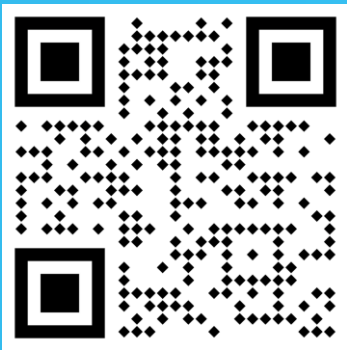


Zhen Dong¹, Shiau-Han Chen², Cindy Thiow Koon Lim¹, KyungEun Lee³, Yvonne YL Lee¹¹IQVIA Solutions Asia Pte Ltd, Singapore; ²IQVIA Solutions Taiwan Ltd, Taipei, Taiwan ; ³IQVIA Solutions Korea Ltd, Seoul, Korea, Republic of

Introduction and study objectives

Background: Patient-experienced data (PED) are increasingly recognized as valuable evidence in health technology assessments (HTAs). While extensively applied in the United States and Europe, its use in the Asia-Pacific (APAC) region is still emerging, with growing interest in patient-centered evaluation¹⁻⁴.

Objective: To review how PED has been integrated into HTA decision-making across four APAC countries: Australia (AU), Taiwan (TW), South Korea (KR), and Singapore (SG).

Methods

Literature search and data synthesis

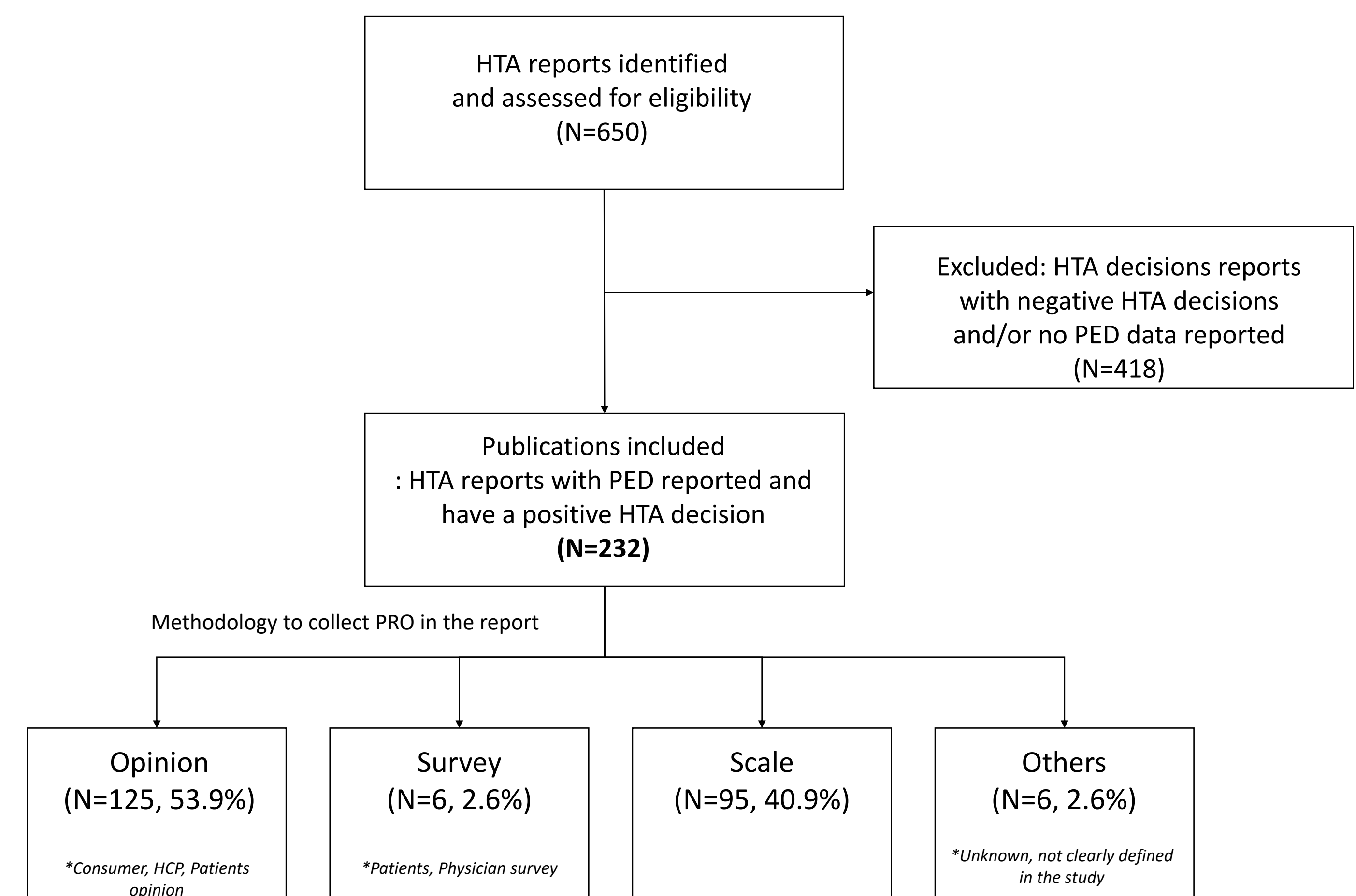
A targeted review of HTA reports from four APAC countries (2020–2024) was conducted using PED-related keywords, with relevant reports analyzed for treatment context, drug indication, PED evidence generation, and study characteristics through narrative synthesis.

