FDA Perspectives on Patient-Reported Outcomes in Cancer Trials

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Basis of US FDA drug approval

Substantial evidence of efficacy from adequate and well-controlled trials

- Efficacy must represent a clinical benefit
 - Prolongation of life
 - Better life
 - Effect on an established surrogate

 Evidence that the risk does not outweigh the benefit when used as intended

Better life measured with PROs

Direct assessment of clinical benefit

- Not a surrogate
- Elicited without clinical interpretation
- Part of a general movement toward the thought that patients should participate in decisions about their health
- Patients are the best source of information about how they feel and function as a result of treatment

Is PRO a synonym for HRQL?

NO!

- "HRQL" is a multi-domain concept that represents the patient's overall perception of the impact of a condition and its treatment
- HRQL is measured using complex instruments
- "PRO" is NOT a measurement concept
- A PRO concept can be single or multidomain
- A PRO can be measured using simple or complex measures

Why are these definitions important?

- If we're not clear in our own discussion, how can we expect the research community to understand what we want to accomplish?
- Evidence that we're not communicating well:
 - "...PRO measurement is ancillary to our real job..."

 "...MOST clinicians support the value of PROs..."
DON'T USE "PRO" WHEN YOU MEAN "HRQL"

Quote from J. Tukey

It is often much worse to have good measurement of the wrong thing-especially when, as is so often the case, the wrong thing will in fact be used as an indicator of the right thing--than to have poor measurement of the right thing."

How do we know we're measuring the right thing????

Content validity

- Patient input early in the instrument development process
- Confirm that the target concepts represent what the target population considers important regarding their condition and treatment
- Confirm that the data captured actually represent the intended concepts

 Other measurement properties (construct validity, reliability, ability to detect change, interpretability) cannot make up for inadequate content validity

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What constitutes evidence of content validity?

Summaries and results from patient interviews and focus groups
Criteria used for item selection
History of item origin, modification, deletion or addition
Record of the path to PRO

instrument finalization

Does content validity apply to complex measures only?

NO!

Simple measures also must be "welldefined and reliable" per regulation

Is the guidance harmful???

YES! It's harmful to:

- The practice of measuring undefined constructs
- Study results that cannot be explained to patients in their own terms
- Studies that cherry-pick domains without including patients' most important QOL concerns