Addressing Evidence Gaps Through Structured Expert Elicitation: Insights from Recent NICE Technology Appraisals

HTA392

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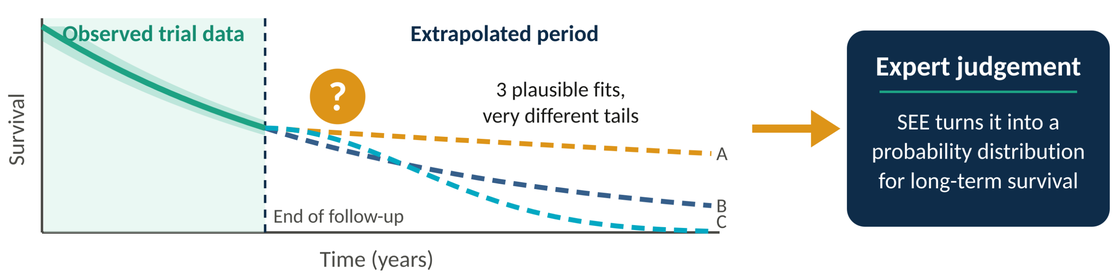
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KEY MESSAGE

Only 10 of 77 recent NICE appraisals (13%) used formal expert elicitation, and 4 of 6 using SEE did not report their methods, highlighting limited uptake and poor transparency in how expert judgements inform decisions.

1 BACKGROUND

Survival extrapolation in HTA can be highly uncertain when long-term trial data are limited, and expert judgement may be needed to inform plausible assumptions. NICE Decision Support Unit Technical Support Document (TSD) 26, published in March 2025, provides guidance on using structured expert elicitation (SEE) to obtain and quantify expert judgements for long-term survival. However, the extent to which SEE has subsequently been used and transparently reported in NICE technology appraisals is unclear.



2 OBJECTIVES

It is unclear how far NICE technology appraisals (TAs) have adopted SEE since TSD 26 was published. We reviewed NICE TAs published in the first year after TSD 26 to assess:

1. **Frequency:** how often TAs used formal expert elicitation and, within it, SEE.
2. **Purpose:** whether SEE informed survival or other evidence gaps, and in which disease areas.
3. **Reporting:** whether the elicitation method used for SEE was named.

3 METHODS

NICE TAs published between 1 June 2025 and 1 June 2026 were reviewed, excluding terminated or withdrawn appraisals. For each TA, we extracted whether expert elicitation was conducted, whether SEE was used, whether SEE informed survival or non-survival outcomes, the disease area and the elicitation method reported.

103 TAs retrieved → **77** TAs reviewed → **10** formal expert elicitation → **6** used SEE

- **Excluded:** 26 terminated or withdrawn
- **Excluded:** 67 with no formal elicitation
- **Remaining 4 TAs:** Expert elicitation conducted, but SEE not reported

How expert input was classified

Not counted
Advisory boards seeking general clinical opinions without reported expert elicitation of specific judgements.

Counted as formal elicitation
Submissions reporting expert elicitation meetings; classified as SEE when explicitly stated.

4 RESULTS

Of 77 TAs reviewed, 10 (13%) reported formal expert elicitation, and 6 of these 10 (60%) explicitly used SEE; the elicitation method was not reported in the other 4 (40%). The six SEE appraisals spanned five therapeutic areas and split evenly between survival extrapolation and other evidence gaps, but only two TAs reported their SEE method.

13%	60%	5	3 : 3	4/6
of TAs used formal expert elicitation (10/77)	of elicitation TAs used SEE (6/10)	therapeutic areas across the 6 SEE TAs	SEE for survival vs other evidence gaps	SEE TAs did not report the method

A. Therapeutic areas of the 6 SEE appraisals

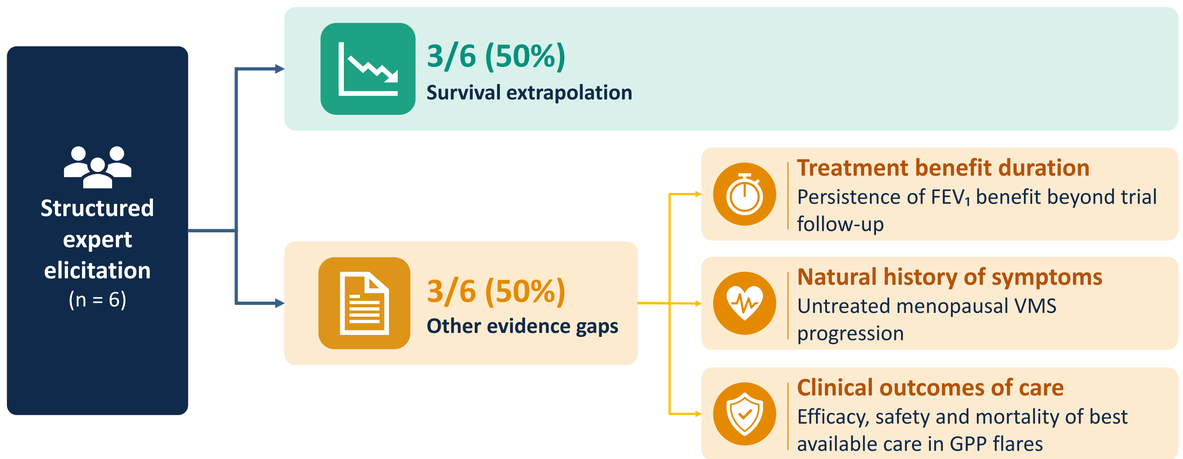


B. SEE method reported (n = 6)



Abbreviations: SHELF, Sheffield Elicitation Framework.

C. Evidence gaps addressed through SEE



Abbreviations: FEV_1, forced expiratory volume in 1 second; GPP, generalised pustular psoriasis; VMS, vasomotor symptoms.

5 DISCUSSION

In the first year after TSD 26, formal elicitation informed only a minority of NICE TAs and was reported in only 13% of reviewed NICE TAs. SEE addressed both survival and non-survival evidence gaps across five therapeutic areas, while reporting of elicitation methods varied.

TSD 26 recommends	Observed in this review
A named, pre-specified elicitation protocol	**Method named in 2/6 SEE TAs**
Structured elicitation rather than informal opinion	**Formal elicitation in 10/77 TAs**
Survival and hazard judgements for extrapolation	**SEE informed survival in 3/6 TAs**

Limitation: the extraction was not designed to assess every TSD 26 component.

6 CONCLUSION

SEE was identified in a very small number of recent NICE TAs, with variable implementation and reporting transparency. Informal advisory-board consultation may be vulnerable to bias, inconsistency and limited transparency.

- **Use SEE when expert judgement addresses material evidence gaps, rather than informal consultation.**
- **Pre-specify a named elicitation protocol aligned with TSD 26.**
- **Fully report experts, evidence, individual judgements, and aggregation methods.**

More consistent structured conduct and transparent reporting would strengthen the credibility and reproducibility of expert-informed HTA.

REFERENCES

1. Oakley JE, Ren S, Forsyth JE, et al. NICE DSU TSD 26: Expert elicitation for long-term survival outcomes. March 2025.

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