ASSESSMENT OF CLINICAL BENEFIT OF CANCER TREATMENTS ACCORDING TO THE EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY SCALE

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BACKGROUND AND IMPORTANCE

- The European Society for Medical Oncology - Magnitude of Clinical Benefit Scale (ESMO-MCBS) is a tool designed to evaluate the clinical benefit of cancer treatments and can facilitate decision-making.

AIM AND OBJECTIVES

- To analyze which of the cancer treatments started providing a substantial magnitude of clinical benefit according to the ESMO-MCBS.
- To know the prevalence of patients who have started some low benefit treatment.
- To assess whether the ESMO-MCBS could be a good indicator of the prescription's quality.

MATERIALS AND METHODS

- Retrospective observational study that included all cancer treatments that were started in a tertiary care hospital from 03/01/22 to 06/30/22. The variables were collected: patient, treatment(s) prescribed, indication and ESMO-MCBS rating.
- The ESMO-MCBS score is considered in two different therapeutic settings: **potentially curative treatments** (**A**, **B** and **C**) and **non-curative treatments** (**1** to **5**). Substantial magnitude of clinical benefit was graded as **A**, **B**, **5** and **4**.
- The variables calculated were: % of treatments with scores of greater clinical benefit and % of patients with at least one treatment of low benefit.

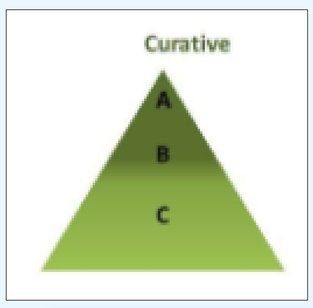
RESULTS

245 starts of treatment

75 treatments (31%) with **ESMO-MCBS** rating

63% (n=47) **relevant clinical benefit**

37% (n=28) **low benefit treatment (level 1-3)**

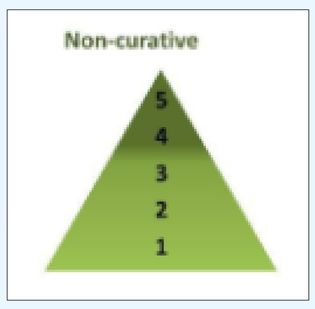


3 (6%) curative intent (**level A**)

- **Pembrolizumab** in renal cell cancer
- **FLOT** in gastric adenocarcinoma
- **Dabrafenib/trametinib** in melanoma

44 (94%) palliative intent (**level 4-5**)

- **Pembrolizumab** (n=14; 32%) in non-small cell lung cancer
- **Nivolumab** (n=4; 9%) in head-neck cancer were predominant



- **Atezolizumab** (n=5; 18%) in small cell lung cancer
- **Nab-paclitaxel** (n=5; 18%) in pancreatic adenocarcinoma

CONCLUSION AND RELEVANCE

- More treatments with substantial benefit are started than those with less clinical benefit. All treatments with curative intent were level A. The non-curative setting presents a greater number of treatments with doubtful benefit. For most of the treatments classified as low benefit, there is no better therapeutic alternative, so we cannot assume that it is an indicator of poor prescription. Furthermore, we cannot classify most treatments because many of them do not have an ESMO-MCBS classification assigned.

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