

EVALUATION FORM 2A

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

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

If median OS with the standard treatment \geq 36 months or not reached with \geq 36 months follow-up

GRADE 4	HR $\leq 0.70 \text{ AND}$ gain $\geq 12 \text{ months}$	\bigcirc
	HR ≤0.65 <u>AND</u> interim OS gain ≥20% (if OS is not mature)	\bigcirc
	Increase in 7-year survival alone \geq 10% (if >20% of patients have reached 7-year OS)	\bigcirc
GRADE 3	HR ≤0.70 <u>AND</u> gain ≥8 - <12 months	\bigcirc
	HR ≤0.65 <u>AND</u> interim OS gain 10-20% (if OS is not mature)	\bigcirc
GRADE 2	HR ≤0.70 <u>AND</u> gain ≥6 - <8 months	\bigcirc
	HR >0.70 - 0.75 <u>AND</u> gain ≥6 months	\bigcirc
	HR ≤0.65 <u>AND</u> interim OS gain <10% (if OS is not mature)	\bigcirc
GRADE 1	HR >0.75 <u>OR</u> gain <6 months	\bigcirc

Mark with $\sqrt{}$ if relevant





ESMO-Magnitude of Clinical Benefit Scale for Haematological Malignancies

Quality of Life/Grade 3-4 toxicities assessment

Was QoL evaluated as secondary outcome?	
Is QoL improved according to the ESMO-MCBS QoL checklist?	
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 \sqrt{if} relevant

Adjustments

- 01. Upgrade 1 level if improved QoL and/or fewer grade 3-4 toxicities impacting daily well-being are shown
- **02.** If there is a long-term plateau in the survival curve, and OS advantage continues to be observed at 10-year, <u>also score</u> according to form 1a (treatments with curative potential) and present both scores i.e. A/4



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