

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

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Potential competing interests: No potential competing interests to declare.

Abstract

The abstract addresses a critical issue in oncology: the need for clear communication of trial outcomes to inform patient decisions. It highlights that cancer patients often seek specific data about their prognosis, and while randomized clinical trials (RCTs) provide essential evidence, the presentation of results—particularly the interpretation of hazard ratios (HRs)—can be confusing. This section emphasizes the importance of complementing HRs with both relative and absolute risk metrics, aiming to enhance decision-making for both clinicians and public health policymakers.

Introduction

The introduction effectively frames the significance of RCTs in oncology, positioning them as the gold standard for evidence in clinical decision-making. However, it also notes that these trials are not immune to biases, especially given the high stakes of cancer treatment. The authors focus on how oncologists and patients require comprehensive survival data, such as the potential for cure and life extension, making it clear that the article will delve into how this information is currently communicated in the literature.

Published RCTs in the NEJM

This section provides a thorough analysis of five RCTs published in the New England Journal of Medicine. It offers an in-depth comparison of progression-free survival (PFS) and overall survival (OS) across studies, focusing on hazard ratios, relative risk, and absolute risk. While some trials showed statistically significant reductions in HR for progression, many lacked corresponding reductions in relative and absolute risks, complicating the interpretation of survival benefit. The authors critique how these metrics are presented and argue for greater transparency and consistency.

Comments

The commentary section critiques the current use of HRs in oncology trials. The authors argue that while HRs are widely used, they often fail to convey the actual magnitude of survival benefits. They recommend that future RCTs include more comprehensive reporting on relative and absolute risks, alongside traditional survival metrics. The discussion clarifies that HRs should not be interpreted as direct risk reductions for patients but as indicators of event rates over time, calling for clearer explanations in trial reports.

Additional Information

This section provides practical tools, such as links to online calculators for relative and absolute risk, to aid in understanding trial outcomes. It underscores the need for better statistical education among clinicians and researchers. The inclusion of examples from the Tisotumab/Vedotin trial helps illustrate the importance of accurate risk calculation in understanding survival benefits.

Overall, the article is a comprehensive commentary that critiques current RCT reporting practices in oncology, advocating for better metrics to aid clinical decision-making.