Table 1. Search strategy and eligibility criteria for literature search

Items	Definitions	Items	Definitions
Data sources	• HTA agencies' online database of HTA reports	Australia (AU), Singapore (SG)	• [Keywords] Checked PICO sections for QoL instruments and reviewed consumer opinion and clinical evidence sections using keywords like "QoL", "EQ-5D", "PROMIS", "consumer input"
Publication period	• 2020 – 2024	Taiwan (TW)	• [Keywords] "patient opinion", "survey", "interview", "scale", "PRO"; supplemented by reviewing clinical evidence sections
Inclusion criteria	• HTA reports with PED reported • HTA reports with positive HTA decision	South Korea (KR)	• [Keywords] Reviewed HIRA reports using keyword such as "HTA reports", "PRO", "Quality of life", "EQ-5D", "clinical outcome assessment"
Exclusion criteria	• Studies with no PED reported • Studies with negative HTA decisions	Outcome	• Study type, Indication, NRS (Numeric Rating Scale), PRO Role (Primary / Secondary endpoint), Impact on HTA (Decision influence)

Abbreviation: EQ-5D, EuroQol 5-Dimensions; HTA, Health Technology Assessment; NRS, Numeric Rating Scale; PRO, Patient Reported Outcome; PROMIS, Patient Reported Outcomes Measurement Information System; QoL, Quality of Life;

Figure 1. Study flow diagram of literature review



Results

Patient Experience Data (PED) in HTA: Evolving Use Across APAC markets

- Australia:** Leading in PED integration for oncology.
- Taiwan:** Expanding the strategic use of PED in HTA evaluations.
- Singapore:** PED used as a key metric in 22% of pediatric HTA evaluations
- Korea:** PED applications are centered around rare disease assessments and plays a supportive role in oncology.

