Irritable Bowel Syndrome Working Group

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PRO CONSORTIUM
CRITICAL PATH INSTITUTE

Background

Rationale for Irritable Bowel Syndrome (IBS) Working Group (WG)

- IBS is one of the most commonly diagnosed GI disorders
- IBS lacks a standard "fit-for-purpose" PRO instrument for assessing important patient-experienced signs and symptoms of IBS
- PRO Consortium member representatives and FDA advisors identified IBS as a priority area for the development of a PRO instrument

Goal of the IBS WG

- To develop three PRO measures for patient-reported symptoms in IBS with constipation (IBS-C), IBS with diarrhea (IBS-D), and IBS with mixed symptoms (IBS-M) for use in clinical trials as a primary endpoint measure to establish treatment benefit

Targeted Labeling Language

- Product X is indicated in adults for the treatment of symptoms associated with irritable bowel syndrome [with constipation (IBS-C), with diarrhea (IBS-D), or mixed (IBS-M)]
- Product X improved abdominal symptoms (as measured by the abdominal symptom severity subscale) and bowel movement-related symptoms (as measured by the BM-related symptom subscale).

Note: This indication would be supported by an improvement in both abdominal symptoms and bowel movement-related symptoms

Milestones

Milestone	Expected Date	Completed Date
Vendor selection and contracting		OCT 2010
Complete background research (Literature Review Report and Expert Panel Meeting)		FEB 2011
Draft Instrument: Complete initial qualitative research and generate items (concept elicitation interviews, item generation, expert panel input, and two rounds of cognitive interviews)		SEP 2011
Complete qualitative research phase; submit briefing package to FDA (final Cognitive Interview Report and updated Briefing Document)		AUG 2014
Received FDA response and approval to conduct quantitative pilot study		DEC 2014
Submit quantitative pilot study protocol and quantitative analysis plan (QAP) to FDA for review (meeting with FDA scheduled for 5/3/16)		DEC 2015
Met with QRT to discuss comments provided regarding QAP submission (dated 5/2/16)		MAY 2016
Provided response to QRT's comments regarding QAP submission		MAY 2016
Complete quantitative pilot study	Q2 2017	
Complete data analysis and quantitative pilot study report	Q3 2017	
Submit Qualification Briefing Package to FDA for exploratory use of *DIBSS* (C, D, M)	Q1 2018	

Highlights

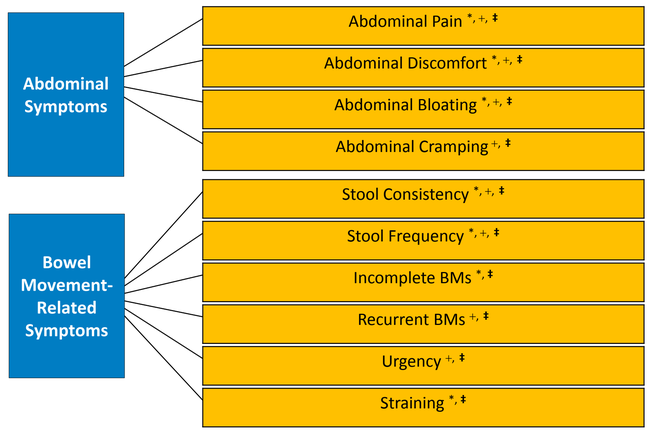
Example Endpoint Model for Treatment of IBS-M

Endpoint Hierarchy	Endpoint Concept(s)	Endpoint Type
Primary	Overall response (TBD) indicating improvement in IBS-M symptom severity •Improvement in abdominal symptoms (abdominal pain, discomfort, bloating, cramping) •Improvement in selected BM-related symptoms (stool consistency, stool frequency, incomplete BMs, straining, recurrent BMs, urgency)	**PRO**

Target Population

- US-based adult patients (18 years and older; males and non-pregnant females)
- Diagnosis of IBS of three main subtypes based on Rome III criteria (i.e., IBS-C, IBS-M, and IBS-D)
- Patients without known or suspected organic disorder (e.g., Crohn's disease) that would better explain symptoms
- Patients not concomitantly using medications known to affect GI mobility, constipation, or other IBS symptoms

Conceptual Framework



Bowel movement-related symptoms pertain to the following subtypes:
* IBS-C; + IBS-D; ‡ IBS-M

Measures– *Diary for Irritable Bowel Syndrome Symptoms (C, D, M)*

Measures developed for each subtype:
***Diary for Irritable Bowel Syndrome Symptoms–C (DIBSS-C)* for constipation predominant**
***Diary for Irritable Bowel Syndrome Symptoms–D (DIBSS-D)* for diarrhea predominant**
***Diary for Irritable Bowel Syndrome Symptoms–M (DIBSS-M)* for mixed symptoms**

Core Items: Abdominal symptoms and bowel movement-related signs/symptoms
Recall Period: Event driven and 24-hour (end of day)
Response Options: Verbal rating scales, bivariate response, 11-point numeric rating scales

Working Group Updates

Information Dissemination

- Fehnel, S. et al. Development of the Diary for Irritable Bowel Syndrome Symptoms (DIBSS) to Assess Treatment Benefit in Clinical Trials: Foundational Qualitative Research. *Value in Health* 2017;20(4):618-626
- Develop manuscript based on quantitative pilot study results

Lessons Learned

- Consider developing hypothesized preliminary scoring algorithm prior to quantitative phase
- Plan appropriately with ePRO vendor for time and resources required for the development and review of the requirements document
- Develop scripts to be used in user acceptance testing (UAT) prior to distribution of devices for testing
- Include sufficient time and resources for UAT in project plan
- Collaboration with sponsors to identify experienced study sites in therapeutic area can greatly expedite the data collection process

Next Steps

- Complete data analyses and review results from quantitative pilot study
- Prepare and submit Qualification Briefing Package
- Longitudinal clinical trial data will be analyzed for DIBSS-C by sponsor to support measurement properties in an IBS-C patient sample by Q2 2017

Working Group Participants

Company/Organization	Representatives
Allergan	Robyn T. Carson, MPH (Co-Chair); Steven J. Shiff, MD
Ironwood Pharmaceuticals, Inc.	Jennifer Hanlon, MPH (Co-Chair); David Reasner, PhD
Takeda Pharmaceuticals International	Maria Claudia Perez, MD; Amy Duhig, PhD (Consultant - Xcenda)
Nonmember Participants	**Affiliation**
Nancy Norton, BS	International Foundation for Functional Gastrointestinal Disorders (IFFGD)
Expert Panel Members	**Affiliation**
Lin Chang, MD	University of California, Los Angeles
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Contract Research Organization	**Research Team**
RTI Health Solutions	Sheri Fehnel, PhD; Claire Ervin, MPH; Lori McLeod, PhD; Diana Goss
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