GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

ESMO Magnitude of Clinical Benefit Scale

Evaluation form 2b: for therapies that are not likely to be curative with primary endpoint PFS

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

IF with median PFS with standard treatment ≤ 6 months

	Mark with X if relevant
Grade 3	
HR ≤ 0.65 AND Gain ≥ 1.5 months	
Grade 2	
HR ≤ 0.65 BUT Gain < 1.5 months	
Grade 1	
HR > 0.65	

Preliminary magnitude of clinical benefit grade (highest grade scored)

3	2	1

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IF with median PFS with standard treatment ≤ 6 months

Toxicity assessment

Is the new treatment associated with a statistically significant incremental rate of:	*Mark with X if relevant*
«toxic» death > 2%	
cardiovascular Ischemia > 2%	
hospitalization 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)

Quality of life/ grade3-4 toxicities assessment

Was quality of life (QoL) evaluated as secondary outcome?	
Does secondary endpoint quality of life 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.**

Adjustments

a) **Downgrade 1 level if there is one or more of the above incremental toxicities associated with the new drug**
b) **Upgrade 1 level if improved quality of life or if less grade 3-4 toxicities that bother patients are demonstrated**
c) **When OS as secondary endpoint shows improvement, it will prevail and the new scoring will be done according to form 2a**
d) **Downgrade 1 level if the drug ONLY leads to improved PFS, QoL assessment does not demonstrate improvement**

Final, toxicity adjusted, magnitude clinical benefit grade

4	3	2	1

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

IF median PFS with standard treatment > 6 months

Grade 3	*Mark with X if relevant*
HR ≤ 0.65 AND Gain ≥ 3 months	

Grade 2	
HR ≤ 0.65 BUT Gain < 3 months	

Grade 1	
HR > 0.65	

Preliminary magnitude of clinical benefit grade (highest grade scored)

3	2	1

Toxicity assessment

Is the new treatment associated with a statistically significant incremental rate of:	*Mark with X if relevant*
«toxic» death > 2%	
cardiovascular Ischemia > 2%	
hospitalization 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)

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IF median PFS with standard treatment > 6 months

Quality of life/ grade3-4 toxicities assessment	*Mark with X if relevant*
Was quality of life (QoL) evaluated as secondary outcome?	
Does secondary endpoint quality of life 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.

Adjustments

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d) Downgrade 1 level if the drug ONLY leads to improved PFS, QoL assessment does not demonstrate improvement

Final, toxicity adjusted, magnitude clinical benefit grade

4	3	2	1

Highest magnitude clinical benefit grade that can be achieved Grade 4.