

Appendices

Appendix Table 1: Research questions and corresponding publicly available non-AMNOG documents considered in the analysis

Project [reference]	Research question (PIC: patients, intervention, comparator)	Study	Intervention	Comparator	Relevant population	Journal publication [reference]	Registry report [reference]	EPAR [reference]
A11-02 [1-3]	Ticagrelor versus clopidogrel in patients with unstable angina pectoris and myocardial infarction without ST-segment elevation (unstable angina/NSTEMI)	D5130C05262 (PLATO)	Ticagrelor + acetylsalicylic acid	Clopidogrel + acetylsalicylic acid	Subpopulation ^a	[4-11]	[12] NCT0039 1872 No results posted	[13]
	Ticagrelor versus prasugrel in patients with myocardial infarction with ST-segment elevation (STEMI) in whom a percutaneous coronary intervention (PCI) had been performed	D5130C05262 (PLATO)	Ticagrelor + acetylsalicylic acid	Prasugrel + acetylsalicylic acid	Subpopulation ^a	[4-11]	[12] NCT0039 1872 No results posted	[13]
		TRITON-TIMI 38 (TRITON)	Ticagrelor + acetylsalicylic acid	Prasugrel + acetylsalicylic acid	Subpopulation ^b	[14-26]	[27] NCT0009 7591 Results posted	[28]
A11-17 [29-31]	Boceprevir + pegylated interferon alfa in combination with ribavirin versus pegylated interferon alfa in combination with ribavirin in patients with chronic HCV infection, genotype 1, treatment-naïve patients without cirrhosis	SPRINT-2	Boceprevir + pegylated interferon alfa + ribavirin	Pegylated interferon alfa + ribavirin	Study population	[32]	[33] NCT0070 5432 Results posted	[34]
	Boceprevir + pegylated interferon alfa in combination with ribavirin versus pegylated interferon alfa in combination with ribavirin in patients with chronic HCV infection, genotype 1, treatment-experienced patients without cirrhosis	RESPOND-2	Boceprevir + pegylated interferon alfa + ribavirin	Pegylated interferon alfa + ribavirin	Study population	[35]	[36] NCT0070 8500 Results posted	[34]

Project [reference]	Research question (PIC: patients, intervention, comparator)	Study	Intervention	Comparator	Relevant population	Journal publication [reference]	Registry report [reference]	EPAR [reference]
A11-20 [³⁷⁻³⁹]	Abiraterone versus BSC in patients with metastatic, hormone-refractory prostate cancer who show progression during or after docetaxel-containing chemotherapy and for whom further treatment with docetaxel is no longer an option.	COU-AA-301	Abiraterone acetate + prednisone	Palliative treatment with dexamethasone, prednisone, prednisolone or methylprednisolone, as well as best supportive care (e.g. adequate pain therapy).	Study population	[⁴⁰]	[⁴¹⁻⁴⁴] NCT00638690 No results posted	[⁴⁵]
A11-23 [⁴⁶⁻⁴⁸]	Fingolimod versus beta-interferon (im) in patients with rapidly evolving severe relapsing-remitting multiple sclerosis	TRANSFORMS (CFTY720D2302)	Fingolimod	beta-interferon, i.m.	Subpopulation ^c	[⁴⁹]	[⁵⁰] NCT00340834 No results posted	[⁵¹]
A11-24 [⁵²⁻⁵⁴]	Cabazitaxel versus BSC in patients with metastatic, hormone-refractory prostate cancer who show progression during or after docetaxel-containing chemotherapy and for whom further treatment with docetaxel is no longer an option.	TROPIC	Cabazitaxel + prednisone or prednisolone	Palliative treatment with dexamethasone, prednisone, prednisolone or methylprednisolone, as well as best supportive care (e.g. adequate pain therapy).	Study population	[⁵⁵]	[⁵⁶⁻⁵⁷] NCT00417079 Results posted	[⁵⁸]
A11-25 [⁵⁷⁻⁵⁹⁻⁶⁰]	Telaprevir in a response-guided treatment regimen versus pegylated interferon alfa in combination with ribavirin in patients with chronic HCV infection (treatment-naïve patients without cirrhosis).	ADVANCE	Telaprevir in a response-guided treatment regimen	Pegylated interferon alfa + ribavirin	Study population	[⁶¹]	[⁶²] NCT00627926 Results posted	[⁶³]

Project [reference]	Research question (PIC: patients, intervention, comparator)	Study	Intervention	Comparator	Relevant population	Journal publication [reference]	Registry report [reference]	EPAR [reference]
		G060-A6	Telaprevir in a response-guided treatment regimen	Pegylated interferon alfa + ribavirin	Study population	[⁶⁴]	[⁶⁵] NCT00780416 No results posted	[⁶³]
	Telaprevir treatment in a regimen with fixed duration of treatment (48 weeks) versus pegylated interferon alfa in combination with ribavirin in patients with chronic HCV infection (previously treated patients – non-responders with or without cirrhosis)	REALIZE	Telaprevir treatment in a regimen with fixed duration of treatment (48 weeks)	Pegylated interferon alfa + ribavirin	Study population	[⁶⁶]	[⁶⁷] NCT00703118 Results posted	[⁶³]
	Telaprevir treatment in a regimen with fixed duration of treatment (48 weeks) versus pegylated interferon alfa in combination with ribavirin in patients with chronic HCV infection (previously treated patients – relapsed patients with cirrhosis)	REALIZE	Telaprevir treatment in a regimen with fixed duration of treatment (48 weeks)	Pegylated interferon alfa + ribavirin	Study population	[⁶⁶]	[⁶⁷] NCT00703118 Results posted	[⁶³]
A11-26 [⁶⁸⁻⁷⁰]	Eribulin versus monotherapy with capecitabine, 5-fluorouracil, vinorelbine in patients with locally advanced or metastatic breast cancer who have progressed after at least two chemotherapeutic regimens for advanced disease (patients in whom further treatment with taxanes is still possible).	EMBRACE	Eribulin	Treatment containing an anthracycline or taxane	Subpopulation ^d	[⁷¹]	[⁷²] NCT00388726 No results posted	[⁷³]
	Eribulin versus monotherapy with capecitabine, 5-fluorouracil, vinorelbine in patients with locally advanced or metastatic breast cancer who have progressed after at least two chemotherapeutic regimens for advanced disease (patients for whom treatment with taxanes or anthracyclines is no longer an option).	EMBRACE	Eribulin	Monotherapy with capecitabine, 5-fluorouracil, vinorelbine	Subpopulation ^d	[⁷¹]	[⁷²] NCT00388726 No results posted	[⁷³]

Project [reference]	Research question (PIC: patients, intervention, comparator)	Study	Intervention	Comparator	Relevant population	Journal publication [reference]	Registry report [reference]	EPAR [reference]
A11-30 [74-76]	Apixaban versus enoxaparin in adult patients after elective hip replacement surgery	ADVANCE-3	Apixaban	Enoxaparin	Study population	[77]	[78] NCT00423319 No results posted	[79]
	Apixaban versus enoxaparin in adult patients after elective knee replacement surgery	ADVANCE-2	Apixaban	Enoxaparin	Study population	[80]	[81] NCT00452530 No results posted	[79]
A12-03 [82-84]	Belatacept versus ciclosporin for the prophylaxis of graft rejection in adults receiving a renal transplant from a donor classified according to standard criteria (SCD)	IM103008 (BENEFIT)	Belatacept	Ciclosporin A	Study population	[85-87]	[88 89] NCT00256750 No results posted	[90]
	Belatacept versus ciclosporin for the prophylaxis of graft rejection in adults receiving a renal transplant from a donor classified according to extended criteria (ECD)	IM103027 (BENEFIT-EXT)	Belatacept	Ciclosporin A	Study population	[85 91]	[92 93] NCT00114777 No results posted	[90]
A12-04 [94-96]	Rilpivirine in combination with other antiretroviral drugs versus efavirenz in combination with other antiretroviral drugs for treatment of human immunodeficiency virus type 1 (HIV-1) infection in antiretroviral treatment-naïve adult patients with a viral load \leq 100,000 HIV-1 RNA copies/ml	TMC278-C204	Rilpivirine	Efavirenz	Subpopulation ^e	[97]	[98] NCT00110305 No results posted	[99]
		TMC278-TIDP6-C209 (ECHO)	Rilpivirine	Efavirenz	Subpopulation ^e	[100]	[101] NCT00540449 Results	[99]

