapeutic agents
- Decisions are presented in a consistent structure across markets, including the indication assessed, payer unmet need, decision PICO, outcomes measured and evidence underpinning the decision, with summaries presented in English
- Where a body issues separate verdicts for distinct patient subpopulations, as G-BA does, each is retained as a separate decision, preserving subgroup-level differences in added benefit
- Data were extracted from official sources. Outcome measures were graded by their role in the decision, and each agency's verdict was mapped to a common outcome set, with the original wording retained
- Each AI-extracted value can be traced back to the supporting passage in the original source document. Products assessed in both markets enabled cross-market comparison of outcomes and assessment patterns

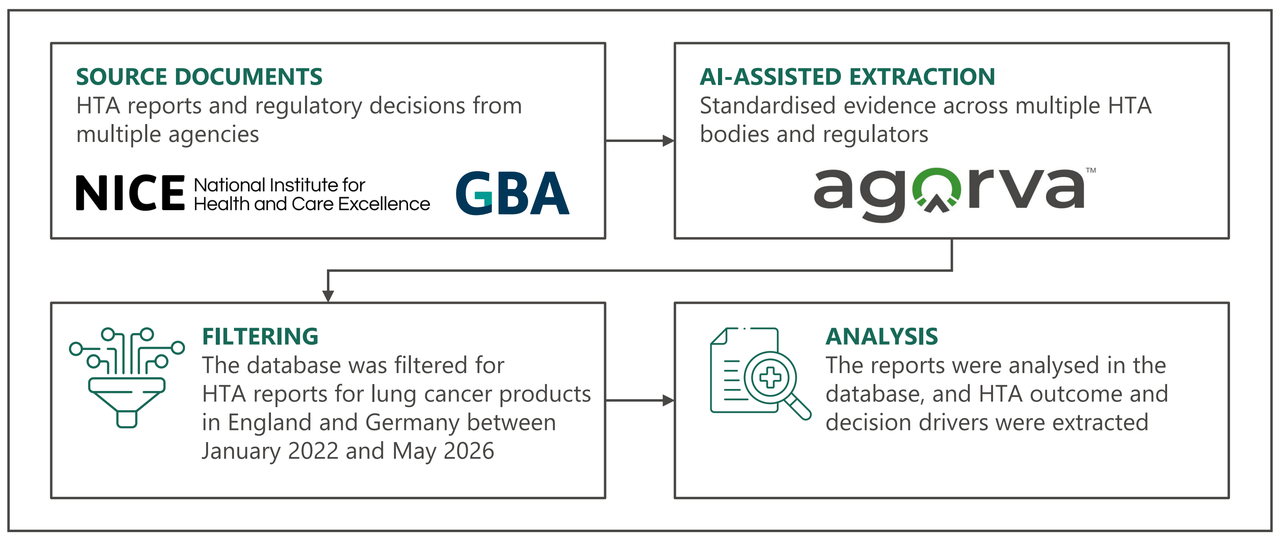


Figure 1. Methodology of extraction and analysis of data from HTA reports

RESULTS

- **Assessment coverage:** 25 lung cancer assessments were identified in England conducted by NICE and 51 in Germany by the G-BA, with 11 products evaluated in both markets (Figure 2). HTA outcomes differed among these products in the England (Figure 3) and in Germany (Figure 4)
- **Cross-market variation:** Among products assessed in both markets, variation was observed in assessment outcomes and decision drivers (Table 1)
- **Divergent decisions:** 2 of 11 products received a negative recommendation in England but were approved in Germany
- **Potential drivers:** Differences in HTA frameworks and assessment approaches, including the role of economic evidence, health-related quality of life and biomarker-related outcomes, may contribute to variation between markets

