From evidence uncertainty to accountability

A payer perspective on HTA in oncology

Affordable access

Solid evidence

Sustainability

EORTC / CDDF multi-stakeholder workshop
Health Technology Assessment in cancer drug development
5 October 2026

The payer mission: accountable for access, solidarity and finite budgets

Access

Public payers have a statutory mission: making effective and affordable treatments available to patients.

Value

Reimbursement must be grounded in relevant comparators and added therapeutic value.

Sustainability

Every decision has an opportunity-cost ratio: funding one intervention may displace another health priority.

A treatment is not accessible if systems cannot sustainably fund it.

Payers are ready to reward meaningful innovation,
but affordability and public return on investment must be part of the same conversation.

Pharmaceutical expenditure is rising across countries: Oncology is a central driver

According to the last ESIP-MEDEV pharmaceutical expenditure survey

Three signals from ESIP–MEDEV members

1. **Expenditure on the rise** — All reporting members saw pharmaceutical expenditure rise.
2. **Price matters** — Higher prices, especially for novel expensive drugs, appear to be a key driver more often than volume.
3. **Oncology stands out** — Oncology products, including orphan indications, are repeatedly identified as main expenditure drivers.

Oncology tests the system with high uncertainty and high-budget impact.

Sources: ESIP-MEDEV, Trends in pharmaceutical expenditure, October 2024

The oncology evidence gap

Where uncertainty appears

- Indirect comparisons and small subgroups
- Surrogate endpoints and unclear magnitude of benefit

How payers react

- Payers often decide under uncertainty while prices and patient expectations are high.
- Reimbursement decisions become harder to justify under shrinking public budgets.
- Funding one intervention may displace another health priority.
- Managed entry and rebates help, but do not remove uncertainty.

What payers are ready to reward?

1. Added value

Unmet needs and clear improvement over current standard of care against the right comparator.

2. Return on investment

Prices and conditions that reflect added value, evidence maturity and affordability.

3. Manageable uncertainty

An evidence generation plan that answers decision-relevant questions in a feasible timeframe.

How can HTA accelerate and improve access?

Earlier alignment on evidence can support timely, affordable access.

From development choices to reimbursement decisions



- Discuss HTA and payers' needs before pivotal trial choices are locked in.
- Discuss clinically relevant comparators and endpoints across decision-makers.

For HTA in oncology:

Evidence standards are crucial for informed decisions taking into account the realities of public budgets.

Do we talk enough to each other?

A payer-friendly simplification agenda

- Earlier EMA-HTA-payer dialogue on evidence gaps, while respecting distinct roles.
- Clearer communication on what JCA can answer.
- Less duplication where evidence questions genuinely overlap.
- Common understanding on uncertainty, value and affordability.

shared understanding

The central trade-off is not “fast access versus HTA”
It is “unmanaged uncertainty versus accountable access”