

Evidence transportability:

The use of high-quality, accessible real-world data and real-world evidence from outside the jurisdiction where a joint clinical assessment (JCA) or health technology assessment (HTA) decision is being made, to address evidence gaps, expand the availability of key data elements, and improve overall relevance.



Why is evidence transportability needed in JCA and HTA decision-making?

JCA stakeholders and HTA bodies indicate a preference for local data, but this may not always be suitable to answer all questions of interest due to factors such as:

Local data may lack granularity – such as patient diversity, completeness, or relevance

Long-term outcomes may not be available

There may be small patient populations

Transporting evidence offers a pragmatic, efficient approach, enabling high-quality data from outside a jurisdiction to complement or substitute local evidence, filling gaps and strengthening JCA or HTA submissions.

How can we navigate evidence transportability to ensure acceptance?

Companies that leverage evidence transportability successfully facilitate quicker and more efficient dialogue and alignment with HTA bodies, ultimately leading to a more seamless HTA acceptance. With no clear metrics or guidance, navigating evidence transportability is complex.

At Lumanity, we implement a structured framework to assess and enable evidence transportability effectively.

Framework for navigating evidence transportability

Upfront assessment (pre-study)

Assess population similarity

Do the source and target populations share similar demographics and disease characteristics?

Understand healthcare system context

How do care pathways, access, and reimbursement differ across regions?

Evaluate local data source quality

Is local data complete, accurate, and timely – or is non-local data more suitable?

Study execution and validation (during / post-study)

Apply adjustment methods

What statistical approaches can correct for population and system differences?

Validate findings

Can findings be compared with local data or trials to confirm relevance?

Maintain transparency

Are all data sources, assumptions, and methods clearly documented for review?

Case study – using the evidence transportability framework in a lung cancer comparison between the Netherlands and key markets

The Netherlands is often seen as a proxy for Western European countries (France, Germany, Italy, Spain and the UK). The PHARMO Institute, part of Lumanity, offers analyses of unique and clinically rich healthcare data from the Dutch population.

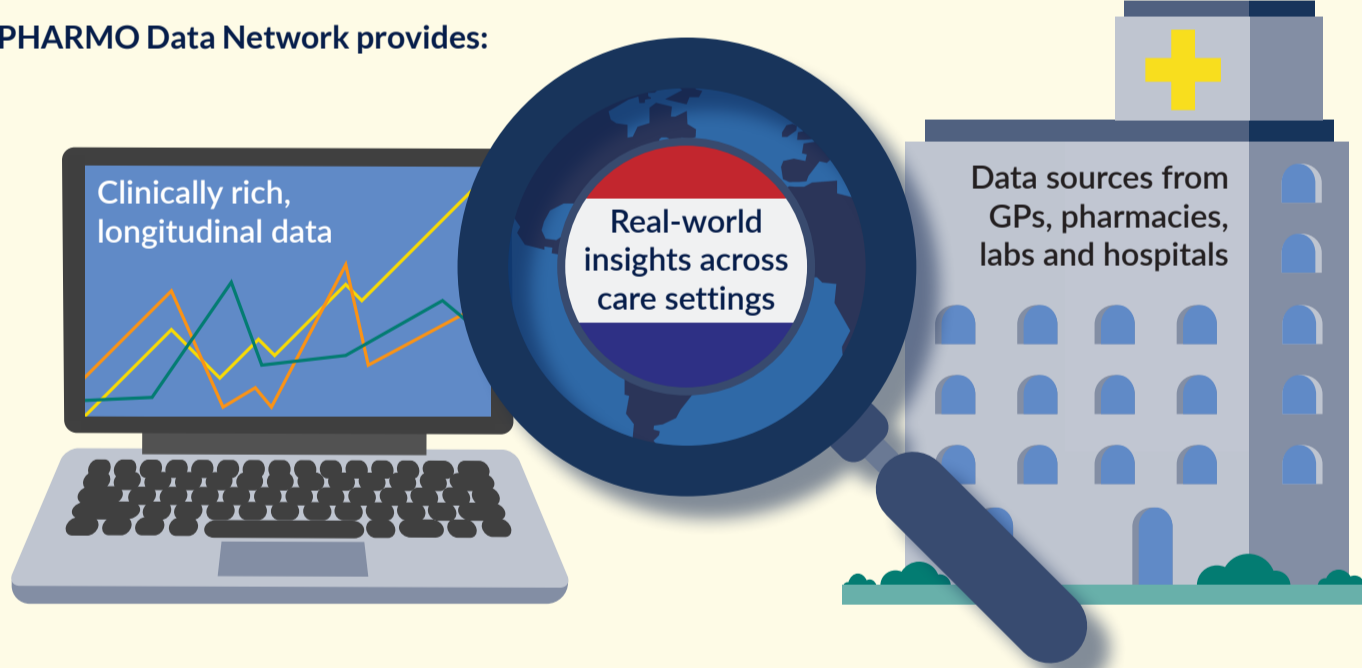
Why?