Figure 2. PED Usage by Therapeutic Area and Country

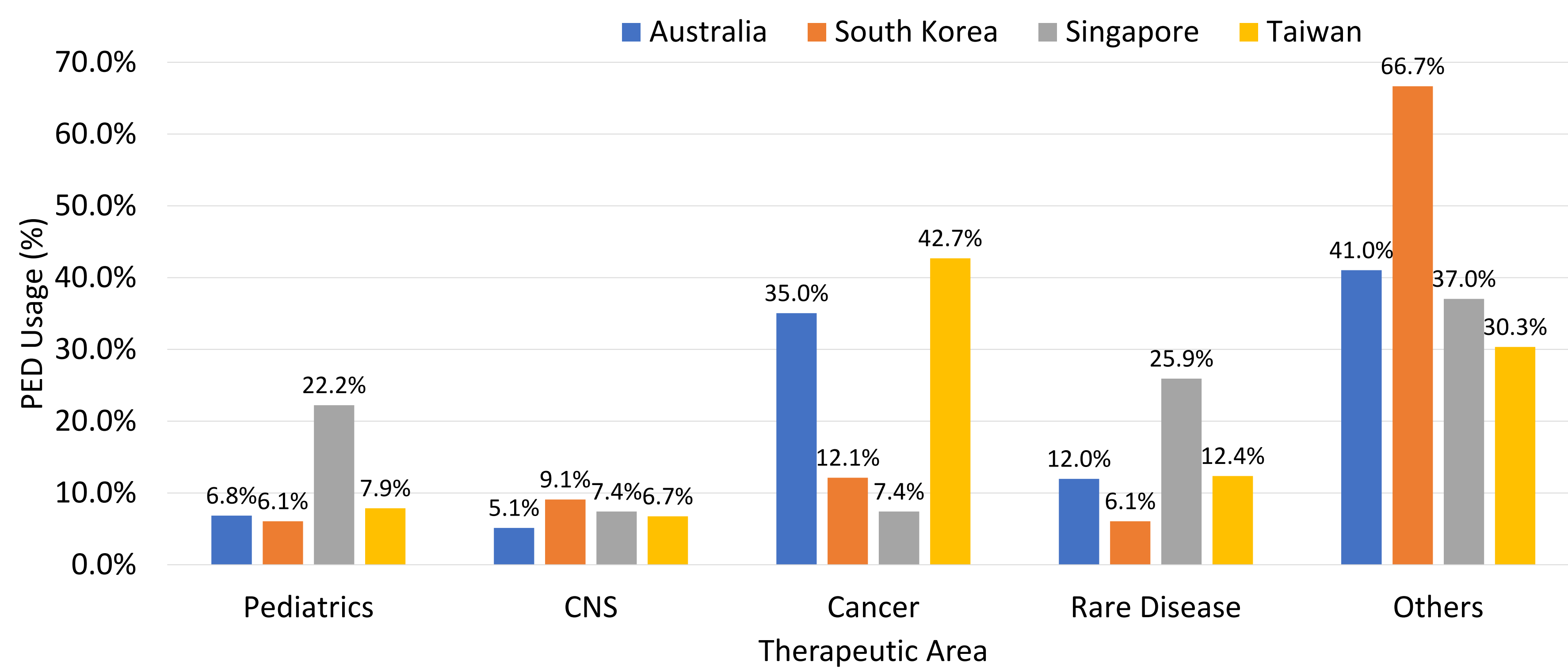


Table 2. Distribution of HTA reports utilizing PED by Therapeutic Area and Country

