**Objectives**

Patient reported outcome measures (PROM) are most suitable to demonstrate an added benefit in patient-relevant dimensions such as morbidity, quality of life and safety. The German Institute for Medical Documentation and Information (DIMDI) claims that “PROM is used as an umbrella term for different concepts aiming at the measurement of subjectively perceived [...] treatment effects. Their common characteristic is that the appraisal of the health status is reported by the patient himself.” We aimed to investigate the role of PROM in the German AMNOG assessment with a focus on oncologic indications. In which way are PROM evaluated and how do they affect the G-BA’s added benefit decision?

**Methods**

We have screened the relevant documents of the German authorities for specifications regarding PROM. Subsequently, we performed a database analysis to validate the requirements found. The analysis encompassed all conducted benefit assessments in Germany up to 06/2022. Thus, we have evaluated the number of PROM used for each procedure starting until December 2021 and their corresponding consideration by the G-BA. For deeper analyses, we focused on investigating on Non-Small-Cell Lung Carcinoma (NSCLC), which was the most evaluated indication in oncology.

**Results**

The proportion of PROM utilized in AMNOG procedures for NSCLC indicates their importance.

IF NSCLC-studies were accepted by the G-BA in AMNOG procedures, PROM were likely also accepted and underlined a positive effect of the investigated therapeutic in approximately 50% of the cases.

**Conclusion**

• The G-BA and the IQWiG consider the four patient-relevant dimensions of benefit mortality, morbidity (symptoms and complications), (health-related) quality of life and safety in the benefit assessment. To assess the effect of a therapeutic intervention, the German HTA bodies favor PROM, but there is no privilege or special status for PROM in comparison to other outcome measures during the AMNOG process.

• Most studies in oncologic indications, such as the most prominent NSCLC, use PROM to provide evidence for an added benefit. If the clinical trial is accepted by the G-BA, it is likely that the PROM utilized in the respective trial is also accepted by the G-BA. If accepted, the PROM can have significant impact on the G-BA decision regarding the added benefit, for example outweighing the overall survival:
  - Negative example: dacomitinib (Vizimpro®) as a first-line treatment for NSCLC with activating EGFR mutations The overall survival showed a statistically significant advantage (HR=0.76, 95%-CI=[0.58; 0.99]; p=0.044). However, PROM in the EORTC QLQ-C30, EQ-5D VAS data showed significant disadvantages leading to no added benefit in the resolution.
  - Positive example:brigatinib (Alunbrig®) for the treatment of ALK-positive advanced NSCLC for patients without brain metastases, there was no statistically significant difference between the study arms (HR=1.41; 95%-CI=[0.77; 2.60]; p=0.272). But since there were statistically significant advantages in symptom scales of the EORTC QLQ-C30 and the EORTC QLQ-LC13, the G-BA acknowledged a minor added benefit in this patient sub-population.

All analyses have been conducted with our own comprehensive MAIS database that contains and links AMNOG information of all completed and ongoing benefit assessment procedures according to §35a SGB V of the German Federal Joint Committee (G-BA).