Lack of suitable data at a local level context

How?

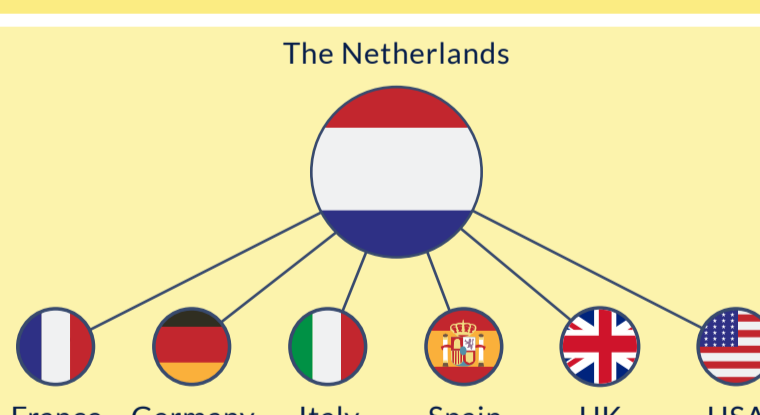
Data from the PHARMO Data Network compared to local data using our evidence transportability framework

The PHARMO Data Network provides:



Outcome

By assessing patient demographics, population similarities, healthcare systems, treatment patterns, and disease incidence/prevalence between the Netherlands and key markets, we can ensure data quality, relevance, and suitability for evidence transportability



- Comparable to The Netherlands
- Largely comparable to The Netherlands with minor differences
- Moderately similar to The Netherlands
- Different as compared to The Netherlands

	France	Germany	Italy	Spain	UK	USA
Population characteristics	Comparable	Comparable	Largely comparable	Largely comparable	Comparable	Largely comparable
Patient demographics	Comparable	Comparable	Largely comparable	Largely comparable	Comparable	Largely comparable
Healthcare system	Comparable	Comparable	Comparable	Comparable	Largely comparable	Moderately similar
Treatment patterns	Largely comparable	Largely comparable	Largely comparable	Largely comparable	Largely comparable	Largely comparable
Data quality	Largely comparable	Moderately similar	Largely comparable	Largely comparable	Largely comparable	Comparable



<http://bit.ly/49DLAA2>

As global demand for RWE grows, evidence transportability provides a pragmatic and efficient path to generate impactful data for JCA, HTA, and payer decisions when local data is not suitable or available. Through rigorous evaluation, robust methodology, and effective stakeholder collaboration, organizations can navigate this complex landscape and optimize evidence transportability strategies to advance healthcare innovation

Further resources

Newton A, Ventatachalam M, Jeswani N. Real-World Evidence Without Borders: Navigating Evidence Transportability in HTA and JCA Decision-Making. (2025). Available from: <https://lumanity.com/perspectives/real-world-evidence-without-borders-navigating-evidence-transportability-in-hta-and-jca-decision-making/>

Venkatachalam M. Harnessing Real World Evidence for European Joint Clinical Assessments. (2025). Available from: <https://lumanity.com/perspectives/harnessing-real-world-evidence-for-european-joint-clinical-assessments/>

Kuiper JG, Bakker M, Penning-van Beest FJA, Herings RMC. Existing Data Sources for Clinical Epidemiology: The PHARMO Database Network. *Clin. Epidemiol.* 12, 415–422 (2020). Available from: <https://doi.org/10.2147/CLEP.S247575>