Poster 211

A comparison of conflict-of-interest (CoI) management rules for the EU Joint Clinical Assessment (JCA) versus selected European national health technology assessment (HTA) bodies: Implications for orphan medicinal products

Julia Tokarska[1], Remon Helmy[2], Paul Craddy[1], Karl-Johan Myren[3], Simu Thomas[4]

[1]Remap Consulting, Cheshire, United Kingdom; [2]Alexion, AstraZeneca Rare Disease, Global Health Economics & Outcomes Research, Baar, Switzerland; [3]Alexion, AstraZeneca Rare Disease, Global Health Economics & Outcomes Research, Stockholm, Sweden; [4]Alexion, AstraZeneca Rare Disease, Global Health Economics & Outcomes Research, Boston, MA, United States.

INTRODUCTION

- Expert contributions are critical to health technology assessment (HTA), particularly in rare diseases, which often lack sufficient evidence or clinical guidelines, resulting in heterogeneous clinical practice.
- The European Commission has established a regulation for conflict-of-interest (CoI) management in Joint Clinical Assessment (JCA) and other joint HTA work to safeguard the credibility and independence of expert involvement.
- However, in orphan medicinal product (OMP) assessments, where low prevalence often limits available expertise, highly restrictive CoI provisions may jeopardise representative expert participation and undermine the robustness and clinical relevance of assessments.

OBJECTIVES

- To compare CoI provisions in the Commission Implementing Regulation (EU) 2024/2745 with selected national HTA bodies across Europe, highlighting potential implications for expert (clinician/patient) involvement in OMP assessments, and illustrating opportunities for learning and improvement in the CoI management framework for JCA.

CONCLUSIONS

- The Implementing Regulation (EU) 2024/2745 provides a strong foundation for CoI management. However, its predominantly exclusionary design may systematically limit stakeholder participation in OMP assessments. In this area, clinician and patient pools are already limited, and many experts are involved in trials or advisory roles that may render them ineligible under current rules.
- As rare-disease expertise is itself rare and its clinical practice can be heterogeneous, seeking expert opinion should be more inclusionary to reflect clinical practice in the EU.
- While the Implementing Regulation provides a derogation for exceptional cases where no conflict-free experts are available, this is a last-resort and discretionary option. Without clearer guidance, patients and clinical experts lack predictability around how they may be appropriately involved. Companies may also limit expert engagement during product development to avoid later exclusion from assessment, potentially compromising development quality.
- In this context, national CoI frameworks highlight several features that may help inform future refinement. These include a more context-sensitive approach in place of rigid financial and categorical thresholds, proportionate stratification of interests linked to appropriate mitigation measures, and clearer rules for the managed participation of indispensable conflicted experts under predefined safeguards.
- Drawing on CoI management best practices from Member States could better support OMP assessments by enabling the participation of crucial experts while maintaining the credibility of the process.

METHOD

A comparative review of public documents was undertaken to compare CoI management provisions in European Commission Implementing Regulation (EU) 2024/2745[1] with those of selected national HTA bodies in Austria,[2,3] Belgium,[4,5] France,[6] Germany,[7-9] Ireland,[10-12] Italy,[13] the Netherlands,[14] Spain,[15] and Sweden.[16-18]

DEFINE OBJECTIVE → Comparative review of CoI management provisions across:
- EU regulation
- Selected national HTA bodies

SELECT SCOPE → European Commission Implementing Regulation (EU) 2024/2745[1] and HTA bodies in selected countries

IDENTIFY SOURCES → Publicly available CoI-related policies and guidance documents were identified from each institution's official website

EXTRACT DATA → Relevant provisions were extracted and analysed using a structured comparison framework

COMPARE ACROSS DOMAINS → The comparison covered the categories of interests assessed, look-back periods, financial thresholds, actions triggered by declared conflicts, and any exceptional participation rules

RESULTS

- **The key distinction between the Implementing Regulation (EU) 2024/2745 and the reviewed national HTA approaches to CoI management lies in their underlying methodology: the Implementing Regulation applies predefined CoI criteria linked to exclusion from participation, whereas national HTA bodies adopt more flexible, case-by-case assessments to determine appropriate actions.**
- **The Implementing Regulation permits the participation of conflicted experts in "exceptional cases" (e.g. rare diseases) when no conflict-free expert is available, but it gives limited detail on how this should be applied; several national frameworks include more detailed provisions.**

1. The Implementing Regulation (EU) 2024/2745 CoI exclusion rules

- Under the Implementing Regulation, experts must declare a broad range of interests, assessed against a structured matrix that links each type of interest to an exclusion rule.
- Depending on the timing and nature of the interest, they may be excluded from joint assessments for the specific technology, comparators, therapeutic area, or any joint work (Table 1). The same rules apply to all individual experts, including clinical experts and patients.
- Examples of interests that can lead to exclusion include manufacturer-sponsored investigator, consultancy or strategic advisory roles, and payments or reimbursements above €1,000 within the previous 3 years.