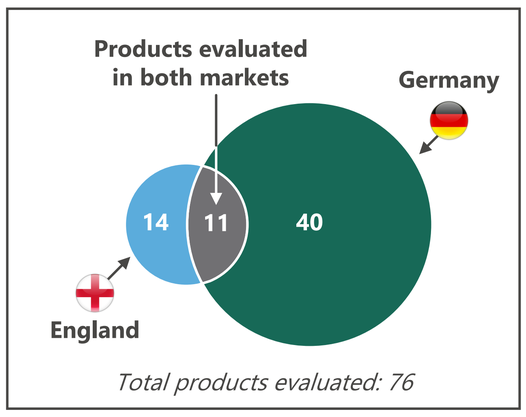


Figure 2: Lung cancer assessments in England and Germany

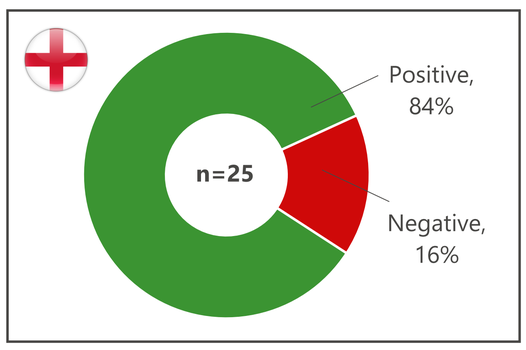


Figure 3: Lung cancer assessment outcomes in by NICE in England between January 2022 and May 2026

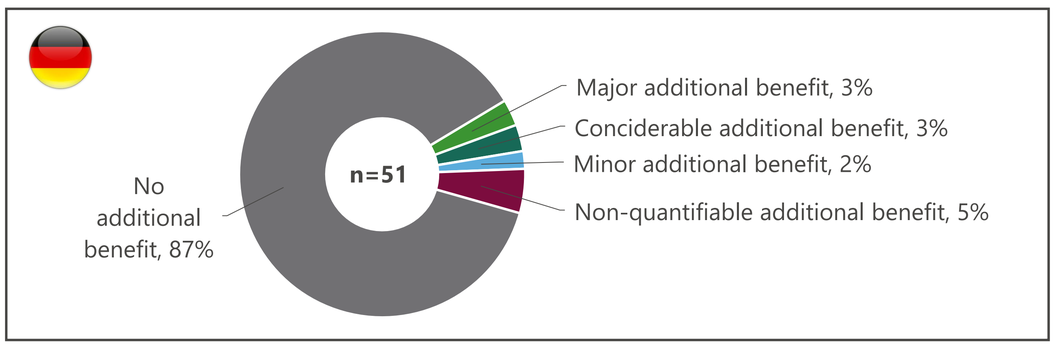


Figure 4: Lung cancer assessment outcomes by the G-BA in Germany between January 2022 and May 2026

Table 1: Summary of overlapping HTA outcomes

	NICE			G-BA		
Drug name	**Outcome**		**Decision driver**	**Additional benefit**		**Decision driver**
Amivantamab	Negative		OS, PFS, ICER*	No		OS
Atezolizumab	Positive (optimised)		ICER*	Considerable		OS, DFS, recurrence rate
Durvalumab			EFS, ICER*	Not proven		ITC
Durvalumab			OS, ICER*	Considerable		OS
Lorlatinib			PFS, ICER*	Not proven		OS
Osimertinib			ICER*	Major (after adjuvant PBC)		OS, DFS, AE3+, D/C, reccurance rate
				Not proven (eligible for adjuvant PBC)		
Osimertinib			PFS, ICER*	Not proven		AE3+, SAE, C/C
Pembrolizuma			EFS, ICER*			OS, EFS
Pembrolizumab			OS, DFS, ICER*			DFS, AE3+, SAE, D/C, recurrence rate
Pralsetinib	Negative		ICER*			OS, PFS, ORR
Selpercatinib	Positive (optimised)		ICER*			OS, PFS, ORR
Sotorasib			OS PFS	Not proven (not following docetaxel)		Symptoms, health status
				Non quantifiable (following docetaxel)		

*Outcomes underpinning each ICER are captured as considered outcomes in Agorva™

CONCLUSIONS

Agorva™ enabled:

- Rapid structured comparison of 76 lung cancer assessments across England and Germany
- Cross-market comparison, highlighting the differences in outcome between NICE and the G-BA
- Clear visibility of the factors driving each assessment decision
- Paragraph-level traceability to the original decision source

References: NICE, available at www.nice.org.uk; Gemeinsamer Bundesausschuss available at www.g-ba.de

Abbreviations: AE3+: Grade 3 or higher adverse events; AI: Artificial intelligence; C/C: Expansion unclear; D/C: Discontinuation; DFS: Disease-free survival; EFS: Event-free survival; G-BA: Gemeinsamer Bundesausschuss (Federal Joint Committee); HTA: Health technology assessment; ICER: Incremental cost-effectiveness ratio; ITC: Indirect treatment comparison; NICE: National Institute for Health and Care Excellence; ORR: Objective response rate; OS: Overall survival; PBC: Platinum-based chemotherapy; PFS: Progression-free survival; PICO: Population, intervention, comparator, outcomes; SAE: Serious adverse event

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