Project [reference]	Research question (PIC: patients, intervention, comparator)	Study	Intervention	Comparator	Relevant population	Journal publication [reference]	Registry report [reference]	EPAR [reference]
							posted	
		TMC278-TIDP6-C215 (THRIVE)	Rilpivirine	Efavirenz	Subpopulation ^e	[¹⁰²]	[¹⁰³] NCT00543725 Results posted	[⁹⁹]
A12-07 [¹⁰⁴⁻¹⁰⁶]	Ipilimumab versus BSC in adult patients with advanced (unresectable or metastatic) melanoma, who have received prior therapy	MDX010-20	Ipilimumab	Best supportive care	Study population	[¹⁰⁷]	[^{108 109}] NCT00094653 Results posted	[¹¹⁰]
A12-08 [¹¹¹⁻¹¹³]	Vemurafenib versus dacarbazine in the treatment of adult patients with BRAF V600 mutation-positive, unresectable or metastatic melanoma	BRIM-3	Vemurafenib	Dacarbazine	Study population	[¹¹⁴]	[¹¹⁵] NCT01006980 Results posted	[¹¹⁶]
A12-02/10 [¹¹⁷⁻¹¹⁹]	Rilpivirine/emtricitabine/tenofovir (fixed-dose combination) versus efavirenz in combination with emtricitabine/tenofovir or in combination with abacavir/lamivudine for the treatment of human immunodeficiency virus type 1 HIV-1 infection in antiretroviral-naïve adult patients with a viral load of \leq 100,000 HIV-1 RNA copies/ml	TMC278-C204	Rilpivirine/emtricitabine/ tenofovir	Efavirenz + emtricitabine/tenofovir or + abacavir/lamivudine	Subpopulation ^e	[⁹⁷]	[⁹⁸] NCT00110305 No results posted	[⁹⁹]
		TMC278-TIDP6-C209 (ECHO)	Rilpivirine/emtricitabine/ tenofovir	Efavirenz + emtricitabine / tenofovir or +abacavir /	Subpopulation ^e	[¹⁰⁰]	[¹⁰¹] NCT00540449	[⁹⁹]

Project [reference]	Research question (PIC: patients, intervention, comparator)	Study	Intervention	Comparator	Relevant population	Journal publication [reference]	Registry report [reference]	EPAR [reference]
				lamivudine			Results posted	
		TMC278-TIDP6-C215 (THRIVE)	Rilpivirine/emtricitabine/ tenofovir	Efavirenz + emtricitabine / tenofovir or +abacavir / lamivudine	Subpopulation ^e	[¹⁰²]	[¹⁰³] NCT00543725 Results posted	[⁹⁹]
A12-14 [^{74 120 121}]	Axitinib versus sorafenib in patients with advanced metastatic RCC in adult patients after failure of prior treatment with cytokines	AXIS (A4061032)	Axitinib (after failure of prior treatment)	Sorafenib (after failure of prior treatment)	Subpopulation ^f	[¹²²]	[^{123 124}] NCT00678392 Results posted	[¹²⁵]
A12-15 [¹²⁶⁻¹²⁸]	Crizotinib versus docetaxel or pemetrexed in patients with previously treated ALK-positive advanced NSCLC in whom chemotherapy is indicated (in particular, these can be patients with ECOG performance status 0, 1, and, if applicable, 2)	PROFILE 1007	Crizotinib	Docetaxel or pemetrexed	Study population	-	[¹²⁹] NCT00932893 No results posted	[¹³⁰]
15 projects	22 different research questions	22 studies ^g			Study population (15) subpopulation (13)	42	22 registry reports ^g , 11 with results ^h	15

a: Restriction of acetylsalicylic acid co-medication to a maximum dose of 150 mg.

b: According to the SPC, patients ≥ 75 years, with a body weight of < 60 kg, as well as those with a stroke / TIA in the medical history must have been excluded from the analysis.

c: Population is restricted to patients with prior treatment with IFN- β and a high or very high disease activity.

d: Population is restricted to patients receiving the ACT (various other treatments were allowed in the comparator arm).

e: Population is restricted to patients with a viral load of $\leq 100,000$ HIV-1 RNA copies/ml.

f: Population is restricted to patients previously treated with a cytokine, because the study comparator is the ACT only for this subpopulation.

Project [reference]	Research question (PIC: patients, intervention, comparator)	Study	Intervention	Comparator	Relevant population	Journal publica- tion [referen- ce]	Registry report [referen- ce]	EPAR [refer- ence]
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g: Six of these studies referred to 2 research questions each.

h: Three of these studies referred to 2 research questions each.

ACT: appropriate comparator therapy; ALK: anaplastic lymphoma kinase; AMNOG: Arzneimittelmarktneuordnungsgesetz (Act on the Reform of the Market for Medicinal Products); BSC: best supportive care; ECD: extended criteria donors; ECOG: Eastern Cooperative Oncology Group; EPAR: European public assessment report; HCV: hepatitis C virus; HIV-1: human immunodeficiency virus type 1; IFN- β : interferon- β ; im: intramuscular; NSCLC; non-small cell lung cancer; NSTEMI: myocardial infarction without ST-segment elevation; PCI: percutaneous coronary intervention; PIC: patients / indication / comparator; RCC: renal cell carcinoma; SCD: standard criteria donors; SPC: summary of product characteristics; STEMI: myocardial infarction with ST-segment elevation

References

- 1 AstraZeneca. Ticagrelor (Brilique) for acute coronary syndrome: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/18/> (accessed 6 December 2014).
- 2 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Ticagrelor: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A11-02. 29.09.2011. https://www.iqwig.de/download/A11-02_Ticagrelor_Nutzenbewertung_35a_SGB_V_.pdf (accessed 11.03.2013).
- 3 Institute for Quality and Efficiency in Health Care. Ticagrelor: Benefit assessment according to § 35a Social Code Book V; commission no. A11-02; extract. 29 September 2011. https://www.iqwig.de/download/A11-02_Extract_of_dossier_assessment_Ticagrelor.pdf (accessed 6 December 2014).
- 4 Cannon CP, Harrington RA, James S, Ardissino D, Becker RC, Emanuelsson H, et al. Comparison of ticagrelor with clopidogrel in patients with a planned invasive strategy for acute coronary syndromes (PLATO): a randomised double-blind study. *Lancet* 2010;375:283-93.
- 5 Held C, Asenblad N, Bassand JP, Becker RC, Cannon CP, Claeys MJ, et al. Ticagrelor versus clopidogrel in patients with acute coronary syndromes undergoing coronary artery bypass surgery. *J Am Coll Cardiol* 2011;57(6):672-84.
- 6 James S, Akerblom A, Cannon CP, Emanuelsson H, Husted S, Katus H, et al. Comparison of ticagrelor, the first reversible oral P2Y12 receptor antagonist, with clopidogrel in patients with acute coronary syndromes: rationale, design and baseline characteristics of the PLATElet inhibition and patient Outcomes (PLATO) trial. *Am Heart J* 2009;157(4):599-605.
- 7 James S, Budaj A, Aylward P, Buck KK, Cannon CP, Cornel JH, et al. Ticagrelor versus clopidogrel in acute coronary syndromes in relation to renal function: results from the platelet inhibition and patient outcomes (PLATO) trial. *Circulation* 2010;122:1056-67.
- 8 Steg PG, James S, Harrington RA, Ardissino D, Becker RC, Cannon CP, et al. Ticagrelor versus clopidogrel in patients with ST-elevation acute coronary syndromes intended for reperfusion with primary percutaneous coronary intervention. *Circulation* 2010;122:2131-41.
- 9 Wallentin L, James S, Storey RF, Armstrong M, Barratt BJ, Horrow J, et al. Effect of CYP2C19 and ABCB1 single nucleotide polymorphisms on outcomes of treatment with ticagrelor versus clopidogrel for acute coronary syndromes: a genetic substudy of the PLATO trial. *Lancet* 2010;376:1320-28.
- 10 Wallentin L, R.C. B, Budaj A, Cannon CP, Emanuelsson H, Held C, et al. Ticagrelor versus clopidogrel in patients with acute coronary syndromes. *N Engl J Med* 2009;361(11):1045-57.
- 11 James S, Angiolillo DJ, Cornel JH, Erlinge D, Husted S, Kontny F, et al. Ticagrelor vs. clopidogrel in patients with acute coronary syndromes and diabetes: a substudy from the PLATElet inhibition and patient Outcomes (PLATO) trial. *Eur Heart J* 2010;31:3006-16.
- 12 AstraZeneca. A comparison of ticagrelor (AZD6140) and clopidogrel in patients with acute coronary syndrome (PLATO). 10.02.2012. <http://www.clinicaltrials.gov/ct2/show/NCT00391872> (accessed 01.08.2012).
- 13 European Medicines Agency. Brillique: European public assessment report. 07.01.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/001241/WC500100492.pdf (accessed 13.06.2014).
- 14 Antman EM, Wiviott SD, Murphy SA, Voitek J, Hasin Y, Widimsky P, et al. Early and late benefits of prasugrel in patients with acute coronary syndromes undergoing percutaneous coronary intervention. *J Am Coll Cardiol* 2008;51(21):2028-33.
- 15 Mega JL, Close SL, Wiviott SD, Shen L, Walker JR, Simon T, et al. Genetic variants in ABCB1 and CYP2C19 and cardiovascular outcomes after treatment with clopidogrel and prasugrel in the TRITON-TIMI 38 trial: a pharmacogenetic analysis. *Lancet* 2010;376:1312-19.

