



Oncology Nursing Society

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Julie Vose, MD, MBA, FASCO
President
American Society of Clinical Oncology
2318 Mill Road, Suite 800
Alexandria, VA 22314

RE: ASCO's Conceptual Framework to Assess the Value of Cancer Treatment Options

Dear Dr. Vose:

The Oncology Nursing Society (ONS) appreciates the opportunity to comment on ASCO's conceptual framework to assess the value of cancer treatments options. In addition to responses to your online questionnaire, we offer overall comments via this letter. ONS applauds ASCO and the task force for taking a major step in this monumental task toward the delivery of cost-effective, patient-centered, quality cancer care. ONS' position continues to emphasize that the provision of accessible and affordable healthcare coverage incorporates consumer choice and control. This includes providing the patient with information about the cost of treatment options and allowing for informed treatment decisions.

The value framework is designed to provide additional objectivity through clinical benefit (efficacy), toxicity (safety), and cost (efficiency) as well as "bonus points" for emerging data. It is a laudable step toward quantification of difficult aspects of decision-making and, as written, may be an excellent tool for clinicians to compare regimens then make recommendations to their patients. The tool facilitates the first step in fostering a candid conversation regarding treatment options between the health care provider and the patient.

We appreciate the challenges in bringing all stakeholder voices to the task force table. The development of the framework does not appear to have included the perspectives of other cancer care team members. Oncology nurses are the health care professional to whom patients confide regarding their treatment goals. Oncology nurses, inclusive of advanced practice nurses, complete comprehensive, holistic patient assessments and obtain valuable data regarding what creates value to patients.

ONS respectfully suggests the following to strengthen the framework and focus it into a more patient-centered, shared-decision making tool. Specifically:

- Include components of quality of life (QOL) that are known to be meaningful to patients in measurement tools. Metrics identified as components of QOL (toxicity and cost) may not be the same metrics patients would choose for value identification and decision-making. For example, a patient, whose profession is as musician, may be willing to pay more out of pocket for a treatment regimen that minimizes peripheral neuropathy. How is this patient-centered factor captured within the proposed framework?
- Capture individualized patient preferences and patient-related treatment goals into the "net health benefit" (NHB) calculation to more effectively represent the patient's desired treatment outcomes.
- Provide greater clarity about how the patient voice was included in the ASCO Value Framework's development. The extent of patient's involvement is unclear for both the development of and review of the ASCO Value framework.
- Create a point of care tool with pre-populated data from treatment regimens to assist adoption by busy clinicians.

I thank ASCO for its commitment to quality care for cancer patients through the development of the value framework. As ASCO continues to develop the framework as a patient-centered, shared-decision making tool, ONS is willing to assist in any way we can. I encourage ASCO staff to contact Brenda Nevidjon, Chief Executive Officer [bnevidjon@ons.org], to discuss ONS comments.

Sincerely,

Margaret Barton-Burke, PhD, RN, FAAN
President, Oncology Nursing Society

cc: S. Schneider, ONS President-Elect
A. Lichter, ASCO, Chief Executive Officer
B. Nevidjon, ONS, Chief Executive Officer
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