

# Depression Working Group

Presented at the Fifth Annual PRO Consortium Workshop – Silver Spring, MD – April 29-30, 2014



## Background

### Rationale for the Depression Working Group (WG)

- PRO Consortium members and FDA advisors identified depression as a priority area
- It was unclear whether any existing PRO instruments were ‘fit for purpose’ as an efficacy endpoint in major depressive disorder (MDD) treatment trials
- There is an apparent lack of a PRO instrument developed in accordance with the FDA PRO Guidance for use in clinical trials

### Goal of the Depression WG

- To assess the adequacy of existing PRO instruments for capturing important depressive symptom information from the patient’s perspective and, if there is an unmet need, to either modify an existing instrument or develop a new depression symptom inventory measure

### Targeted Labeling Language (Examples)

- Patients treated with [drug X] reported clinically significant reductions in severity of major depression disorder compared with treatment [YY] as assessed by the Symptoms of Major Depressive Disorder Scale (SMDDDS) (Example based on group comparisons using means)
- Compared with [YY], significantly more patients treated with [drug X] reported clinically significant reductions in severity of major depression disorder as assessed by the SMDDDS (Example based on group comparison using responder analysis)
- Compared with [YY], patients treated with [drug X] reported significantly fewer days with depression symptoms as assessed by the SMDDDS (Example based on group comparisons of number of days to meaningful clinical response)

## Milestones

| Milestone  | Expected Date | Completed Date  |
|--|---------------|---|
| Scoping Stage  |               | 5/13/2010   |
| Content Validity Stage   |               |   |
| Vendor selection and contracting   |               | 10/12/2011  |
| Completion of background research (literature review and 1 <sup>st</sup> expert panel)   |               | 3/28/2012   |
| Completion of initial qualitative research and generate items (concept elicitation, selection and item generation – patients interviews & expert panels) | 5/18/12       | 5/14/2012   |
| Refining initial instrument (cognitive interviewing, final expert panel, identification of ePRO platform, translatability assessment)                    | 9/30/12       | 9/26/2012   |
| Qualitative Research Summary document submitted to FDA for consultation and advice   | 4/30/2013     | 9/13/2013;<br>11/8/2013 received FDA feedback;<br>4/7/2014 WG responded |
| Quantitative component of the Content Validity Stage   | 4Q2014        |   |
| Psychometric Testing Stage   |               | TBD   |

## Content of Interest

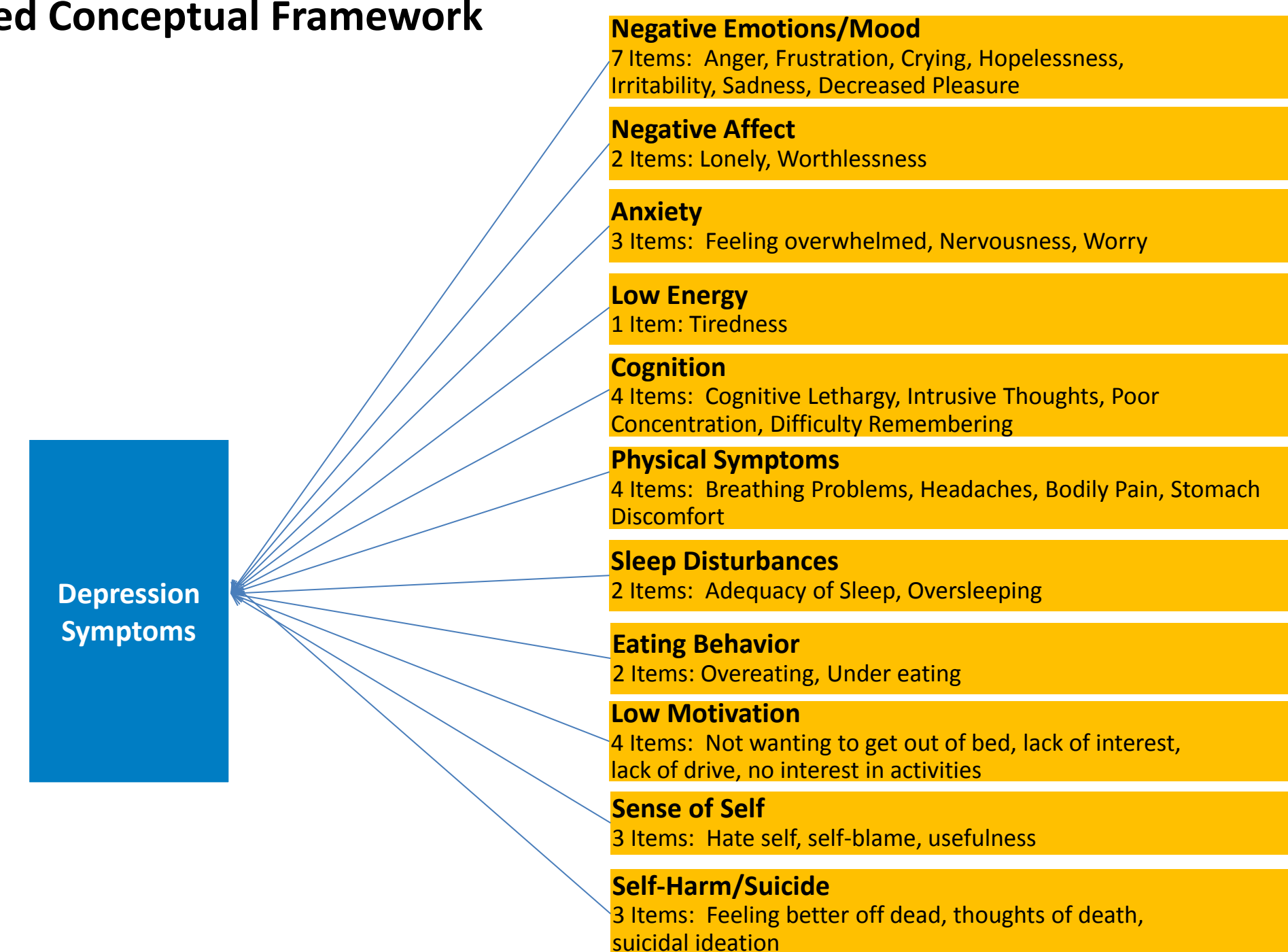
### Endpoint Model for Treatment of Depression