- 16 Montalescot G, Wiviott SD, Braunwald E, Murphy SA, Gibson CM, McCabe CH, et al. Prasugrel compared with clopidogrel in patients undergoing percutaneous coronary intervention for ST-elevation myocardial infarction (TRITON-TIMI-38): double-blind, randomised controlled trial. *Lancet* 2009;373:723-31.
- 17 Morrow DA, Wiviott SD, White HD, Nicolau JC, Bramucci E, Murphy SA, et al. Effect of the novel thienopyridine prasugrel compared with clopidogrel on spontaneous and procedural myocardial infarction in the trial to assess improvement in therapeutic outcomes by optimizing platelet inhibition with prasugrel-thrombolysis in myocardial infarction 38: an application of the classification system from the universal definition of myocardial infarction. *Circulation* 2009;119:2758-64.
- 18 Murphy SA, Antman EM, Wiviott SD, Weerakkody G, Morocutti G, Huber K, et al. Reduction in recurrent cardiovascular events with prasugrel compared with clopidogrel in patients with acute coronary syndromes from the TRITON-TIMI 38 trial. *Eur Heart J* 2008;29:2473-79.
- 19 O'Donoghue M, Antman EM, Braunwald E, Murphy SA, Steg PG, Finkelstein A, et al. The efficacy and safety of prasugrel with and without a glycoprotein IIb/IIIa inhibitor in patients with acute coronary syndromes undergoing percutaneous intervention: a TRITON TIMI 38 (Trial to Assess Improvement in Therapeutic Outcomes by Optimizing Platelet Inhibition With Prasugrel Thrombolysis in Myocardial Infarction 38) analysis. *J Am Coll Cardiol* 2009;54(8):678-85.
- 20 Pride YB, Wiviott SD, Buros JL, Zorkun C, Tariq MU, Antman EM, et al. Effect of prasugrel versus clopidogrel on outcomes among patients with acute coronary syndrome undergoing percutaneous coronary intervention without stent implantation: A trial to assess improvement in therapeutic outcomes by optimizing platelet inhibition with prasugrel (TRITON)-thrombolysis in myocardial infarction (TIMI) 38 substudy. *Am Heart J* 2009;158(3):e21-e26.
- 21 Ruff CT, Giugliano RP, Antman EM, Murphy SA, Lotan C, Heuer H, et al. Safety and efficacy of prasugrel compared with clopidogrel in different regions of the world. *Int J Cardiol* 2010;155(3):424-29.
- 22 Wiviott SD, Antman EM, Gibson CM, Montalescot G, Riesmeyer J, Weerakkody G, et al. Evaluation of prasugrel compared with clopidogrel in patients with acute coronary syndromes: design and rationale for the trial to assess improvement in therapeutic outcomes by optimizing platelet inhibition with prasugrel thrombolysis in myocardial infarction 38 (TRITON-TIMI 38). *Am Heart J* 2006;152(4):627-35.
- 23 Wiviott SD, Braunwald E, Angiolillo DJ, Meisel S, Dalby AJ, Verheugt FWA, et al. Greater clinical benefit of more intensive oral antiplatelet therapy with prasugrel in patients with diabetes mellitus in the trial to assess improvement in therapeutic outcomes by optimizing platelet inhibition with prasugrel-thrombolysis in myocardial infarction 38. *Circulation* 2008;118(16):1626-36.
- 24 Wiviott SD, Braunwald E, McCabe CH, Horvath I, Keltai M, Herrman JPR, et al. Intensive oral antiplatelet therapy for reduction of ischaemic events including stent thrombosis in patients with acute coronary syndromes treated with percutaneous coronary intervention and stenting in the TRITON-TIMI 38 trial: a subanalysis of a randomised trial. *Lancet* 2008;371:1353-63.
- 25 Wiviott SD, Braunwald E, McCabe CH, Montalescot G, Ruzyllo W, Gottlieb S, et al. Prasugrel versus clopidogrel in patients with acute coronary syndromes. *N Engl J Med* 2007;357(20):2001-15.
- 26 Sorich MJ, Vitry A, Ward MB, Horowitz JD, McKinnon RA. Prasugrel vs. clopidogrel for cytochrome P450 2C19-genotyped subgroups: integration of the TRITON-TIMI38 trial data. *J Thromb Haemost* 2010;8:1678-84.

- 27 AstraZeneca. A comparison of prasugrel (CS-747) and clopidogrel in acute coronary syndrome subjects who are to undergo percutaneous coronary intervention. <http://www.clinicaltrials.gov/ct2/show/NCT00097591> (accessed 01.08.2012).
- 28 European Medicines Agency. Efient: European public assessment report. 2009. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/000984/WC500021975.pdf (accessed 16.09.2014).
- 29 MSD Sharp & Dohme. Boceprevir (Victrelis) for hepatitis C: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/8/> (accessed 6 December 2014).
- 30 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Boceprevir: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A11-17. 29.11.2011. https://www.iqwig.de/download/A11-17_Boceprevir_Nutzenbewertung_gemaess_35a_SGB_V.pdf (accessed 11.03.2013).
- 31 Institute for Quality and Efficiency in Health Care. Boceprevir: Benefit assessment according to § 35a Social Code Book V; commission no. A11-17; extract. 29 November 2011. https://www.iqwig.de/download/A11-17_Boceprevir_Extract-of-dossier-assessment.pdf (accessed 6 December 2014).
- 32 Poordad F, McCone J, Bacon BR, Bruno S, Manns MP, Sulkowski MS, et al. Boceprevir for untreated chronic HCV genotype 1 infection. *N Engl J Med* 2011;364(13):1195-206.
- 33 Schering-Plough. Safety and efficacy of boceprevir in previously untreated subjects with chronic hepatitis c genotype 1 (Study P05216AM2) (COMPLETED) (SPRINT-2). 13.05.2011. <http://clinicaltrials.gov/ct2/show/study/NCT00705432> (accessed 31.07.2012).
- 34 European Medicines Agency. Victrelis: European public assessment report. 03.08.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002332/WC500109789.pdf (accessed 13.06.2014).
- 35 Bacon BR, Gordon SC, Lawitz E, Marcellin P, Vierling JM, Zeuzem S, et al. Boceprevir for previously treated chronic HCV genotype 1 infection. *N Engl J Med* 2011;364(13):1207-17.
- 36 Schering-Plough. Boceprevir in subjects with chronic hepatitis c genotype 1 who failed prior treatment with peginterferon/ribavirin (Study P05101AM3) (COMPLETED). 28.06.2011. <http://clinicaltrials.gov/ct2/show/study/NCT00708500> (accessed 31.07.2012).
- 37 Janssen Cilag. Telaprevir (Incivo) for hepatitis C: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/21/> (accessed 6 December 2014).
- 38 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Abirateronacetat: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A11-20. 29.12.2011. https://www.iqwig.de/download/A11-20_Abirateronacetat_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 39 Institute for Quality and Efficiency in Health Care. Abiraterone acetate: Benefit assessment according to § 35a Social Code Book V; commission no. A11-20; extract. 29 December 2011. https://www.iqwig.de/download/A11-20_Abiraterone_Extract-of-dossier-assessment.pdf (accessed 6 December 2014).
- 40 De Bono JS, Logothetis CJ, Molina A, Fizazi K, North S, Chu L, et al. Abiraterone and increased survival in metastatic prostate cancer. *N Engl J Med* 2011;364(21):1995-2005.
- 41 Cougar Biotechnology. Abiraterone acetate in castration-resistant prostate cancer previously treated with docetaxel-based chemotherapy. 19.08.2011. <http://www.clinicaltrials.gov/ct2/show/NCT00638690> (accessed 08.08.2012).
- 42 Cougar Biotechnology. A phase 3, randomized, double-blind, placebo-controlled study of abiraterone acetate (CB7630) plus prednisone in patients with metastatic castration-resistant prostate cancer who have failed docetaxel-based chemotherapy. 23.08.2011. <http://apps.who.int/trialsearch/trial.aspx?trialid=NCT00638690> (accessed 29.09.2011).

