

Review of: "On the Need for Better Information from Randomized Clinical Trials in Oncology"

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¹ Takeda

Potential competing interests: I work for an oncology drug company (Takeda).

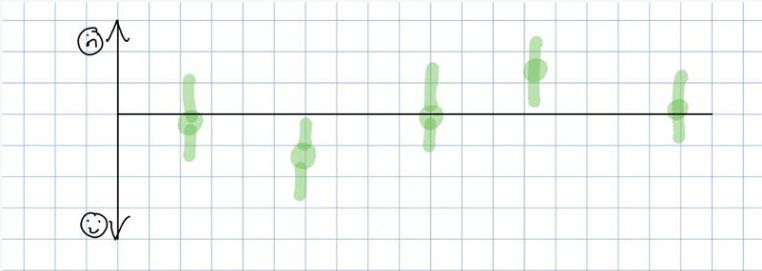
Well-written contribution attempting to demystify clinical trial interpretation, a noble goal. The paper describes 5 case studies to illustrate the difference between several overused (Hazard Ratio) and underused (Absolute Risk) metrics that summarize how well a drug might serve a patient from a previously studied population.

Minor points:

Table 1: OS NTT should be OS NNT, Absolut is a vodka brand, do you mean Absolute? The link to the second "absolut risk" calculator is broken, at least for me.

Major point(s):

The table would be so much better if it were self-explanatory for potential patients or MDs who might read it... For example, what if you transposed the table so that each metric gets a row, with a sentence explaining the question that that metric answers, followed by the values for each of the 5 cases? Below is an example, with uninformed (I'm not a biostatistician) example meanings you could provide in the table. You could even have a (transposed) forest plot for each metric instead of table entries, like the (fictitious, hand-drawn) example below for abs risk.

Metric	Meaning	Belizufan	Osimertinib	Tisotumab Vedotin	Amivantamab/Laz	Dabra/Tram	
PFS Hazard Ratio	How many times less likely am I to progress per unit time versus control? (lower is better)	0.75	0.16	0.67	0.70	0.52	
PFS relative risk	bla bla ?	etc...					
PFS absolute risk	What's my % chance of getting worse or dying?						
NNT	How many patients must take this drug for one of them to live X months longer, on average?						
etc...							