| Endpoint Hierarchy | Endpoint Concept(s)                     | Endpoint Type |
|--------------------|---|---------------|
| Primary            | ▪ Symptoms of major depressive disorder | PRO - SMDDDS  |
| Secondary          | ▪ Affect<br>▪ Disease activity          | ClinRO        |

### Target Population

- Patients 18 years and older, being treated in ambulatory settings with a diagnosis of major depressive disorder (depression) with or without significant disability that impairs productivity in school, workplace, or in other customary activities, that would be expected to reduce patients quality of life and life satisfaction, and may engender suicidal ideation

### Adjusted Conceptual Framework



## Updates

- Lucy Abraham replaced Steve Blum as Co-Chair March 1, 2014
- Contract amendments for the quantitative component of the Content Validity Stage are in place and PHT is the ePRO system provider implementing the Web-based version of the SMDDDS
- Qualitative Research Summary Briefing Document submitted to FDA on September 13, 2013
  - Positive feedback received from the FDA on November 8, 2013, including requests for clarification on subjects with generalized anxiety disorder (GAD) and the quantitative pilot study protocol
  - Based on additional FDA feedback, HRA and the WG modified the study design to include cognitive interviews comparing paper and Web-based SMDDDS versions along with including a cross-sectional evaluation of the SMDDDS in the target population.

## Working Group Plans

### Dissemination Plan

- 2013 information dissemination included 2 posters at ISPOR in May, a poster at NCDEU in May, a panel at DIA in June, and an oral presentation at ISOQOL in October
- Two manuscripts are currently under development regarding the instrument review and the qualitative research

### Pilot Quantitative Study

- Conduct cognitive interviews to assess equivalence between the paper and Web-based versions of the SMDDDS and usability of the Web-based data collection system
- Quantitative study will include two waves of data collected via a Web-based system. Data from the first wave will be used to assess item function, determine scale structure, and inform revisions/refinements to the SMDDDS. Data from the second wave will be used to assess test-retest reliability and concurrent construct validity.

## Topics for Discussion

### Ways in Which the Process Might Be Made More Efficient

- Encouraging new company representatives to access the readily available WG document history on SharePoint, and to work with C-Path and the co-chairs to come up to speed

### Unique Issues for the Working Group and the Resolutions

- The complexity of depression as a disease requires addressing issues related to comorbidity with other psychiatric conditions, depressive subtypes, suicidal ideation, and behavioral concerns
  - For the quantitative component of the Content Validity Stage, the WG decided to use a Web-based instrument. This required a carefully considered approach to addressing safety issues, particularly ensuring adequate follow-up with subjects who may express suicidal ideation

## Working Group Participants

| Company/Organization           | Name                                   |
|--------------------------------|--|
| AbbVie                         | TBD                                    |
| Eli Lilly & Company            | Susan Ball, Nicki Bush (Co-Chair)      |
| Forest Research Institute      | Maju Mathews, Abhilasha Ramasamy,      |
| Janssen                        | Carol Jamieson, Kristen Johnson        |
| Pfizer, Inc                    | Lucy Abraham (co-chair), Kasia Lobello |
| Roche                          | Fiona McDougall, Betsy Tschosik        |
| Shire Development Inc.         | Linda Deal, Manisha Madhoo             |
| Sunovion Pharmaceuticals, Inc. | Daisy Ng-Mak                           |
| Takeda Pharmaceuticals         | Kumar Budur, Theresa Vera              |
| Nonmember Participant          | Philip Ninan                           |

| Expert Panel Members   | Affiliation                        |
|------------------------|------------------------------------|
| Michael Thase, M.D.    | University of Pennsylvania         |
| Madhukar Trivedi, M.D. | UT Southwestern                    |
| Linda Carpenter, M.D.  | Brown University / Butler Hospital |

| Contract Research Organization   | Research Team   |
|----------------------------------|---|
| Health Research Associates (HRA) | Mona Martin, Donald Bushnell, Kelly McCarrier, Talia Miller |