- 43 Cougar Biotechnology. A phase 3, randomized, double-blind, placebo-controlled study of abiraterone acetate (CB7630) plus prednisone in patients with metastatic castration-resistant prostate cancer who have failed docetaxel-based chemotherapy. <https://www.clinicaltrialsregister.eu/ctr-search/search?query=cou-aa-301> (accessed 29.09.2011).
- 44 Cougar Biotechnology. Abiraterone Acetat beim Kastrationsresistenten Prostatakrebs (CRPC), der vorher mit einer auf Docetaxel basierenden Chemotherapie behandelt wurde. 27.08.2008. <http://www.studien.de/PDF/509.pdf> (accessed 29.09.2011).
- 45 European Medicines Agency. Zytiga: European public assessment report. 21.07.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002321/WC500112860.pdf (accessed 13.06.2014).
- 46 Novartis Pharma. Fingolimod (Gilenya) for relapsing-remitting multiple sclerosis: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/15/> (accessed 6 December 2014).
- 47 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Fingolimod: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A11-23. 11.01.2012. https://www.iqwig.de/download/A11-23_Fingolimod_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 48 Institute for Quality and Efficiency in Health Care. Fingolimod: Benefit assessment according to § 35a Social Code Book V; commission no. A11-23; extract. 11 January 2012. https://www.iqwig.de/download/A11-23_Fingolimod_Extract_of_dossier_assessment.pdf (accessed 6 December 2014).
- 49 Cohen JA, Barkhof F, Comi G, Hartung HP, Khatri BO, Montalban X, et al. Oral fingolimod or intramuscular interferon for relapsing multiple sclerosis. *N Engl J Med* 2010;362:402-15.
- 50 Novartis. Efficacy and safety of fingolimod in patients with relapsing-remitting multiple sclerosis with optional extension phase (TRANSFORMS). 20.04.2012. <http://www.clinicaltrials.gov/ct2/show/NCT00340834> (accessed 15.08.2011).
- 51 European Medicines Agency. Gilenya: European public assessment report. 17.02.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002202/WC500104529.pdf (accessed 13.06.2014).
- 52 Sanofi-Aventis Deutschland. Cabazitaxel (Jevtana) for prostate carcinoma: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/10/> (accessed 6 December 2014).
- 53 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Cabazitaxel: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A11-24. 12.01.2012. https://www.iqwig.de/download/A11-24_Cabazitaxel_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 54 Institute for Quality and Efficiency in Health Care. Cabazitaxel: Benefit assessment according to § 35a Social Code Book V; commission no. A11-24; extract. 12 January 2012. https://www.iqwig.de/download/A11-24_Extract_Cabazitaxel_Benefit_assessment_35a_Social_Code_Book_V.pdf (accessed 6 December 2014).
- 55 De Bono JS, Oudard S, Ozguroglu M, Hansen S, Machiels JP, Kocak I, et al. Prednisone plus cabazitaxel or mitoxantrone for metastatic castration-resistant prostate cancer progressing after docetaxel treatment: a randomised open-label trial. *Lancet* 2010;376:1147-54.
- 56 Sanofi-Aventis. XRP6258 plus prednisone compared to mitoxantrone plus prednisone in hormone refractory metastatic prostate cancer (TROPIC). 04.03.2011. <http://www.clinicaltrials.gov/ct2/show/NCT00417079> (accessed 08.08.2012).
- 57 Sanofi-Aventis. XRP6258 plus prednisone compared to mitoxantrone plus prednisone in hormone refractory metastatic prostate cancer (TROPIC). 04.01.2011. <http://apps.who.int/trialsearch/Trial.aspx?TrialID=NCT00417079> (accessed 20.09.2012).

- 58 European Medicines Agency. Jevtana: European public assessment report. 20.01.2011. [http://www.ema.europa.eu/docs/en_GB/document_library/EPAR - Public assessment report/human/002018/WC500104766.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002018/WC500104766.pdf) (accessed 13.06.2014).
- 59 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Telaprevir: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A11-25. 12.01.2012. [https://www.iqwig.de/download/A11-25_Telaprevir Nutzenbewertung 35a_SGB V.PDF](https://www.iqwig.de/download/A11-25_Telaprevir_Nutzenbewertung_35a_SGB_V.PDF) (accessed 11.03.2013).
- 60 Institute for Quality and Efficiency in Health Care. Telaprevir: Benefit assessment according to § 35a Social Code Book V; commission no. A11-25; extract. 12 January 2012. [https://www.iqwig.de/download/A11-25_Telaprevir Extract-of-dossier-assessment.pdf](https://www.iqwig.de/download/A11-25_Telaprevir_Extract-of-dossier-assessment.pdf) (accessed 6 December 2014).
- 61 Jacobson IM, McHutchison JG, Dusheiko G, Di Bisceglie AM, Reddy KR, Bzowej NH, et al. Telaprevir for previously untreated chronic Hepatitis C virus infection. *N Engl J Med* 2011;364:2405-16.
- 62 Vertex Pharmaceuticals. A phase 3 study of telaprevir in combination with Pegasys and Copegus in treatment-naive subjects with genotype 1 HCV. 22.06.2011. <http://www.clinicaltrials.gov/ct2/show/NCT00627926> (accessed 08.08.2012).
- 63 European Medicines Agency. Incivo: European public assessment report. 03.10.2011. [http://www.ema.europa.eu/docs/en_GB/document_library/EPAR - Public assessment report/human/002313/WC500115532.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002313/WC500115532.pdf) (accessed 13.06.2014).
- 64 Kumada H, Toyota J, Okanou T, Chayama K, Tsubouchi H, Hayashi N. Telaprevir with peginterferon and ribavirin for treatment-naive patients chronically infected with HCV of genotype 1 in Japan. *J Hepatol* 2011;56(1):78-84.
- 65 Mitsubishi Tanabe Pharma Corporation. Efficacy and safety of MP-424/peginterferon alfa-2b/ribavirin combination in treatment-naïve patients with chronic Hepatitis C. 06.03.2011. <http://www.clinicaltrials.gov/ct2/show/NCT00780416> (accessed 08.08.2012).
- 66 Zeuzem S, Andreone P, Pol S, Lawitz E, Diago M, Roberts S, et al. Telaprevir for Retreatment of HCV Infection. *N Engl J Med* 2011;364:2417-28.
- 67 Tibotec. VX-950-TiDP24-C216: a safety and efficacy study of telaprevir in chronic, genotype 1, Hepatitis C patients that failed previous standard treatment. 18.07.2011. <http://www.clinicaltrials.gov/ct2/show/NCT00703118> (accessed 08.08.2012).
- 68 Eisai. Eribulin (Halaven) for breast neoplasms: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/12/> (accessed 6 December 2014).
- 69 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Eribulin: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A11-26. 30.01.2012. [https://www.iqwig.de/download/A11-26_Eribulin Nutzenbewertung 35a_SGB V.PDF](https://www.iqwig.de/download/A11-26_Eribulin_Nutzenbewertung_35a_SGB_V.PDF) (accessed 11.03.2013).
- 70 Institute for Quality and Efficiency in Health Care. Eribulin: Benefit assessment according to § 35a Social Code Book V; commission no. A11-26; extract. 30 January 2012. [https://www.iqwig.de/download/A11-26_Eribulin Extract-of-dossier-assessment.pdf](https://www.iqwig.de/download/A11-26_Eribulin_Extract-of-dossier-assessment.pdf) (accessed 6 December 2014).
- 71 Cortes J, O'Shaughnessy J, Loesch D, Blum JL, Vahdat LT, Petrakova K, et al. Eribulin monotherapy versus treatment of physician's choice in patients with metastatic breast cancer (EMBRACE): a phase 3 open-label randomised study. *Lancet* 2011;377:914-23.
- 72 Eisai. E7389 versus treatment of physician's choice in patients with locally recurrent or metastatic breast cancer. 19.03.2012. <http://www.clinicaltrials.gov/ct2/show/NCT00388726> (accessed 08.08.2012).
- 73 European Medicines Agency. Halaven: European public assessment report. 20.01.2011. [http://www.ema.europa.eu/docs/en_GB/document_library/EPAR - Public assessment report/human/002084/WC500105115.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002084/WC500105115.pdf) (accessed 13.06.2014).

