

# HTA CG

MEMBER STATE COORDINATION GROUP OF  
HEALTH TECHNOLOGY ASSESSMENT



## Status on Joint Clinical Assessment

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# Regulatory (EU)

## EMA

### Regulatory approval

- Does technology X work?
- Does the benefit of technology X outweigh the risks?
- Are there any additional needs for technology X post-licencing?

Single licensing system; one EU legislation

# Health Technology Assessment

## HTAR

In JCA: relative assessment of Technology X vs. Technology Y (and others)

- How does it compare to what we already have (fewer harms, in whom etc)

**Relative effectiveness and relative safety**

### Clinical domain only!

- No value judgements
- No conclusions on added value or reimbursement
- Common methodology and approach

## National

### Appraisal phase

- e.g. cost effectiveness to be added
- Other considerations?
- Weighing arguments; decision making/reimbursement advice

JCA should be given due consideration in national decision-making

# Ongoing JCA of Medicinal Products

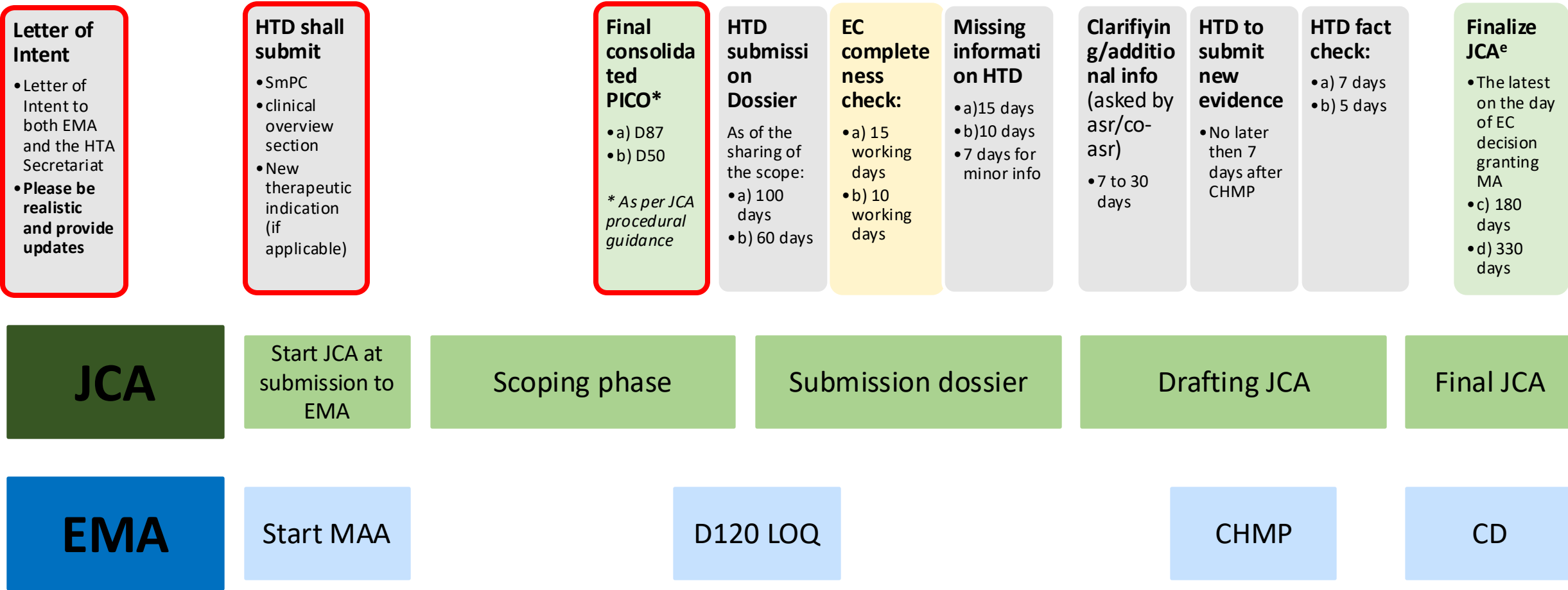
[https://health.ec.europa.eu/health-technology-assessment/implementation-regulation-health-technology-assessment/joint-clinical-assessments\\_en](https://health.ec.europa.eu/health-technology-assessment/implementation-regulation-health-technology-assessment/joint-clinical-assessments_en)

JOINT CLINICAL ASSESSMENT (JCA)
DEFINITION
<ul style="list-style-type: none"> <li>- Joint HTA reports, produced by 2 EU MS</li> <li>- On HTD submission dossier</li> <li>- HTD cannot submit data again on national level</li> <li>- Focussing on the <b>clinical domains</b></li> <li>- <b>Without value judgements</b></li> <li>- MS to give due consideration</li> </ul>
AIM
Avoid duplications of work, increase consistency & quality of assessments; ultimately facilitate patient access
SCOPE UNDER HTAR
Medicinal Products <ul style="list-style-type: none"> <li>- From Jan '25: New active substance Onco &amp; ATMP</li> <li>- From Jan '25: + JCA on Orphan</li> <li>- From Jan '30: full scope</li> <li>- Includes Type II variation once JCA has been published on the initial indication</li> </ul> Medical Devices <ul style="list-style-type: none"> <li>- High risk MD, Type IIb/III and IVD (as of 2026)</li> </ul>

ONGOING JCA		
SUMMARY INDICATION	ASSESSOR/CO-ASSESSOR	STATUS
Melanoma	France/Poland	Confirmation check dossier
Paediatric low-grade glioma	Ireland/Germany	
Bladder cancer	Netherlands/Denmark	Scope finalized – HTD informed of final assessment scope and assessment scope explanation meeting took place
SMA	Ireland/France	
Small cell lung cancer	Germany/Portugal	
Breast cancer	Austria/Belgium	
Small cell lung cancer	Germany/Hungary	
Synovial sarcoma or leiomyosarcoma	Sweden/Norway	Scope finalized – HTD informed of final assessment scope
Ovarian, fallopian tube or peritoneal cancer	Germany/Slovenia	

# JCA timelines in parallel to EMA

- a) Standard procedure for New Chemical Entities
- b) Type II variation (Extension of Indication) and accelerated procedure
- c) re-initiation of JCA or update of JCA without a new scope
- d) Update of JCA with a new scope
- e) To be followed by adopted CG



**HTA CG**

Subgroup Joint Clinical Assessment



# Involvement of experts in JCA

- Co-creation of effective patient and clinical experts involvement is key ;
- [Working group on the identification of patients and clinical experts](#) launched within the Health Technology Assessment Stakeholder Network ;
- Identification of individual experts and Col check by the HTA Secretariat (EC) ;
- Selection of experts by the JCA SG ;
- Experts comment the consolidated scope before finalization and the revised draft report (*IR JCAs for medicinal products*) ;
- [Fifth meeting of the SN held on 1 July 2025](#) in Brussels;

[Health technology assessment: Webinar for patients and clinical experts - Public Health](#)

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# Key take aways for health technologies developers