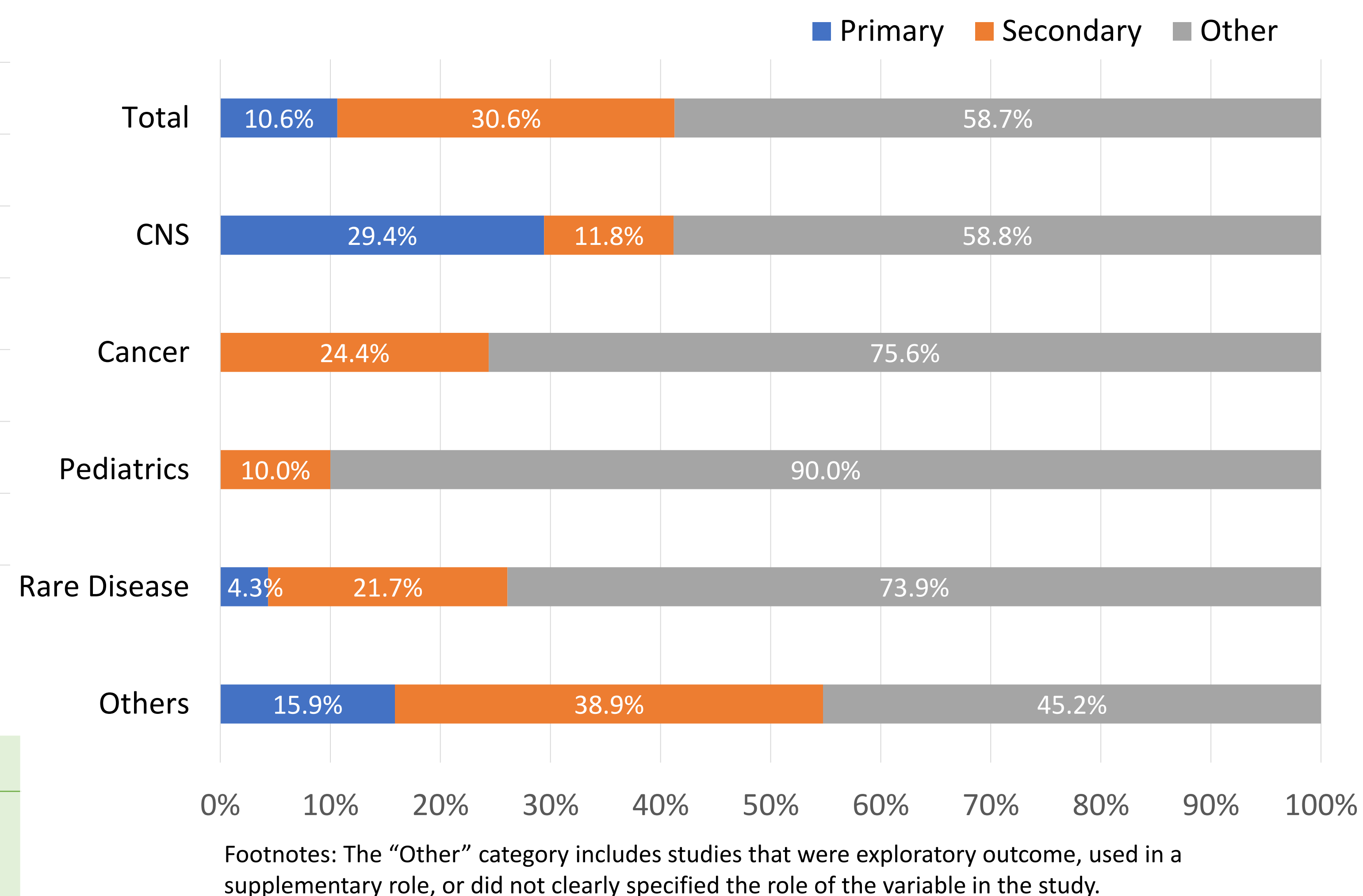
	Overall		Therapeutic Area									
Country	N ^a	% ^b	Pediatrics	% ^c	CNS	% ^c	Cancer	% ^c	Rare Disease	% ^c	Others	% ^c
Total	266	100.0%	23	8.6%	17	6.4%	85	32.0%	34	12.8%	107	40.2%
Australia	117	44.0%	8	6.8%	6	5.1%	41	35.0%	14	12.0%	48	41.0%
Taiwan	89	33.5%	7	7.9%	6	6.7%	38	42.7%	11	12.4%	27	30.3%
Singapore	27	10.2%	6	22.2%	2	7.4%	2	7.4%	7	25.9%	10	37.0%
South Korea	33	12.4%	2	6.1%	3	9.1%	4	12.1%	2	6.1%	22	66.7%

Footnotes: ^amultiple research themes may be addressed within a single publication; ^bthe denominator refers to the total number of research themes identified across all publications; ^cthe denominator refers to the total number of each individual research theme;

- PED was commonly applied in cancer, rare diseases, pediatrics, and CNS disorders—many of which involve chronic conditions—highlighting its relevance even when not the central evidence.