- 74 Bristol-Myers Squibb, Pfizer Deutschland. Apixaban (Eliquis) for venous thromboembolism: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/5/> (accessed 6 December 2014).
- 75 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Apixaban: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A11-30. 12.03.2012. https://www.iqwig.de/download/A11-30_Apixaban_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 76 Institute for Quality and Efficiency in Health Care. Apixaban: Benefit assessment according to § 35a Social Code Book V; commission no. A11-30; extract. 12 March 2012. https://www.iqwig.de/download/A11-30_Apixaban_Extract-of-dossier-assessment.pdf (accessed 6 December 2014).
- 77 Lassen MR, Gallus A, Raskob GE, Pineo G, Chen D, Ramirez LM. Apixaban versus enoxaparin for thromboprophylaxis after hip replacement. *N Engl J Med* 2010;363(26):2487-98.
- 78 Bristol-Myers Squibb. Study of an investigational drug for the prevention of thrombosis-related events following hip replacement surgery. 17.09.2009. <http://www.clinicaltrials.gov/ct2/show/NCT00423319> (accessed 08.08.2012).
- 79 European Medicines Agency. Eliquis: European public assessment report. 20.06.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002148/WC500107726.pdf (accessed 11.06.2014).
- 80 Lassen MR, Raskob GE, Gallus A, Pineo G, Chen D, Hornick P. Apixaban versus enoxaparin for thromboprophylaxis after knee replacement (ADVANCE-2): a randomised double-blind trial. *Lancet* 2010;375:807-15.
- 81 Bristol-Myers Squibb. Study of an investigational drug for the prevention of thrombosis-related events following knee replacement surgery (ADVANCE-2). 28.02.2012. <http://www.clinicaltrials.gov/ct2/show/NCT00452530> (accessed 08.08.2012).
- 82 Bristol-Myers Squibb. Belatacept (Nulojix) for kidney transplantation: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/27/> (accessed 6 December 2014).
- 83 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Belatacept: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A12-03. 12.04.2012. https://www.iqwig.de/download/A12-03_Belatacept_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 84 Institute for Quality and Efficiency in Health Care. Belatacept: Benefit assessment according to § 35a Social Code Book V; commission no. A12-03; extract. 12 April 2012. https://www.iqwig.de/download/A12-03_Belatacept_Extract-of-dossier-assessment.pdf (accessed 6 December 2014).
- 85 Larsen CP, Grinyo J, Medina-Pestana J, Vanrenterghem Y, Vincenti F, Breshahan B, et al. Belatacept-based regimens versus a cyclosporine a-based regimen in kidney transplant recipients: 2-year results from the BENEFIT and BENEFIT-EXT studies. *Transplantation* 2010;90(12):1528-35.
- 86 Vincenti F, Charpentier B, Vanrenterghem Y, Rostaing L, Breshahan B, Darji P, et al. A phase III study of belatacept-based immunosuppression regimens versus cyclosporine in renal transplant recipients (BENEFIT Study). *Am J Transplant* 2010;10:535-46.
- 87 Vincenti F, Larsen CP, Alberu J, Breshahan B, Garcia VD, Kothari J, et al. Three-year outcomes from BENEFIT, a randomized, active-controlled, parallel-group study in adult kidney transplant recipients. *Am J Transplant* 2011;12(1):210-17.
- 88 Bristol-Myers Squibb. Belatacept evaluation of nephroprotection and efficacy as first-line immunosuppression (BENEFIT). 30.04.2012. <http://clinicaltrials.gov/ct2/show/NCT00256750> (accessed 26.07.2012).

- 89 Squibb B-M. Belatacept evaluation of nephroprotection and efficacy as first-line immunosuppression (BENEFIT). 10.08.2010. <http://apps.who.int/trialsearch/Trial.aspx?TrialID=NCT00256750> (accessed 19.12.2011).
- 90 European Medicines Agency. Nulojix: European public assessment report. 07.07.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002098/WC500108357.pdf (accessed 13.06.2014).
- 91 Durrbach A, Pestana JM, Pearson T, Vincenti F, Garcia VD, Campistol JM, et al. A Phase III Study of Belatacept Versus Cyclosporine in Kidney Transplants from Extended Criteria Donors (BENEFIT-EXT Study). *Am J Transplant* 2010;10:547-57.
- 92 Bristol-Myers Squibb. Study of belatacept in subjects who are undergoing a renal transplant (BENEFIT-EXT). 30.04.2012. <http://www.clinicaltrials.gov/ct2/show/NCT00114777> (accessed 08.08.2012).
- 93 Squibb B-M. Belatacept evaluation of nephroprotection and efficacy as first-line immunosuppression trial: extended criteria donors (BENEFIT-EXT). 10.08.2010. <http://apps.who.int/trialsearch/Trial.aspx?TrialID=NCT00114777> (accessed 19.12.2011).
- 94 Janssen-Cilag. Rilpivirin (Edurant) for HIV infections: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/28/> (accessed 6 December 2014).
- 95 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Rilpivirin: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A12-04. 12.04.2012. https://www.iqwig.de/download/A12-04_Rilpivirin_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 96 Institute for Quality and Efficiency in Health Care. Rilpivirine: Benefit assessment according to § 35a Social Code Book V; commission no. A12-04; extract. 12 April 2012. https://www.iqwig.de/download/A12-04_Extract-of-dossier-assessment_Rilpivirine.pdf (accessed 6 December 2014).
- 97 Pozniak AL, Morales-Ramirez J, Katabira E, Steyn D, Lupo SH, Santoscoy M, et al. Efficacy and safety of TMC278 in antiretroviral-naive HIV-1 patients: week 96 results of a phase IIb randomized trial. *AIDS* 2010;24:55-65.
- 98 Tibotec Pharmaceuticals. TMC278-C204: TMC278 in treatment naive HIV-1 infected subjects. 07.07.2011. <http://www.clinicaltrials.gov/ct2/show/NCT00110305> (accessed 29.02.2012).
- 99 European Medicines Agency. Edurant: European public assessment report. 12.12.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002264/WC500118872.pdf (accessed 13.06.2014).
- 100 Molina JM, Cahn P, Grinsztejn B, Lazzarin A, Mills A, Saag M, et al. Rilpivirine versus efavirenz with tenofovir and emtricitabine in treatment-naive adults infected with HIV-1: a phase 3 randomised double-blind active-controlled trial. *Lancet* 2011;378:238-46.
- 101 Tibotec Pharmaceuticals. TMC278-TiDP6-C209: A clinical trial in treatment naive HIV-1 patients comparing TMC278 to efavirenz in combination with tenofovir + emtricitabine. 13.06.2012. <http://www.clinicaltrials.gov/ct2/show/NCT00540449> (accessed 29.02.2012).
- 102 Cohen CJ, Andrade-Villanueva J, Clotet B, Fourie J, Johnson MA, Ruxrungtham K, et al. Rilpivirine versus efavirenz with two background nucleoside or nucleotide reverse transcriptase inhibitors in treatment-naive adults infected with HIV-1 (THRIVE): a phase 3, randomised, non-inferiority trial. *Lancet* 2011;378:229-37.
- 103 Tibotec Pharmaceuticals. TMC278-TiDP6-C215: a clinical trial in treatment naive HIV-subjects patients comparing TMC278 to efavirenz in combination with 2 nucleoside/nucleotide reverse transcriptase inhibitors. 06.12.2011. <http://www.clinicaltrials.gov/ct2/show/NCT00543725> (accessed 29.02.2012).
- 104 Bristol-Myers Squibb. Ipilimumab (Yervoy) for melanoma: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/16/> (accessed 6 December 2014).

- 105 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Ipilimumab: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A12-07. 27.04.2012. https://www.iqwig.de/download/A12-07_Ipilimumab_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 106 Institute for Quality and Efficiency in Health Care. Ipilimumab: Benefit assessment according to § 35a Social Code Book V; commission no. A12-07; extract. 27 April 2012. https://www.iqwig.de/download/A12-07_Ipilimumab-Extract-of-dossier-assessment.pdf (accessed 6 December 2014).
- 107 Hodi FS, O'Day SJ, McDermott DF, Weber RW, Sosman JA, Haanen JB, et al. Improved survival with ipilimumab in patients with metastatic melanoma. *N Engl J Med* 2010;363(8):711-23.
- 108 Bristol-Myers Squibb. MDX-010 antibody, MDX-1379 melanoma vaccine, or MDX-010/MDX-1379 combination treatment for patients with melanoma. 03.06.2010. <http://apps.who.int/trialsearch/Trial.aspx?TrialID=NCT00094653> (accessed 24.07.2012).
- 109 Bristol-Myers Squibb. MDX-010 antibody, MDX-1379 melanoma vaccine, or MDX-010/MDX-1379 combination treatment for patients with unresectable or metastatic melanoma. 29.06.2011. <http://clinicaltrials.gov/ct2/show/NCT00094653> (accessed 24.07.2012).
- 110 European Medicines Agency. Yervoy: European public assessment report. 19.05.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002213/WC500109302.pdf (accessed 13.06.2014).
- 111 Roche Pharma. Vemurafenib (Zelboraf) for melanoma: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/30/> (accessed 6 December 2014).
- 112 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Vemurafenib: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A12-08. 13.06.2012. https://www.iqwig.de/download/A12-08_Vemurafenib_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 113 Institute for Quality and Efficiency in Health Care. Vemurafenib: Benefit assessment according to § 35a Social Code Book V; commission no. A12-08; extract. 13 June 2012. https://www.iqwig.de/download/A12-08_Vemurafenib_Extract-of-dossier-assessment.pdf (accessed 6 December 2014).
- 114 Chapman PB, Hauschild A, Robert C, Haanen JB, Ascierto P, Larkin J, et al. Improved survival with vemurafenib in melanoma with BRAF V600E mutation. *N Engl J Med* 2011;364(26):2507-16.
- 115 Hoffmann-La Roche. A study of vemurafenib (RO5185426) in comparison with dacarbazine in previously untreated patients with metastatic melanoma (BRIM 3). 10.10.2011. <http://clinicaltrials.gov/ct2/show/NCT01006980> (accessed 26.07.2012).
- 116 European Medicines Agency. Zelboraf: European public assessment report. 15.12.2011. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002409/WC500124400.pdf (accessed 14.06.2014).
- 117 Gilead Sciences. Emtricitabin, Rilpivirin, Tenofoviridisoproxil (Eviplera) for HIV infections: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/26/> (accessed 6 December 2014).
- 118 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Rilpivirin/Emtricitabin/Tenofovir: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A12-02. 12.04.2012. https://www.iqwig.de/download/A12-02_Rilpivirin-Emtricitabin-Tenofovir_Nutzenbewertung_35a_SGB_V.pdf (accessed 11.03.2013).
- 119 Institute for Quality and Efficiency in Health Care. Rilpivirine/emtricitabine/tenofovir: Benefit assessment according to § 35a SGB V; commission no. A12-02; extract. 12 April 2012. https://www.iqwig.de/download/A12-02_Rilpivirine-emtricitabine-tenofovir_Extract-of-dossier-assessment.pdf (accessed 6 December 2014).

