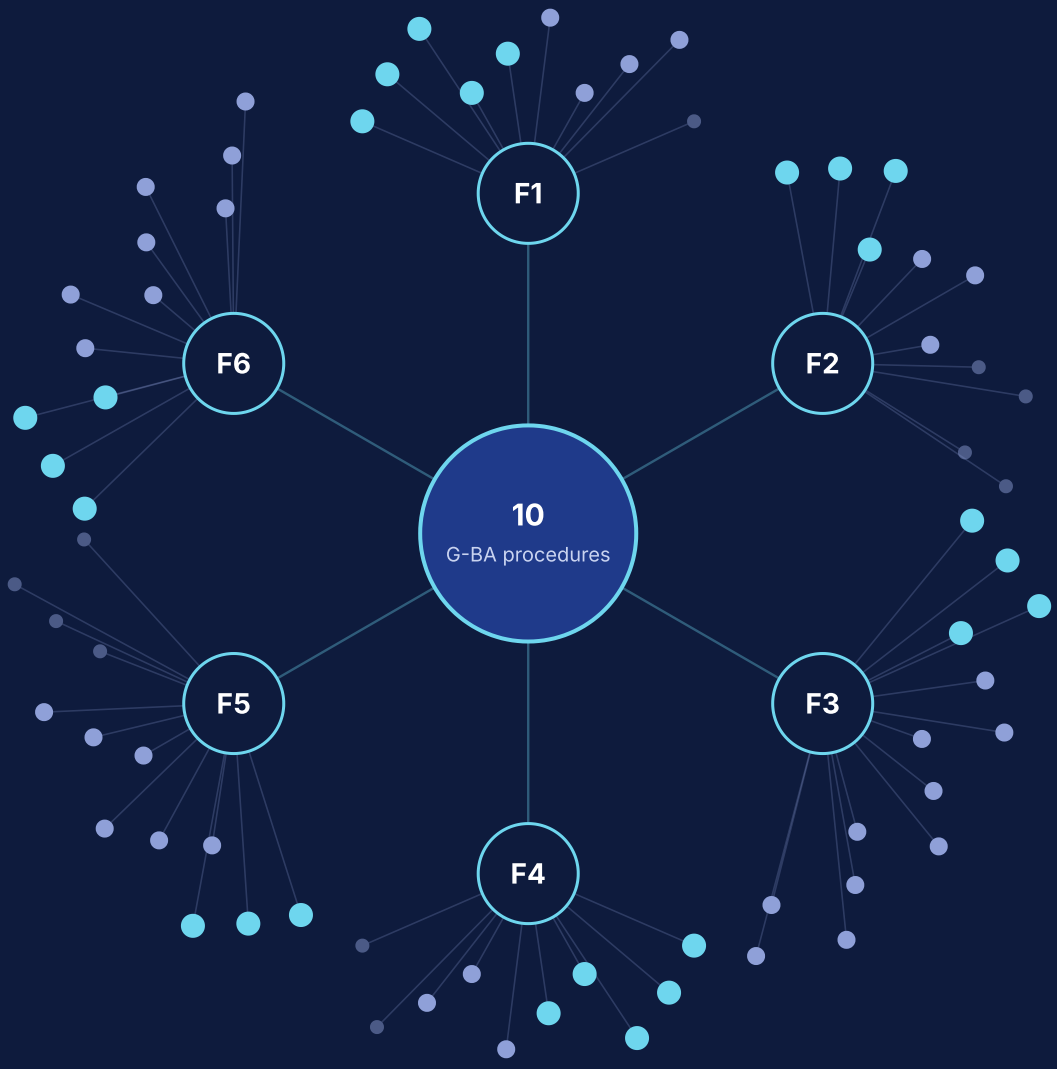
KOL REPORT · FIRST-LINE NSCLC · GERMANY

Who to ask?

Evidence-based expert partners in Germany for the questions the G-BA procedures turned on



First choice · Strong · Complementary

Each dot is an evidence-based expert on the list for one question; 70 profiles of 28 people.

6
questions, derived from AMNOG

28
evidence-based partners in the full report

10
AMNOG procedures analysed

1,995
professional sources classified

KOL REPORT · SAMPLE

Who to ask?

