CALL FOR ABSTRACTS

Real-World Data for Comparative Effectiveness in Health Technology Assessment

Value in Health

Health technology assessment (HTA) increasingly relies on decision making under conditions of limited evidence. Accelerated approvals, early access schemes, and therapies targeting small or heterogeneous populations often result in immature or incomplete randomized controlled trial (RCT) evidence. Consequently, real-world data (RWD) from routine clinical practice, administrative databases, and registries emerge as a critical complement to RCTs to support the assessment of the effectiveness and cost-effectiveness of healthcare technologies.

Despite widespread recognition of its potential, the use of RWD for deriving treatment effects in HTA remains limited. While many HTA agencies explicitly encourage RWD to address RCT evidence gaps, concerns persist regarding bias, transparency, and the consistency of methodological standards. Moreover, advances in causal inference methods, data linkage, and pragmatic study designs have not been consistently translated into improved HTA practice.

This themed section aims to capture methodological advances and novel uses of RWD for estimating treatment effects in HTA. Following ISPOR's mission, papers must promote good research practices and transparency in the design, analysis, and reporting of RWD. The editors are most interested in papers that propose novel causal inference methods and policy-relevant applications in the following areas:

1. Decision-grade RWD

- Novel uses of data linkage within and across jurisdictions (eg, drawing on common data models) that directly inform the estimation of treatment effects
- Artificial intelligence–enabled evidence generation (eg, leveraging unstructured data) for the purposes of evaluating health interventions
- Benchmarking studies: replicating the results of well-conducted RCTs to demonstrate the potential of a novel RWD source

2. Target trial emulation (TTE)

- Methodological issues arising from the application of TTE in effectiveness and cost-effectiveness studies
- Novel external comparator studies that combine real-world cohorts with single-arm or multi-arm trials
- Applications of TTE to support the review of HTA recommendations
- The use of TTE to address challenges in using non-local evidence in HTA (transportability studies)

All interested authors are invited to submit an abstract for consideration in this themed section no later than **November 30, 2026**. Abstracts should not exceed 500 words and should be submitted to our online portal at https://vihabstracts2.secure-platform.com/a. Submissions must also include a title page that includes the proposed title of the paper, names and affiliations of all authors and corresponding author, and expected word count and number of graphical elements of the final paper. Please direct any content-related questions to the Guest Editors, **Manuel Gomes, PhD** (m.gomes@ucl.ac.uk), **Richard Grieve, PhD** (richard.grieve@lshtm.ac.uk), or **Nick Latimer, PhD** (n.latimer@Sheffield.ac.uk).

The abstracts will be reviewed internally by the Guest Editors. Authors whose abstracts best fit the scope, vision, and goals of this initiative will be invited to submit full papers for consideration in this themed section. Invited papers will be due no later than **May 31, 2027**. All invited papers will undergo the journal's peer-review process before the Editors make final decisions about papers to be included in this special themed section of *Value in Health*.

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