### INTRODUCTION

Drug development and approval processes are the focal points of costly and stifling clinical trials that contribute to the high cost of treating cancer. Multiple frameworks have been established to help providers, patients, and payers in making complex decisions about the use of anti-cancer drugs. These frameworks help ensure that patients have access to the right treatments at the right time and that the most cost-effective therapies are offered. They also help researchers identify and prioritize future research priorities. In the developed world, the availability of expensive anti-cancer drugs is widely accepted as a driver of rising health care costs. This is against this background that several health-related organizations, including the European Society for Medical Oncology (ESMO), the National Comprehensive Cancer Network (NCCN) or the American Society of Clinical Oncology (ASCO), have established frameworks designed to assess the value of oncology drugs. These frameworks are intended to help providers make evidence-based decisions regarding the appropriate use of new anti-cancer drugs.

### Objectives

In this article, we aimed to assess and compare the various frameworks to assess their value and role in the oncology setting and offer a number of reflections to providers and policy makers.

### Methods

The literature review was conducted using the terms ‘framework’ and ‘oncology drugs.’ The results were used as the basis for the discussion and conclusions.

### RESULTS

### Characteristics of frameworks assessing the value of anti-cancer treatments

<table>
<thead>
<tr>
<th>Framework</th>
<th>Organization/Authority</th>
<th>Year established</th>
<th>Target audience</th>
<th>Methods</th>
<th>Scoring system</th>
<th>Limitations</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCCN Evidence Blocks</td>
<td>National Comprehensive Cancer Network</td>
<td>2000</td>
<td>Providers, patients, and payers</td>
<td>Disease and opinion papers, are listed in NCCN guidelines</td>
<td>Each column in the Evidence Block corresponds to one of the key five measures and is shaded from light blue (low) to dark blue (high)</td>
<td>- The framework has helped NCCN on-cancer care gain access to treatments that may otherwise have been ignored by networks and experts</td>
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</tbody>
</table>

### Discussion

1. The CDF Prioritisation Tool 6 assesses the degree of clinical benefit provided by anti-cancer drugs for a particular indication.

2. The Magnitude of Clinical Benefit Scale 7 extends to public policy-makers.

3. Evidence Blocks use OS as primary end point in determining efficacy, when PFS and improved QoL are important measures.

4. Rankings are based on expert opinion only. Preferences of patients, family, or general public are not considered. Explicit measures of QoL from clinical trial data are rarely considered or given little weight.

5. Multiple frameworks use OS as primary end point in determining efficacy, when PFS and improved QoL are important measures not considered.

6. Evidence Blocks extend to public policy-makers.

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