Evidence-based expert partners in Germany for six questions on first-line NSCLC

Non-squamous, without actionable driver mutation, all PD-L1 levels

6	28	10	1,995
questions, derived from AMNOG	evidence-based partners in the full report	AMNOG procedures analysed	professional sources classified

THE SIX QUESTIONS

F1	Which standard of care applies in first-line treatment today, and which criteria decide between the options?	10 partners · in this sample
F2	How are patients with impaired general condition (ECOG 2) treated, and when is chemotherapy alone enough?	11 partners
F3	How reliably does PD-L1 testing separate patients at 50 %?	14 partners
F4	When is a patient considered unsuitable for platinum?	10 partners
F5	Which chemo-immunotherapy at PD-L1 below 50 %?	13 partners
F6	Are trial results transferable to patients in Germany?	12 partners

This sample shows the structure using question F1: the question page from the procedures, the list with groups and strengths, and one example profile. The people on the list are anonymised (Expert A to J); the example profile is altered and shows no real person. The full report names people, institutions and every reference.

How to read this report

The report answers one question: whom in Germany should an MSL or market access team talk to about first-line NSCLC, and why this particular person?

1

The questions

Six questions on which the G-BA benefit assessments in this indication turned. One page per question with the rationale, quotes from the procedures and what to clarify in the conversation.

2

The list

Per question ten to fourteen people with evidence in Germany, in three groups. For each, what the listing rests on.

3

The profiles

One page per person: why this is the right person for the question, the evidence by year and the main sources.

THE THREE GROUPS

First choice

The highest score for the question, by fixed thresholds. The first approach.

Strong

Well evidenced, often with a different focus.

Complementary

Complete the list, often with few but fitting pieces of evidence.

WHAT A LISTING RESTS ON: THE EIGHT STRENGTHS

Voice in AMNOG	Spoke on this question for a medical society in a G-BA hearing.
Guideline	Contributed to the DGHO Onkopedia guideline or to the matching working group of the German S3 lung cancer guideline.
Pivotal trial	Is an author of a trial on which one of the ten benefit assessments rests.
Trial leadership	Listed in trial registers as principal investigator at a German site for a trial on the question.
Author on the topic	Published on the question in the last five years as first, second or last author.
Diagnostics	Works in pathology; important where the question turns on testing.
Committee	Works in a committee on the question, for example the AIO thoracic oncology working group.
Health services research	Works in a care network or project on the question, for example the nNGM or the G-BA Innovation Fund.

VISIBILITY IN PROFESSIONAL SOURCES

How visible a person is on exactly this question in public professional sources outside PubMed and the G-BA. It confirms a listing but does not justify it.

F1 Standard of care and choice of first-line treatment · The question

Which standard of care applies in first-line treatment today, and which criteria decide between the options?

WHY THIS QUESTION

The appropriate comparator therapy (zVT) set by the G-BA is the yardstick against which every new first-line therapy is measured, and it has changed between procedures. Besides PD-L1 status, medical societies, the Drug Commission of the German Medical Association and the G-BA name further criteria for the choice in the procedures: general condition, comorbidity, tumour burden and pressure for remission. For an MSL team this is the basis of every conversation about where a new option fits into care and against which alternative it is compared.

TO CLARIFY IN THE CONVERSATION

Which of these criteria are decisive in the expert's own practice?

FROM THE PROCEDURES

"In the written statement of the medical-scientific societies, combination therapies of an ICI and platinum-containing chemotherapy are seen as an alternative to ICI monotherapies especially for patients with pressure for remission due to burdensome symptoms, high tumour burden or rapid tumour growth."

G-BA, Tragende Gründe on durvalumab, D-921, p. 8 (reporting the societies' statement); translated by EvoluMedica

"The treatment decision is made in particular taking into account general condition and comorbidities."

G-BA determination of the comparator therapy, as reported in the IQWiG benefit assessment of serplulimab, D-1337, PDF page 15; translated by EvoluMedica

IN THE HEARINGS

DGHO, AIO, DGP and the AkdÄ spoke in seven hearings from 2019 to 2025, including on D-1126, D-1112, D-921 and D-923; 23 speakers.

F1 Standard of care and choice of first-line treatment

10 evidence-based partners

Three groups by score; the order within a group has no meaning. For each person, what the listing rests on.

PERSON · STRENGTHS

First choice highest score for the question

Expert A
Voice in AMNOG · Guideline · Committee

Expert B
Guideline · Trial leadership · Author on the topic · Committee

Expert C
Voice in AMNOG · Guideline · Trial leadership · Author on the topic · Committee

Expert D
Guideline · Pivotal trial · Trial leadership · Author on the topic

Expert E
Voice in AMNOG · Guideline · Pivotal trial · Trial leadership

Strong well evidenced

Expert F
Guideline · Trial leadership · Author on the topic · Committee

Expert G
Voice in AMNOG · Guideline

Expert H
Guideline · Trial leadership · Author on the topic · Committee

Expert I
Voice in AMNOG · Guideline

Complementary completes the list

Expert J
Trial leadership · Author on the topic

In the full report this list shows name and institution, the number of pieces of evidence by type and the visibility in professional sources; a profile follows for every person.

