The American Society of Clinical Oncology (ASCO) today published an updated framework for assessing the relative value of cancer therapies that have been compared in clinical trials. The framework, published in the *Journal of Clinical Oncology*, defines value as a combination of clinical benefit, side effects, and improvement in patient symptoms or quality of life in the context of cost. The updated framework will be the basis for a software tool that doctors can use to assist shared decision-making with their patients.

After publishing the initial version of the framework last year, ASCO invited public feedback during a 60-day comment period. We were pleased to receive more than 400 comments from patients, patient advocates, physicians, representatives of the pharmaceutical industry, and other members of the cancer community. We are grateful for the extensive and thoughtful feedback, which has helped us strengthen key elements of the framework to improve its utility. We are pleased that a majority of respondents supported the framework’s goals and overall approach.

Based on the feedback received, ASCO has made several changes to the framework:

- Most notably, ASCO modified the Net Health Benefit score—our weighted measure of a treatment’s benefits and side effects—to better reflect true differences between treatments. For example, to calculate the efficacy of a treatment, the framework now uses hazard ratios, when available, rather than absolute survival measures. Hazard ratios provide a more complete assessment of the relative differences between therapies. The framework also recognizes treatments that improve long-term disease control for a significant portion of patients.

- Additionally, the framework now considers all side effects in the Net Health Benefit score, not just the most severe, high-grade toxicities. This change reflects feedback from patients who emphasized that even mild side effects can have a major impact on quality of life. Therefore, in addition to awarding bonus points for symptom palliation, additional points are given for improvement in quality of life.

- The revised framework will continue to only evaluate treatments that were studied head-to-head.
head in prospective randomized clinical trials. Some commenters expressed interest in making cross-trial comparisons, and ASCO agrees such comparisons would be valuable. However, head-to-head trials remain the only scientifically valid way to compare two treatments, given differences in trial designs, patient populations, cancer stages, and other factors.

- In addition, the framework will continue to focus on cancer drugs, rather than other interventions. As some commenters noted, the cost of drugs is only one component of overall cancer care costs. But evidence shows that drug costs are the most rapidly rising component of cancer care and among patients’ biggest concerns—in large part because they pay a significant share of these costs through co-pays.

- Some commenters suggested adding patient-reported outcomes (PROs) to the framework. PROs are important, and may be included in future versions of the framework. Unfortunately, to date, clinical trials haven’t adequately measured or reported PROs. ASCO hopes to be able to consider these data as they are more rigorously collected and reported in future trials.

In the coming months, ASCO will work to translate the framework into a user-friendly software tool for physicians to use with patients as part of broader discussions about treatment options. ASCO will work closely with stakeholders, particularly patient advocates, to help ensure that the tool fully considers the needs and preferences of patients. Once it is developed, we will also provide physicians with educational resources so that they can best apply the tool in their discussions with patients. We anticipate that the tool will undergo changes as we test it, receive feedback from physicians and patients, and adapt it to multiple clinical scenarios and new clinical evidence.

We remain committed in our mission to deliver high-quality, high-value care for all patients, and look forward to working closely with the community to bring this tool to patients as soon as possible.

**About ASCO’s Value Framework**

The framework was developed and revised by ASCO’s Value in Cancer Care Task Force—a multidisciplinary group of physicians and other representatives of the oncology community. The Task Force was established in 2007 to educate oncologists about the importance of discussing costs associated with recommended treatments, empower patients to ask questions about the anticipated costs of their treatment options, identify the drivers of the rising costs of cancer care, and develop policy positions to promote access to the highest-quality care at the lowest cost. The Value Framework is one part of ASCO’s broader efforts to help achieve high-quality, high-value care for patients. To download “Updating the American Society of Clinical Oncology Value Framework: Revisions and Reflections in Response to Comments Received,” please visit www.asco.org/value.

**About ASCO:**
Founded in 1964, the American Society of Clinical Oncology (ASCO) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube. Cancer-related policy developments can be found atascoaction.asco.org.