ESMO-MCBS

ESMO-Magnitude of Clinical Benefit Scale

ESMO-MAGNITUDE OF CLINICAL BENEFIT SCALE V1.1 EVALUATION FORM 2B

For therapies that are not likely to be curative with primary endpoint PFS

Name of study:					
Study medicine:		**Indication:**			
First author:		**Year:**		**Journal:**	
Name of evaluator:					

If median PFS with standard treatment >6 months

GRADE 3	HR ≤0.65 AND gain ≥3 months	○
GRADE 2	HR ≤0.65 BUT gain <3 months	○
GRADE 1	HR >0.65	○

Mark with √ if relevant

Preliminary magnitude of clinical benefit grade (highest grade scored)	**3**	**2**	**1**
	☐	☐	☐

Non-curative setting grading - 5 and 4 indicates a substantial magnitude of clinical benefit

HR, hazard ratio; PFS, progression-free survival

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Early stopping or crossover

Did the study have an early stopping rule based on interim analysis of survival? ○

Was the randomization terminated early based on the detection of overall survival advantage at interim analysis? ○

If the answer to both is "yes", then see letter "E" in the adjustment section below

Mark with √ if relevant

Toxicity assessment

Is the new treatment associated with a statistically significant incremental rate of:

«Toxic» death >2% ○

Cardiovascular ischemia >2% ○

Hospitalisation for «toxicity» >10% ○

Excess rate of severe CHF >4% ○

Grade 3 neurotoxicity >10% ○

Severe other irreversible or long lasting toxicity >2% please specify: ○

(Incremental rate refers to the comparison versus standard therapy in the control arm)

Mark with √ if relevant

Quality of life/Grade 3-4 toxicities* assessment

Was QoL eveluated as secondary outcome? ○

Does secondary endpoint QoL show improvement? ○

Are there statistically significantly less grade 3-4 toxicities impacting on daily well-being?* ○

*This does not include alopecia, myelosuppression, but rather chronic nausea, diarrhoea, fatigue, etc.

Mark with √ if relevant

CHF, congestive heart failure; QoL, quality of Life

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Adjustments

A When OS as secondary endpoint shows improvement, it will prevail and the new scoring will be done according to form 2a.

B Downgrade 1 level if there is one or more of the above incremental toxicities associated with the new medicine.

C Downgrade 1 level if the medicine ONLY leads to improved PFS (mature data shows no OS advantage) and QoL assessment does not demonstrate improved QoL.

D Upgrade 1 level if improved QoL or if less grade 3-4 toxicities that bother patients are demonstrated.

E Upgrade 1 level if study had early crossover because of early stopping or crossover based on detection of survival advantage at interim analysis.

F Upgrade 1 level if there is a long-term plateau in the PFS curve, and there is >10% improvement in PFS at 2 years.

Final, toxicity and QoL adjusted, magnitude of clinical benefit grade	4	3	2	1
	☐	☐	☐	☐

Highest magnitude clinic benefit grade that can be achieved grade 4.

Non-curative setting grading - 5 and 4 indicates a substantial magnitude of clinical benefit

PFS, progression-free survival; OS, overall survival; QoL, quality of life