The National Pharmaceutical Council (NPC) commends the American Society of Clinical Oncology (ASCO) and the Value in Cancer Care Task Force (VCCTF) for considering and incorporating input they received from public comments on their Conceptual Framework to Assess the Value of Cancer Treatment Options.¹

The updated framework² includes more factors that are of importance to patients, sharpens the methodology for measuring benefits and toxicities, and includes plans to incorporate patient preference weighting in the ultimate software assessment tool. There remains a need, however, to ensure that cost information is accurate and relevant to patients, and to broaden the evidence base. We are encouraged to see that several of the recommendations from NPC’s submitted comments³ were specifically addressed.

I. Ensure Framework Is Used as Intended

We are very pleased to see language in the framework description that echoes and underscores the importance of appropriate use. Educational materials will be key for reinforcing and ensuring this concept.

Minimize the Risk of Erroneous Comparisons

ASCO emphasizes the limitations of the Net Health Benefit (NHB) score in the framework update:

“…NHB scores cannot be compared among trials. The NHB serves as an indicator of the clinical impact of a therapy as compared with a control regimen. Likewise, it is a measure of the relative toxicity between comparator and test regimens. The NHB, as constructed, can help a physician and patient assess the relative improvement in benefit that has been found when using one regimen compared with another. As stated, it is important for the clinician to make clear the absolute magnitude of benefit that the patient might expect from the therapy under consideration, to minimize the chance for misinterpretation.”

The clarifying language is helpful, and the planned educational materials for physicians and patients will be key for appropriate interpretation.

**Minimize the Risk of Framework Misuse**

ASCO includes language in the update that underscores the framework is intended only for physician/patient decision-making and is not appropriate for public policy use:

“As currently configured, the framework is not meant to be a policy tool. It is intended for use in the clinical setting between physicians and their patients and is meant to serve as a catalyst and facilitator of individual treatment discussions...The task force fully acknowledges that value assessments supported by such a framework could be generated for use in the development of health care policy. Such an adaptation of the original intent of the framework would require further discussion with physicians, health economists, and key stakeholder groups, including patients, the pharmaceutical industry, and payers.”

**II. Broaden and Sharpen Framework Components**

The updated framework broadens the factors of importance to patients, sharpens the methods used to assess these factors, and includes details about the patient preference weighting that will be included in the assessment tool. These changes are highly commendable.

**Include More Factors That Patients Value**

Bonus points for quality of life improvements have been incorporated into the framework. ASCO acknowledges the importance of patient-reported outcomes (PROs), but has not included any additional PROs (beyond quality of life) in this update. They plan to include them in the future when they are regularly reported as clinical trial end points.

Patients ultimately will be able to incorporate their individual preferences into an assessment by adjusting the weights for clinical benefit and toxicity. This will enable a patient to “emphasize length of survival over avoidance of adverse effects, or the reverse.” Including patient-specific customization in the value assessment software tool will support personalized decision-making.

**Strengthen Assessment of Clinical Benefit**

The updated framework now includes and prioritizes a hazard ratio\(^4\) instead of median survival measurements to capture a more complete assessment of relative efficacy. The framework also includes bonus points for improved “tail of the curve” survival, which captures greater potential for long-term survival (which would not be captured by a measure of median survival).

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\(^4\) Hazard ratios are used in clinical trials to measure survival at any point in time in a group of patients who have been given a specific treatment compared to a control group given another treatment or a placebo. Cancer.gov. [http://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=618612](http://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=618612), Accessed June 1, 2016.
ASCO has revised the multiplier values for overall survival, progression-free survival and response rate, which had driven much of the NHB score in the advanced disease framework. They have removed the multiplier values in the adjuvant (i.e., potentially curable) setting.

**Strengthen Assessment of Toxicity**
The updated framework has a more granular approach to toxicity. It no longer focuses solely on high-grade toxicities. Points are assigned based on number and frequency of grade 1 to 2 toxicities and number and frequency of grade 3 to 4 toxicities. Grade 5 toxicities are not included.

**III. Ensure Cost Information is Relevant to Patients**
No changes have been made to the framework’s approach to cost. While ASCO recognizes the importance of costs beyond treatment cost (e.g., physician visits, emergency department visits, hospitalizations, lost work by patient and caregiver), it has not included them because they:

“...are not readily available, nor are they easily quantified for any given group of patients. The high and rapidly rising cost of specialty drugs to the health care system and to the patient through copays are of great importance to patients, providers, and payers and has therefore been retained as the primary focus of the current version of the framework.”

We continue to recommend that the framework developers include patient costs beyond treatment cost, reconsider the inclusion of drug acquisition cost, ensure patients receive accurate and relevant cost information, and present “incremental” patient cost information (i.e., treatment cost relative to the comparator cost) so the format aligns with the incremental “net health benefit” comparison.

**IV. Broaden and Strengthen the Evidence Base**
ASCO underscores the problems with cross-trial comparisons and risk of inappropriate conclusions that could stem from these comparisons. We continue to recommend extending the evidence base beyond randomized clinical trials (RCTs) and beyond a single study, clarifying the evidence selection criteria, and clarifying the process for updating the assessment tool when new evidence is available.