- 120 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Axitinib: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A12-14. 21.12.2012.
https://www.iqwig.de/download/A12-14_Axitinib_Nutzenbewertung_35a_SGB_V.pdf
(accessed 11.03.2013).
- 121 Institute for Quality and Efficiency in Health Care. Axitinib: Benefit assessment according to § 35a Social Code Book V; commission no. A12-14; extract. 21 December 2012.
https://www.iqwig.de/download/A12-14_Axitinib_Extract_of_dossier_assessment.pdf
(accessed 6 December 2014).
- 122 Rini BI, Escudier B, Tomczak P, Kaprin A, Szczylik C, Hutson TE, et al. Comparative effectiveness of axitinib versus sorafenib in advanced renal cell carcinoma (AXIS): a randomised phase 3 trial. *Lancet* 2011;378(9807):1931-9.
- 123 Pfizer. Axitinib (AG-013736) as second line therapy for metastatic renal cell cancer: AXIS trial.
https://www.clinicaltrialsregister.eu/ctr-search/search?query=eudract_number%3A2008-001451-21 (accessed 20.11.2012).
- 124 Pfizer. Axitinib (AG 013736) as second line therapy for metastatic renal cell cancer: full text view. 16.07.2012. <http://clinicaltrials.gov/show/NCT00678392> (accessed 08.09.2012).
- 125 European Medicines Agency. Inlyta: European public assessment report. 24.05.2012.
http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002406/WC500132190.pdf (accessed 11.06.2014).
- 126 Pfizer Pharma. Crizotinib (Xalkori) for non-small-cell lung carcinoma: Dossier for benefit assessment according to § 35a Social Code Book V [in German]. <https://www.g-ba.de/informationen/nutzenbewertung/44/> (accessed 6 December 2014).
- 127 Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen. Crizotinib: Nutzenbewertung gemäß § 35a SGB V; Dossierbewertung; Auftrag A12-15. 13.02.2013.
https://www.iqwig.de/download/A12-15_Crizotinib_Nutzenbewertung_35a_SGB_V.pdf
(accessed 11.03.2013).
- 128 Institute for Quality and Efficiency in Health Care. Crizotinib: Benefit assessment according to § 35a Social Code Book V; commission no. A12-15; extract. 13 February 2013.
https://www.iqwig.de/download/A12-15_Crizotinib_%20Extract-of-dossier-assessment.pdf
(accessed 6 December 2014).
- 129 Pfizer. An investigational drug, PF-02341066 is being studied versus standard of care in patients with advanced non-small cell lung cancer with a specific gene profile involving the anaplastic lymphoma kinase (ALK) gene: full text view. 22.05.2012.
<http://clinicaltrials.gov/ct2/show/study/NCT00932893> (accessed 04.06.2012).
- 130 European Medicines Agency. Xalkori: European public assessment report. 19.07.2012.
http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/002489/WC500134761.pdf (accessed 04.02.2013).

Appendix Table 2: Coding of study methods items

	Completely reported including numerical data	Partly reported including numerical data	Not reported^a
Randomisation	<ul style="list-style-type: none"> ▪ Study is identified as randomised, method for generation of code is available (e.g. computer generated list) 	<ul style="list-style-type: none"> ▪ Study is identified as randomised, but no information on randomisation procedures available 	<ul style="list-style-type: none"> ▪ No information on randomisation available
Allocation concealment	<ul style="list-style-type: none"> ▪ One of the following procedures described: treatment allocation by telephone or IVRS, use of identical numbered boxes, use of sealed opaque envelopes 	<ul style="list-style-type: none"> ▪ Incomplete or unclear information on allocation concealment 	<ul style="list-style-type: none"> ▪ No information on allocation concealment available
Blinding	<ul style="list-style-type: none"> ▪ study identified as (double) blinded, blinded parties (e.g. investigator, patient, outcome assessor) identified and ▪ methods of blinding described, e.g. use of matching placebo or double-dummy technique or ▪ study identified as open label 	<ul style="list-style-type: none"> ▪ Study identified as (double) blinded, but blinded parties or method of blinding not described 	<ul style="list-style-type: none"> ▪ No information on blinding available
Definition of ITT data set	<ul style="list-style-type: none"> ▪ Analysis data set identified as ITT, including an adequate definition (according to ICH E9) 	<ul style="list-style-type: none"> ▪ Not applicable 	<ul style="list-style-type: none"> ▪ No information on analysis data set available; ▪ analysis data set identified as ITT without definition of ITT ▪ analysis data set not meeting requirements of ITT analysis
Patient number in ITT data set	<ul style="list-style-type: none"> ▪ Adequate definition of ITT data set and number of patients in ITT analysis available ▪ no ITT definition available but analysis data set includes at least 95% of randomised patients 	<ul style="list-style-type: none"> ▪ Number of patients in ITT data set available only for some endpoints 	<ul style="list-style-type: none"> ▪ No definition of analysis data set available and number of patients in analysis is not stated ▪ exclusion of patients from ITT data set not justified ▪ ITT data set reported but, however, number

	Completely reported including numerical data	Partly reported including numerical data	Not reported^a
			of randomised patients or number of patients excluded from analysis not available or < 95% of the randomised patients analysed
Intervention (regarding to dose, route, timing, duration, concurrent medication ^b)	<ul style="list-style-type: none"> ▪ Exact definition on how to carry on intervention (separate for each of the defined items) 	<ul style="list-style-type: none"> ▪ Incomplete or unclear definition on how to carry on intervention 	<ul style="list-style-type: none"> ▪ No definition on how to carry on intervention
Comparator (regarding to dose, route, timing, duration, concurrent medication ^b)	<ul style="list-style-type: none"> ▪ Exact definition on how to carry on comparator 	<ul style="list-style-type: none"> ▪ Incomplete or unclear definition on how to carry on comparator 	<ul style="list-style-type: none"> ▪ No definition on how to carry on intervention
Definition of outcome	<ul style="list-style-type: none"> ▪ Exact definition for every single outcome (e.g. diagnostic method, units, cut-offs, scales etc.) 	<ul style="list-style-type: none"> ▪ Incomplete or unclear information on outcome 	<ul style="list-style-type: none"> ▪ No information on outcome definition
<p>a: If a document was not publicly available each item was coded as “not reported”.</p> <p>b: Coding was done separately for each of the named items.</p> <p>ICH: International Conference on Harmonisation, ITT: intention to treat, IVRS: Interactive Voice Response System</p>			

Appendix Table 3: Coding of study results items (baseline characteristics and patient-relevant outcomes)