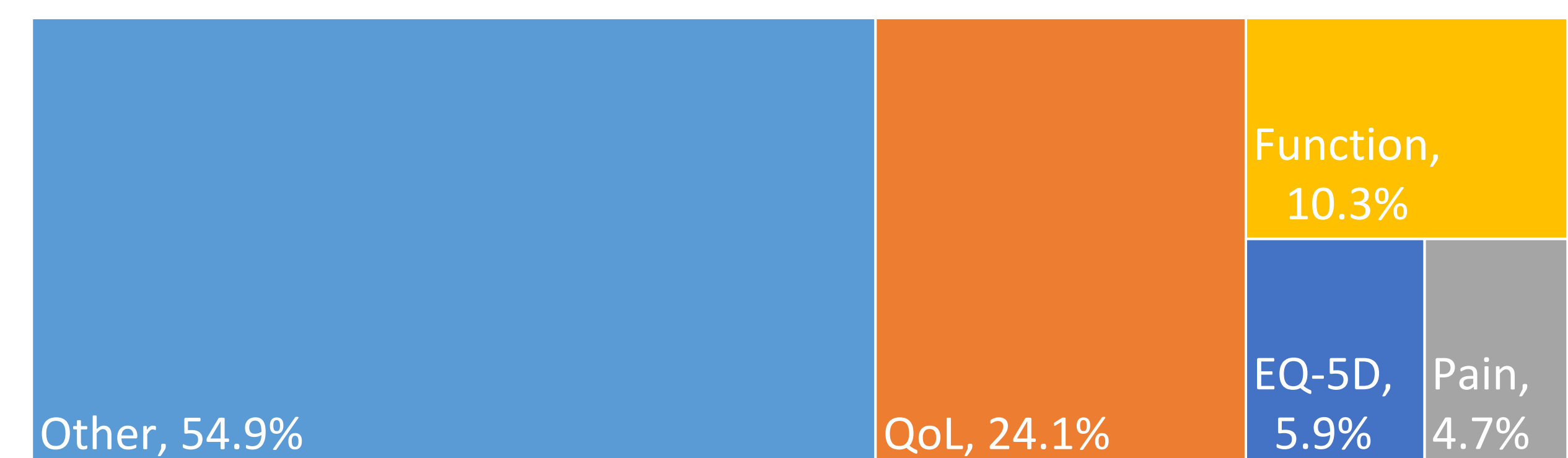
- Quantitative methods dominated HTA but often miss patient preference and lived experiences.
- PED was used as primary or supplementary evidence depending on disease relevance, with its role varying by context.
- Country-specific strategies reflect diverse engagements: **consumer feedback (AU), digital platform (Taiwan), genomic infrastructure (SG), clinical data (Korea).**

Figure 3. PED as Primary, Secondary, and other Evidence by Therapeutic Area



Footnotes: The "Other" category includes studies that were exploratory outcome, used in a supplementary role, or did not clearly specified the role of the variable in the study.

Figure 4. Distribution of PRO variables in HTA Evaluations



Footnote: EQ-5D (EQ-5D, EQ-5D-3L, EQ-5D-5L), QoL (QoL, AQLQ, DLQI, POEM, QLQ-C30, and the EORTC QLQ series), Pain (VAS, NRS, PP-NRS4, PCS), Function (SF-36, SF-12, HAQ-DI, FACIT-F, GMFM-88, ROM), Other (Includes all variables not classified under the categories above)

Conclusions

PED is increasingly recognized as a valuable component of HTA evaluations in Asia-Pacific, especially for chronic and complex conditions where patient perspectives are essential. However, its use remains inconsistent, with limited transparency in how decision-makers interpret and apply PED. To ensure HTAs are truly patient-centered, PED must evolve from supplementary evidence to a standardized and influential part of decision-making.