subgroup of patients (N = 473) eligible for evaluation under Method II was also evaluated under Method I, and results were consistent in both methods. Therefore, the final analysis is based on the results of Method II. The objective of this study is to assess the differences between the two methods and to determine the most suitable method for evaluating the cost of cancer treatments. The study was conducted using data from clinical trials and observational studies. The primary endpoint was the cost of treatment, and secondary endpoints included quality-adjusted life years (QALYs) and incremental cost-effectiveness ratios (ICERs). The study was funded by the National Cancer Institute and was approved by the Institutional Review Board (IRB) of all participating institutions. The results show that Method II is more accurate and cost-effective than Method I, as it takes into account the heterogeneity of patient characteristics and treatment outcomes. The findings of this study can be used to inform policymakers and health care providers about the most effective and cost-efficient ways to treat cancer patients. Further research is needed to validate the findings and to explore the potential for Method II to be implemented in real-world settings.