Discussion

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Is HRQOL on Trial?

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- Moral high ground
- Today's Decisions
 - Regulator: approve or disapprove?
 - Clinician: use or do not use?
 - Payer: pay or do not pay?
 - Clinical researcher: include or exclude as an endpoint?
- Do these decision-makers care about PROs?
- Do these decision-makers use PRO data?
- Have we (i.e., PRO researchers) paid enough attention to these decision-makers?

Item Banks and NCI Clinical Trials



PROMIS (www.nihpromis.org)

P atient R eported Outcomes M easurement nformation S ystem

ROMIS Dynamic Tools to Measure Health Outcomes From the Patient Perspective

What **PROMIS** Promises **P** recision R epository Outcome tools M ethodologies nterpretability S oftware



www.nihpromis.org

Item Banking and Computerized Adaptive Testing (CAT)





Repository: PROMIS Item Library

- Central repository for existing PRO items
 - Identified through literature searches in the five PROMIS domains, plus investigator contributions
- Relational database of more than 7,000 items
- Catalog characteristics of items including
 - Context
 - Stem
 - Response options
 - Time frame
 - Instrument of origin (if appl)
 - Intellectual property status
 - Track modifications to items

Looking Inside an Item Bank





Item Library



Pick-a-PRO

Build-a-PRO







People and Items Distributed on the Same Metric: Fatigue





Item Location



$$\underline{\mathbf{M}} = \mathbf{50}, \, \underline{\mathbf{SD}} = \mathbf{10}$$

Interpretation Aids: Cancer example Fatigue Score=60 Low 30 40 50 60 70

This patient's fatigue score is 60, significantly worse than average (50). Cancer patients who score 60 on fatigue tend to answer questions as follows:

..."I have been too tired to climb one flight of stairs: VERY MUCH ..."I have had enough energy to go out with my family: A LITTLE BIT

Click here if you would like to see this patient's individual answers

Interpretation Aids: Cancer example

This patient's fatigue score is 40, significantly <u>better than average</u> (50). People who score 40 on fatigue tend to answer questions as follows:

..."I have been too tired to climb one flight of stairs: SOMEWHAT"I have had enough energy to go out with my family: VERY MUCH

Click here if you would like to see this patient's individual answers

The Decider's Challenge

- Decision-maker must make <u>binary decisions in a</u> <u>complex world</u>
 - They are usually not experts in PRO science
 - and not likely to become converted despite our lofty purpose
 - They tend to WANT to incorporate PROs into their decisions
 - But tend to believe that as people themselves they can make their own assessments without needing formal questionnaires
 - They require easy interpretation on their terms
 - They have things other than what the patient feels on their minds (Believe it or not)

Torrance's Regret -> Advice

- Learn more about the decision-makers' needs
- Try to make some decisions of our own based on PRO data
 - Should I approve for marketing a tumor-targeted therapy that makes people feel better without any measurable impact upon the tumor itself or survival?
 - Should I stop treating a patient whose HRQL is declining sharply if she wants to leave no therapeutic stone unturned?
 - Should I authorize Medicare coverage for broad and costly offlabel use of a drug that improves HRQL?
 - Should I support the costs of PRO study in my cooperative group?
 - Should I support the necessary R&D for building a PRO claim base based on our limited knowledge of the drug in development and the available FDA guidance?

Advice to CTWG

- Include PRO Expert(s) at the Table
- Demand Consensus on Basic Issues
 - Priorities
 - Measurement
 - Analysis
 - Interpretation