

## CORRESPONDENCE

### Letter comments on: “Twelve years of European cancer drug approval—a systematic investigation of the ‘magnitude of clinical benefit’”



We read with great interest the publication of Grössmann et al.<sup>1</sup>

As mentioned by the authors, access to cancer medication is challenging in countries with limited resources. In Chile’s public health system, which provides health care to ~80% of the population, access to high-cost cancer drugs is prioritized by the Ministry of Health.

The current list of high-cost treatments for solid tumors that is covered by the public health assurance in Chile and published on 6 December 2021 includes 19 therapies (Table 1). With the aim to evaluate if the prioritized therapies provide substantial benefit, we

Treatment	Clinical scenario	ESMO-MCBS
1. T-DM1	Adjuvant treatment for HER2 breast cancer with residual disease after neoadjuvant chemotherapy + trastuzumab	Not available
2. Fulvestrant	Metastatic luminal breast cancer	2
3. Palbociclib	Metastatic luminal breast cancer (second line)	4
4. Pertuzumab	Metastatic HER2-amplified breast cancer	4
5. Bevacizumab	mRAS/mBRAF metastatic colon cancer with potentially resectable liver metastases	3 (first-line palliative)
6. Anti-EGFR	wtRAS/BRAF metastatic colon cancer with potentially resectable liver metastases	4 (first-line palliative)
7. Sorafenib	Advanced Child A hepatocarcinoma	Not available
8. Pembrolizumab	Metastatic or recurrent head and neck cancer	4/5
9. Anti-PD-1	Stage III and IV resected melanoma	A
10. Anti-PD-1	Metastatic melanoma	4
11. Anti-PD-1/anti-PD-L1	Metastatic Merkel cell carcinoma	3
12. Abiraterone or enzalutamide	Castration-resistant prostate cancer	4
13. Nivolumab	Metastatic clear cell renal cell cancer (second line)	5
14. Alectinib	ALK (+) metastatic lung adenocarcinoma	4
15. Osimertinib	Nonsquamous cell mEGFR mT790M metastatic lung cancer	4
16. Pembrolizumab	Metastatic non-small-cell pulmonary cancer PD-L1 >50% (first line)	5
17. Anti-PD-1	Metastatic non-small-cell pulmonary cancer (second line)	5
18. Sorafenib	Metastatic thyroid cancer resistant to I <sup>131</sup>	2
19. Everolimus	Metastatic NET (second line)	3

MCBS, Magnitude of Clinical Benefit Scale; NET, neuroendocrine tumor; PD-1, programmed cell death protein 1; PD-L1, programmed death-ligand 1.

accessed the ESMO-Magnitude of Clinical Benefit Scale (ESMO-MCBS) scorecards available<sup>2</sup> and extracted a score for 17 of the 19 listed treatments. One of the treatments refers to the curative setting and has a score A, and 11/16 (69%) show substantial benefits in the palliative setting with scores 4 or 5.

To evaluate the possible gaps in access to treatments with clinically significant benefits, we analyzed all ESMO-MCBS scorecards available at the website. As of February 2022, we found 33 ESMO-MCBS scorecards for the curative setting rating A. Of these, 12 (36%) are not covered by the public health insurance in Chile. Adjuvant treatment for gastrointestinal stromal tumor with imatinib is one of these treatments and should be considered a high priority, especially because imatinib is part of the essential medicine list of the World Health Organization (WHO).<sup>3</sup> With respect to the noncurative setting, we found 17 scorecards rating 5, and of these, 3 (18%) are not covered for patients in the public system in Chile. A total of 84 scorecards ranked 4 and of these, 34 (40%) are not accessible for our patients.

We believe that taking into consideration the ESMO-MCBS for decision making at the public health level is of great value. Treatments with substantial benefits should be available to all patients and the discussion of ethical pricing in this setting should be a priority.

As the Argentinian Nobel Prize Winner Cesar Milstein said: ‘Science will only fulfill its promises when the benefits are equally shared by the poor of the world’.

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**DISCLOSURE**

The authors have declared no conflicts of interest.

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