Table 1. Implementing Regulation (EU) 2024/2745 exclusion rules for individual experts

Declared interest with the HTD		Lookback period and related exclusions
1. Employment	Executive role	■ Current / ■ 5 years
	Other roles	■ Current / ■ 3 years
2. Consultancy	(Regardless of remuneration)	■ Current / ■ 3 years
3. Strategic advisory	(Regardless of remuneration)	
4. Financial interests	Co-ownership, shares and other stocks, intellectual property rights	■ Current / ■ 3 years
	Payment/reimbursement of expenses >1.000 EUR cumulative from one HTD	■ Over 3 years
5. Principal investigator and investigator		■ Current; 3 years
6. Lead member in an organisation / receiving funding from HTD		■ Current; most recent financial year closed
7. Interests of immediate family members		■ Current

CoI exclusion rules key: Interests constituting a CoI resulting in exclusion from: ■ Any participation in the joint work ■ HTA in relation to the specific manufacturer, specific health technology, or therapeutic area
HTD, health technology developer

2. The national HTA bodies' approaches to CoI management

- Across the nine countries reviewed, the types of interests that must be declared broadly align with the Implementing Regulation.
  - They include scientific, strategic, and advisory relationships with manufacturers, and financial or intellectual interests.
  - However, the national frameworks generally do not specify thresholds such as payment amounts for declaration, and look-back periods vary.
- The national HTA bodies generally rely on committee-led review of declared interests and decide appropriate actions case-by-case, rather than applying fixed financial thresholds or exclusion triggers.
  - Actions triggered by CoI may include: exclusion, restricted involvement, or participation with disclosed CoI (Table 2). Several HTA bodies provide detailed guidance on CoI management:

France, Sweden and the Netherlands: Published guidance outlines situations likely to constitute a CoI. Compared with the Implementing Regulation, these appear more lenient, e.g. by suggesting that financial gain must be substantial to indicate CoI, and placing greater emphasis on individual appraisal and proportionality

Italy: Assessors classify declared interests by level, which determines participation:
1. No or irrelevant conflict → full participation;
2. Relevant conflict → no involvement in related procedures;
3. High conflict → no participation

Germany: Only voting members may be excluded from assessments; other experts may participate, provided their interests are disclosed

- HTA bodies in Austria, Belgium, Ireland and Spain provide fewer details on CoI management.
- In Spain, the draft Royal Decree refers to future CoI guidance, but detailed rules had not been published at the time of review.

Table 2. Comparison of Implementing Regulation (EU) 2024/2745 vs national HTA CoI rules

	DoI Requirements		CoI Management		
	DoI form / guidance available	**DoI look-back period (years)**	**CoI identification method**	**Action triggered by identified CoI**	**Exceptional participation rules for indispensable conflicted experts**
JCA	✓	3-5 (Table 1)	●	Exclusion from JCA in line with the established rules (Table 1)	✓ "The Commission may propose to the relevant subgroup the appropriate involvement" of expert
Austria	✓	3	✱	✱	✱
Belgium	Limited	✱	◆	✱	✱
Germany	✓	3	◆	Participation with declared conflicts disclosed (only voting members may be excluded from participation)	✗
France	✓	5 (main activities) Current (other)	◆	Exclusion or participation with declared conflicts disclosed	✓ Expert may provide oral or written contribution (CoI disclosed and rationale annexed), but not participate in drafting recommendations
Ireland	Limited (only available for patient organisations)	2	✱	✱	✱
Italy	✓	3	◆	Stratified CoI assessment with three risk levels and proportionate participation rules	✓ Expert may consult but not participate in decision-making or other functions reserved to the Agency
Nether-lands	✓	Current	◆	Restricted participation or exclusion (potential direct financial gain leads to full exclusion)	✓ Expert may participate in meeting (but not in decision-making), or through a hearing procedure only
Spain	✗	✱	✱	✱	✱
Sweden	✓	5	◆	Exclusion from the assessment	✓ Expert may perform tasks nobody else can perform without a considerable delay

Key: ● Predefined CoI criteria ◆ Case-by-case evaluation of the DoI by the appointed body ✱ Details not available
CoI, Conflict of interest; DoI, Declaration of interest; HTA, Health technology assessment; JCA, Joint clinical assessment

3. Exceptional participation rules

- The Implementing Regulation allows conflicted experts to participate in "exceptional cases" (e.g., rare diseases) when no conflict-free expert is available, but this remains operationally unclear.
  - The discretionary language and undefined "appropriate involvement" create uncertainty for all stakeholders.
- Conversely, HTA bodies in France, Italy, Sweden, and the Netherlands provide provisions that allow contributions of conflicted experts under defined conditions.
  - These include limiting the role to advisory input, restricting the scope of contributions, or excluding the individual from drafting recommendations or decision-making (Table 2).