Example profile: layout as in the full report, details altered. Expert X is not a real person.

Expert X

First choice

University hospital · haematology and oncology

Voice in AMNOG · Guideline · Trial leadership · Author on the topic · Committee

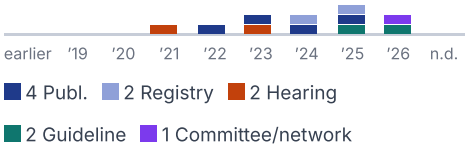
ON THE LISTS

F1 F2 F3 F4 F5 F6

WHY THIS PERSON

Expert X works at a university hospital (haematology and oncology). In two G-BA hearings, Expert X spoke for a medical society, with 3 contributions on this question. Expert X co-authored the DGHO Onkopedia guideline on NSCLC and belongs to the guideline group of the German S3 lung cancer guideline, in the working group on therapy of stage IV non-squamous NSCLC. Expert X has published 4 papers on the question as first, second or last author, most recently in 2025. In trial registries, Expert X is listed as principal investigator at a German site for 2 trials, most recently in 2025. In committees and networks on the topic, Expert X is listed as a member of the steering group of the AIO working group on thoracic oncology. In public professional sources, Expert X is visible on this question. Joint papers link Expert X with two other people from the same list. Expert X is also on the lists for F2, F4 and F5.

EVIDENCE ON THIS QUESTION BY YEAR



4 Publ. 2 Registry 2 Hearing

2 Guideline 1 Committee/network

VISIBILITY IN PROFESSIONAL SOURCES

medium

REPRESENTED IN THE HEARING

Expert X said that besides PD-L1 status, pressure for remission above all decides whether chemo-immunotherapy or monotherapy is chosen. (hearing, example)

Expert X said that in choosing the combination partners, age matters less than general condition and comorbidities. (hearing, example)

EVIDENCE ON THIS QUESTION (11)

Hearing	2 contributions for a medical society in a G-BA hearing	2023
Hearing	1 contribution for a medical society in a G-BA hearing	2021
Guideline	DGHO Onkopedia NSCLC, authorship	2025
Guideline	German S3 lung cancer guideline 5.1, matching working group	2026
Publication	Paper on the question, first author	2025
Publication	Paper on the question, last author	2024
Publication	Paper on the question, second author	2023
Publication	Paper on the question, first author	2022
Trial registry	Trial with a German site, principal investigator	2025
Trial registry	Trial with a German site, principal investigator	2024
Committee	AIO working group on thoracic oncology, steering group	2026

How the report was made

Fixed rules before the search, evidence for every listing.

Publications	PubMed, last five years, German institution, first, second or last authorship; pivotal trials in any author position.
Trial registries	ClinicalTrials.gov, CTIS and DRKS with a German site; only trials whose title or eligibility criteria match the question.
Guidelines	DGHO Onkopedia NSCLC (April 2025) and German S3 lung cancer guideline (version 5.1, July 2026): authorship, working group and role; for S3 only the matching working group counts.
AMNOG	Oral hearings in ten first-line procedures from 2019 to 2025; every contribution assigned to a question by content and counted once per person and question.
Committees	Pages of AIO, DKG, DGP, nNGM and the Innovation Fund naming person and role.
Web search	Professional sources on the question in German and English, classified by type of source; it shows visibility and checks identity but never justifies a listing.

FIGURES OF THE FULL REPORT

315 PubMed hits across the six questions

80 trials with a German site in the registries

82 entries of the S3 guideline 5.1 by person and working group

92 contributions from seven hearings, assigned to a question by content

1,995 professional sources from 2,728 assessed web search hits

239 pieces of evidence on the six lists

HOW IT WAS CHECKED

Fixed scoring and group rules, set before the search. A check script matches every figure against the evidence. An independent reading pass checked the whole report against the original sources; errors were corrected and the rule behind them adjusted.

NOT USED

Contact details, rating portals, private information, information on industry payments. From guidelines only authorship, working group and role, no text. Representatives of patient organisations are never named.

LIMITS

- The report measures evidence and visibility, not the quality of medicine and not a person’s views. Someone who treats many patients but publishes little appears weaker than they are.
- The institution comes from the person’s most recent piece of evidence and may be out of date.

Request the full report

The full first-line NSCLC report has 96 pages: six questions, six lists with 28 people, 70 profiles with names, institutions and every reference, plus the committees and networks per question.

We build the same report for your own indication: we derive the questions from the G-BA procedures, you can add your own, and the report is built on that agreed list.

Request it at evolumedica.com/kol-report or send a message to Klaus Björn Salentin.

EvoluMedica

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