## ESMO-MCBS:H

ESMO-Magnitude of Clinical Benefit Scale for Haematological Malignancies

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

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## 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?*

## Adjustments

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