Acknowledgements This research was funded by Alexion, AstraZeneca Rare Disease. **Disclosures** RH, K-JM, and ST are employees and / or shareholders of Alexion, AstraZeneca Rare Disease. JT and PC are employees and / or shareholders of Remap Consulting, which received consulting fees from Alexion, AstraZeneca Rare Disease, to conduct this research. **References**
1. European Commission. Implementing Regulation (EU) 2024/2745. https://health.ec.europa.eu/publications/implementing-regulation-eu-20242745-conflict-interest-rules-under-eu-health-technology-assessment_en 2. AIHTA. ePrints repository. https://eprints.aihta.at/view/types/his.html 3. ICMJE. Disclosure of Interest. https://www.icmje.org/disclosure-of-interest/ 4. KCE. Conflicts of interest: methods and procedures. https://kce.fgov.be/en/about-us/our-methods-and-procedures/conflicts-of-interest 5. KCE. Report 147C: Drug reimbursement systems. 2011. https://kce.fgov.be/sites/default/files/2021-11/KCE_147C_Drug_reimbursement_systems_4.pdf 6. HAS. Public declaration of interests guide. 2023. https://www.has-sante.fr/upload/docs/application/pdf/guide_dpi.pdf 7. G-BA. FAQ: Disclosure statement. https://www.g-ba.de/ueber-den-gba/wer-wir-sind/mitglieder/offenlegungserklaerung/ 8. G-BA. Rules of Procedure. 2025. https://www.g-ba.de/downloads/62-492-3830/VerfO_2024-10-17_iK_2025-05-29.pdf 9. G-BA. Rules of Procedure, Annex I: Disclosure statement. 2016. https://www.g-ba.de/richtlinien/anlage/125/ 10. NCPE. Patient template guidelines and tip sheet. https://www.ncpe.ie/for-patients/template-guidelines-and-tip-sheet/ 11. NCPE. Submission templates: full submissions. https://www.ncpe.ie/submission-process/submission-templates/format-of-full-submissions/ 12. NCPE. Healthcare professionals. https://www.ncpe.ie/healthcare-professionals/ 13. AIFA. Regulation on prevention and management of conflicts of interest within AIFA. 2025. https://www.aifa.gov.it/documents/20142/2703028/Regolamento_prevenzione_gestione_conflitto_Interessi_AIFA_19.03.2025.pdf 14. Zorginstituut Nederland. Code on prevention of improper influence through conflicts of interest. 2016. https://www.zorginstituutnederland.nl/documenten/2016/09/15/code-ter-voorkoming-van-oneigenlijke-beinvloeding-door-belangenverstrengeling?utm 15. Ministerio de Sanidad. Draft Royal Decree on health technology assessment https://www.sanidad.gob.es/normativa/audiencia/docs/DG_54_24_Solicitud_informacion_publica_RD_EVALUACION_TECNOLOGIAS_SANITARIAS.pdf 16. Government Offices of Sweden. Administrative Procedure Act (2017:900). https://www.government.se/government-policy/democracy-and-human-rights/the-administrative-procedure-act-2017900 17. Socialstyrelsen. Conflicts of interest in appointing external experts. 2021. https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/ovrigt/conflicts-of-interest-in-appointing-external-expertsinformation.pdf 18. Socialstyrelsen. Declaration of interests form. https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/ovrigt/jav-declaration-of-conflicts-of-interest-in-appointing-external-experts.pdf *All online sources were last accessed on 24 February 2026*

Please scan this quick response (QR) code with your smartphone camera or app to obtain a copy of these materials.
Alternatively, please click on the link below.
https://rarediseaseresource.com/2026/ECRD-06-03/Poster01_NA_JCACoI

Poster presented at the 13th European Conference on Rare Diseases and Orphan Products (ECRD 2026), Prague, Czech Republic, June 3–4, 2026

Corresponding author email address: Remon.Helmy@alexion.com