Qeios

Peer Review

Review of: "When Costs Eclipse Cure: Does Financial Toxicity Erode Survival Gains from Novel Cancer Therapies?"

Puree Anantachoti[1]

1. Chulalongkorn University, Thailand

Overall, the issue is very interesting and is considered one of the access problems for innovative cancer drugs across the globe. Although the issue is very interesting, it would be great for the author to clarify some issues.

1. From which country's perspective is this study represented?

2. Introduction:

2.1 Lack of related/previous review.

2.2 What are the research gaps? Why do you need to conduct this study?

2.3 Please define “novel” cancer therapies.

2.4 Please clearly define the primary and specific objectives. These objectives would reflect what outcomes are expected from this study, e.g., drug HR, FT HR, Net HR, mortality rate.

3. Methodology

Overall, the methodology should be rewritten.

3.1 What types and staging of cancers were included in the study? Different types and staging of cancers and the efficacy of novel treatment can differ and introduce bias for the study to draw conclusions.

3.2 Drug efficacy data were derived from Michaeli et al., which encompass studies from 2003-2021. Cancer drugs approved since 2003 or even 2013 may not be considered novel anymore. Personalized medicine and gene therapy may currently be the novel paradigm of cancer treatment. So, please define “novel” cancer therapies.

3.3 What is the rationale for 2 sources of financial toxicity? General FT (Tien et al.) vs. RCT FT (new SRMA?). Why did you combine them?

doi.org/10.32388/GAKKI2

3.4 For the SRMA that yielded 6 RCTs, why did you use only PubMed? Why 2016-2025? (Different from Tien's time frame)

3.5 As your efficacy data came from older studies while financial toxicity came from more recent studies, would this introduce bias? Please justify.

3.6 Why do you think subgroup analysis based on initial approval vs. extended approval should be analyzed? Would the type of cancers and their staging be a subgroup analysis?

3.7 Please provide the study design, scope of study (e.g., solid tumors only or any cancers), study variables and their data sources (you have this part), outcomes (OS HR, FT HR, Net HR, mortality averted), and data analysis plan.

4. Results

4.1 Table 1: Is FR HR a typo??

4.2 Table 2 and Figure 1 are redundant.

4.3 Did not see sensitivity analysis.

5. Discussion

- Do not repeat the results in the discussion part.

- Access to novel medicines is different across countries as HTA and drug listing in each country may vary. Also, different mechanisms, e.g., early access programs, cancer drugs funds, and managed entry agreements, may have pivotal roles in some countries. As a result, access and the financial burden on cancer patients to novel medicines are different. Please also include these issues in your discussion.

- What are the policy recommendations from this study?

Declarations

Potential competing interests: No potential competing interests to declare.