Results	Completely reported including numerical data	Partly reported including numerical data	Verbally reported without numerical data	Not reported^a
Baseline characteristics (age)	<ul style="list-style-type: none"> Measure of location and measure of variation (e.g. mean value and CI or SE) 	<ul style="list-style-type: none"> Mean value and measure of variation (e.g. mean value and CI or SE) 	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> No information
Baseline characteristics (gender)	<ul style="list-style-type: none"> Number of patients according to gender 	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> No information
Baseline characteristics (severity) ^b	<ul style="list-style-type: none"> Mean value and measure of variation (e.g. mean value and CI or SE) or number of patients 	<ul style="list-style-type: none"> Mean value and measure of variation (e.g. mean value and CI or SE) 	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> No information
General definitions on outcomes	<p>continuous data (for ITT analysis):</p> <ul style="list-style-type: none"> for end-of-study value or for change from baseline: estimated effect size and measure of variation (e.g. mean value and CI or SE) <p>categorical data (for ITT analysis):</p> <ul style="list-style-type: none"> number of patients with events and % of analysis data set per group % not required if total number of patients in analysis data set clearly available 	<ul style="list-style-type: none"> Any of the items of full reporting missing data insufficient to be included in meta-analysis (without derivation of data, e.g. of variance from p-values) 	<ul style="list-style-type: none"> Verbal reporting of statistical significance of group difference (statistically significant / not statistically significant) 	<ul style="list-style-type: none"> No information on outcome verbal description with information on statistical significance of group difference (e.g. “no differences”, “comparable results”) results only available graphically in a figure without reporting of exact numerical data
Additional specific definitions:				
Patients with AEs		<ul style="list-style-type: none"> Reporting of the % of patients with AEs without the number of patients affected by AEs 		<ul style="list-style-type: none"> Reporting of numbers of AEs without the number of patients affected by AE
Patients with AEs of special interest		<ul style="list-style-type: none"> Reporting of the % of patients with AEs of special interest without the number of patients affected by AEs of special interest 		<ul style="list-style-type: none"> Reporting of numbers of AEs of special interest without the number of patients affected by AE of special interest

Results	Completely reported including numerical data	Partly reported including numerical data	Verbally reported without numerical data	Not reported^a
Patients with SAEs		<ul style="list-style-type: none"> ▪ Reporting of the % of patients with SAEs without the number of patients affected by SAEs 		<ul style="list-style-type: none"> ▪ Reporting of SAEs without the number of patients affected by SAEs
Patients withdrawn due to AE		<ul style="list-style-type: none"> ▪ Reporting of the % of patients withdrawn due to AEs without the number of patients withdrawn due to AEs 		<ul style="list-style-type: none"> ▪ Reporting of AEs resulting in withdrawal without the number of patients withdrawn due to AEs
<p>a: If a document was not (publicly) available ,each item was coded as “not reported”.</p> <p>b: Results on severity were only collected if they were relevant for the given indication.</p> <p>AE: adverse event; CI: confidence interval; ITT: intention to treat; SAE: serious adverse event; SE: standard error</p>				

Appendix Table 4: Rates of complete information on study methods (by document type and relevant population for approval) – Inclusion of registry reports with results

Information	Complete study information by item and document type											
	Total study population relevant ^a n (%)						Subpopulation relevant ^b n (%)					
	No. of exp. items ^c	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total	No. of exp. items ^e	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total
Study methods (individual items and item categories)												
Randomisation	8	8 (100)	3 (38)	7 (88)	2 (25)	8 (100)	6	5 (83)	6 (100)	6 (100)	0 (0)	6 (100)
Allocation concealment	8	8 (100)	3 (38)	7 (88)	0 (0)	8 (100)	6	5 (83)	3 (50)	5 (83)	0 (0)	5 (83)
Blinding	8	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	6	5 (83)	6 (100)	3 (50)	5 (83)	6 (100)
Definition of ITT dataset	8	8 (100)	7 (88)	8 (100)	3 (38)	8 (100)	6	6 (100)	6 (100)	3 (50)	1 (17)	6 (100)
No of patients in ITT dataset	8	8 (100)	6 (75)	6 (75)	3 (38)	6 (75)	6	6 (100)	4 (67)	3 (50)	3 (50)	4 (67)
Subtotal risk of Bias items	40	40 (100)	27 (68)	36 (90)	16 (40)	38 (95)	30	27 (90)	25 (83)	20 (67)	9 (30)	27 (90)
Intervention ^f	36	36 (100)	36 (100)	36 (100)	36 (100)	36 (100)	30	29 (97)	28 (93)	28 (93)	24 (80)	30 (100)
Comparator ^f	32	32 (100)	23 (72)	31 (97)	31 (97)	31 (97)	30	29 (97)	28 (93)	27 (90)	24 (80)	30 (100)
Methods of outcome measurement	74	63 (85)	26 (35)	43 (58)	33 (45)	49 (66)	73	49 (67)	31 (42)	28 (38)	33 (45)	45 (62)
Study methods total	182	171 (94)	112 (62)	146 (80)	116 (64)	154 (85)	163	134 (82)	112 (69)	103 (63)	90 (55)	132 (81)

a: Original study population investigated in the clinical studies.

b: Subpopulation of the clinical study covering the approved patient population or reflecting the patient population treated with the ACT.

c: Total number (100%) of methods items expected to be reported per document type for the 8 individual assessments of total study populations (items required according to CONSORT) for which results in registry reports are available.

d: IQWiG dossier assessment and publicly available parts of the company dossier.

e: Total number (100%) of methods items expected to be reported per document type for the 6 individual assessments of subpopulations (items required according to CONSORT) for which results in registry reports are available.

f: Includes information on dosage, intervals of administration, duration of treatment, route of administration, and concomitant medication

AMNOG: Arzneimittelmarktneuordnungsgesetz (Act on the Reform of the Market for Medicinal Products); EPAR: European public assessment report; exp.: expected; ITT: intention to treat

Appendix Table 5: Rates of complete information on baseline characteristics and patient-relevant outcomes (by document type and relevant population for approval) – Inclusion of registry reports with results

Information	Complete study information by item and document type											
	Total study population relevant ^a n (%)						Subpopulation relevant ^b n (%)					
	No. of exp. items ^c	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total	No. of exp. items ^c	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total
Study results (individual items and item categories)												
Baseline characteristics												
Age	8	8 (100)	7 (88)	6 (75)	6 (75)	8 (100)	6	3 (50)	0 (0)	1 (17)	1 (17)	1 (17)
Sex	7	7 (100)	7 (100)	7 (100)	7 (100)	7 (100)	6	6 (100)	0 (0)	1 (17)	1 (17)	1 (17)
Severity	4	4 (100)	4 (100)	4 (100)	1 (25)	4 (100)	5	3 (60)	0 (0)	0 (0)	0 (0)	0 (0)
Total baseline characteristics	19	19 (100)	18 (95)	17 (89)	14 (74)	19 (100)	17	12 (71)	0 (0)	2 (12)	2 (12)	2 (12)
Benefit outcomes												
Mortality	8	8 (100)	3 (38)	5 (63)	3 (38)	5 (63)	7	7 (100)	0 (0)	0 (0)	1 (14)	1 (14)
Clinical event ^f	5	5 (100)	5 (100)	4 (80)	3 (60)	5 (100)	7	7 (100)	3 (43)	1 (14)	0 (0)	4 (57)
Symptom ^g	4	3 (75)	0 (0)	0 (0)	0 (0)	0 (0)	5	1 (20)	0 (0)	0 (0)	0 (0)	0 (0)
HRQoL	7	3 (43)	0 (0)	0 (0)	1 (14)	1 (14)	5	5 (100)	0 (0)	0 (0)	0 (0)	0 (0)
Subtotal benefit outcomes	24	19 (79)	8 (33)	9 (38)	7 (29)	11 (46)	24	20 (83)	3 (13)	1 (4)	1 (4)	5 (21)
Harm outcomes												
AEs	8	7 (88)	2 (25)	4 (50)	8 (100)	8 (100)	6	6 (100)	0 (0)	0 (0)	0 (0)	0 (0)
SAEs	8	7 (88)	2 (25)	3 (38)	6 (75)	6 (75)	6	5 (83)	0 (0)	0 (0)	0 (0)	0 (0)
Withdrawals due to AEs	8	7 (88)	3 (38)	4 (50)	3 (38)	5 (63)	6	5 (83)	0 (0)	0 (0)	0 (0)	0 (0)
Specific AEs ^h	26	22 (85)	2 (8)	6 (23)	4 (15)	10 (38)	31	15 (48)	0 (0)	0 (0)	0 (0)	0 (0)
Subtotal harm outcomes	50	43 (86)	9 (18)	17 (34)	21 (42)	29 (58)	49	31 (63)	0 (0)	0 (0)	0 (0)	0 (0)

Complete study information by item and document type

Information	Total study population relevant ^a n (%)						Subpopulation relevant ^b n (%)					
	No. of exp. items ^c	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total	No. of exp. items ^e	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total
Total benefit / harm outcomes	74	62 (84)	17 (23)	26 (35)	28 (38)	40 (54)	73	51 (70)	3 (4)	1 (1)	1 (1)	5 (7)
Total study results	93	81 (87)	35 (38)	43 (46)	42 (45)	59 (63)	90	63 (70)	3 (3)	3 (3)	3 (3)	7 (8)

a: Original study population investigated in the clinical studies.

b: Subpopulation of the clinical study covering the approved patient population or reflecting the patient population treated with the ACT.

c: Total number (100%) of results items expected to be reported per document type for the 8 individual assessments of total study populations (based on characteristics and patient-relevant outcomes planned and reported in the clinical study reports, including protocols) for which results in registry reports are available.

d: IQWiG dossier assessment and publicly available parts of the company dossier.

e: Total number (100%) of results items expected to be reported per document type for the 6 individual assessments of subpopulations (based on baseline characteristics and patient-relevant outcomes planned and reported in the clinical study reports, including protocols) for which results in registry reports are available.

f: Clinical events (benefit outcome): Any event (other than an AE) based on a clinical diagnosis, e.g., nonfatal stroke or nonfatal myocardial infarction, pulmonary embolism.

g: Symptoms (benefit outcome): Any sign of the disease based on the description by the patient, e.g., pain, fatigue.

h: E.g. AEs of special interest in the given indication.

AE: adverse event; AMNOG: Act on the Reform of the Market for Medicinal Products; EPAR: European public assessment report; exp.: expected; HRQoL: health related quality of life;

SAE: serious adverse event

Appendix Table 6: Rates of complete information on study methods (by document type and relevant population for approval) - Inclusion of registry reports without results

Information	Complete study information by item and document type											
	Total study population relevant ^a n (%)						Subpopulation relevant ^b n (%)					
	No. of exp. items ^c	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total	No. of exp. items ^e	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total
Study methods (individual items and item categories)												
Randomisation	7	6 (86)	2 (29)	6 (86)	0 (0)	6 (86)	7	6 (86)	3 (43)	7 (100)	0 (0)	7 (100)
Allocation concealment	7	6 (86)	2 (29)	5 (71)	0 (0)	5 (71)	7	6 (86)	3 (43)	6 (86)	0 (0)	6 (86)
Blinding	7	7 (100)	4 (57)	4 (57)	4 (57)	7 (100)	7	7 (100)	4 (57)	5 (71)	7 (100)	7 (100)
Definition of ITT dataset	7	4 (57)	4 (57)	3 (43)	0 (0)	4 (57)	7	5 (71)	4 (57)	7 (100)	3 (43)	7 (100)
No of patients in ITT dataset	7	7 (100)	3 (43)	4 (57)	0 (0)	4 (57)	7	7 (100)	5 (71)	5 (71)	2 (29)	5 (71)
Subtotal risk of bias items	35	30 (86)	15 (43)	22 (63)	4 (11)	26 (74)	35	31 (89)	19 (54)	30 (86)	12 (34)	32 (91)
Intervention ^f	31	31 (100)	25 (81)	24 (77)	23 (74)	30 (97)	32	32 (100)	32 (100)	32 (100)	24 (75)	32 (100)
Comparator ^f	32	32 (100)	20 (63)	23 (72)	20 (63)	29 (91)	32	26 (81)	25 (78)	26 (81)	16 (50)	26 (81)
Methods of outcome measurement	89	70 (79)	28 (31)	31 (35)	5 (6)	38 (43)	71	56 (79)	14 (20)	37 (52)	4 (6)	42 (59)
Study methods total	187	163 (87)	88 (47)	100 (53)	52 (28)	123 (66)	170	145 (85)	90 (53)	125 (74)	56 (33)	132 (78)

a: Original study population investigated in the clinical studies.

b: Subpopulation of the clinical study covering the approved patient population or reflecting the patient population treated with the ACT.

c: Total number (100%) of methods items expected to be reported per document type for the 7 individual assessments of total study populations (items required according to CONSORT) for which no results in registry reports are available.

d: IQWiG dossier assessment and publicly available parts of the company dossier.

e: Total number (100%) of methods items expected to be reported per document type for the 7 individual assessments of subpopulations (items required according to CONSORT) for which no results in registry reports are available.

f: Includes information on dosage, intervals of administration, duration of treatment, route of administration, and concomitant medication.

AMNOG: Act on the Reform of the Market for Medicinal Products; EPAR: European public assessment report; exp.: expected; ITT: intention to treat

Appendix Table 7 Rates of complete information on baseline characteristics and patient-relevant outcomes (by document type and relevant population for approval) – Inclusion of registry reports without results

Information	Complete study information by item and document type						Subpopulation relevant ^b					
	Total study population relevant ^a n (%)						n (%)					
	No. of exp. items ^c	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total	No. of exp. items ^c	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total
Study results (individual items and item categories)												
Baseline characteristics												
Age	7	7 (100)	3 (43)	6 (86)	0 (0)	6 (86)	7	4 (57)	2 (29)	4 (57)	0 (0)	4 (57)
Sex	6	6 (100)	2 (33)	5 (83)	0 (0)	5 (83)	7	7 (100)	2 (29)	4 (57)	0 (0)	4 (57)
Severity	5	5 (100)	2 (40)	3 (60)	0 (0)	3 (60)	5	4 (80)	2 (40)	2 (40)	0 (0)	2 (40)
Total baseline characteristics	18	18 (100)	7 (39)	14 (78)	0 (0)	14 (78)	19	15 (79)	6 (32)	10 (53)	0 (0)	10 (53)
Benefit outcomes												
Mortality	7	7 (100)	4 (57)	1 (14)	0 (0)	4 (57)	9	9 (100)	0 (0)	1 (11)	0 (0)	1 (11)
Clinical event ^f	18	18 (100)	0 (0)	4 (22)	0 (0)	4 (22)	13	12 (92)	1 (8)	0 (0)	0 (0)	1 (8)
Symptom ^g	3	1 (33)	0 (0)	0 (0)	0 (0)	0 (0)	3	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
HRQoL	12	4 (33)	0 (0)	0 (0)	0 (0)	0 (0)	4	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Subtotal benefit outcomes	40	30 (75)	4 (10)	5 (13)	0 (0)	8 (20)	29	21 (72)	1 (3)	1 (3)	0 (0)	2 (7)
Harm outcomes												
AEs	7	7 (100)	1 (14)	2 (29)	0 (0)	3 (43)	7	5 (71)	0 (0)	0 (0)	0 (0)	0 (0)
SAEs	7	7 (100)	0 (0)	2 (29)	0 (0)	2 (29)	7	5 (71)	0 (0)	0 (0)	0 (0)	0 (0)
Withdrawals due to AEs	7	7 (100)	3 (43)	3 (43)	0 (0)	4 (57)	7	5 (71)	0 (0)	0 (0)	0 (0)	0 (0)
Specific AEs ^h	28	27 (96)	7 (25)	12 (43)	0 (0)	13 (46)	21	14 (67)	0 (0)	0 (0)	0 (0)	0 (0)
Subtotal harm outcomes	49	48 (98)	11(22)	19 (39)	0 (0)	22 (45)	42	29 (69)	0 (0)	0 (0)	0 (0)	0 (0)

Complete study information by item and document type

Information	Total study population relevant ^a n (%)						Subpopulation relevant ^b n (%)					
	No. of exp. items ^c	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total	No. of exp. items ^e	AMNOG ^d	EPAR	Publication	Registry report	Non-AMNOG total
Total benefit / harm outcomes	89	78 (88)	15 (17)	24 (27)	0 (0)	30 (34)	71	50 (70)	1 (1)	1(1)	0 (0)	2 (3)
Total study results	107	96 (90)	22 (21)	38 (36)	0 (0)	44 (41)	90	65 (72)	7 (8)	11 (12)	0 (0)	12 (13)

a: Original study population investigated in the clinical studies.

b: Subpopulation of the clinical study covering the approved patient population or reflecting the patient population treated with the ACT.

c: Total number (100%) of results items expected to be reported per document type for the 7 individual assessments of total study populations (based on characteristics and patient-relevant outcomes planned and reported in the clinical study reports, including protocols) for which no results in registry reports are available.

d: IQWiG dossier assessment and publicly available parts of the company dossier.

e: Total number (100%) of results items expected to be reported per document type for the 7 individual assessments of subpopulations (based on baseline characteristics and patient-relevant outcomes planned and reported in the clinical study reports, including protocols) for which no results in registry reports are available.

f: Clinical events (benefit outcome): Any event (other than an AE) based on a clinical diagnosis, e.g., nonfatal stroke or nonfatal myocardial infarction, pulmonary embolism.

g: Symptoms (benefit outcome): Any sign of the disease based on the description by the patient, e.g., pain, fatigue.

h: E.g. AEs of special interest in the given indication

AE: adverse event; AMNOG: Act on the Reform of the Market for Medicinal Products; EPAR: European public assessment report; exp.: expected; HRQoL: health related quality of life;

SAE: serious adverse event