

# Cognition Working Group

12<sup>th</sup> Annual PRO Consortium Workshop – Held Virtually on April 14-15, 2021



## Background

### Rationale for Cognition Working Group (WG)

- PRO Consortium member representatives and FDA advisors identified Stage 2/3 Alzheimer's disease (mild cognitive impairment [MCI] due to Alzheimer's disease [AD]) as a priority area for measuring AD treatment benefit.
- After extensive qualitative research, a draft PRO measure (i.e., *Interpersonal Function and Daily Activities Questionnaire v0.1 [IFDAQ]*) was developed to assess instrumental activities of daily living (IADLs) and interpersonal functioning in patients with Stage 2/3 AD.
- FDA stated concerns regarding the ability of patients with Stage 2/3 AD to maintain sufficient cognitive insight to accurately self-report over the duration of clinical trials. Therefore, FDA indicated that qualification of a PRO instrument had a low probability of success in the target context of use.
- With FDA agreement, the Cognition WG revised its scope of work to focus on the evaluation of a performance outcome (PerFO) measure for use in patients with Stage 2/3 AD to measure day-to-day functioning.

### Goal of the Cognition WG

- The Cognition WG's goal is to qualify a PerFO measure to improve upon the current state of assessment of clinical benefit in clinical trials for patients in clinical Stage 2 and Stage 3 of biologically-defined AD. The measure will capture the patient's performance of tasks that reflect essential aspects of day-to-day functioning.

### Concept of Interest

- Day-to-day functioning based on performance of instrumental activities of daily living.

### Target Population

- Patients 50 years of age and older
- Patients diagnosed with Stage 2/3 AD

### Targeted Labeling Language

- Patients treated with X demonstrated [XX]% improvement in day-to-day functioning as compared to [XX]% improvement for patients treated with placebo.
- Patients show less decline in performance of day-to-day functioning over time when treated with X [XX]% as compared to placebo [XX]%.

## Milestones

Milestone	Target Date	Completed Date
Letter of Intent submission to FDA		MAY 2016
FDA feedback received to Letter Of Intent and approval provided to enter the <i>University of California San Diego Performance-based Skills Assessment (UPSA)</i> into the CDER COA DDT qualification program		OCT 2016
Initial Briefing Package submission to FDA		OCT 2019
Received IBP feedback from FDA		FEB 2020
Qualification Plan submission to FDA	TBD	
Full Qualification Package submission to FDA	TBD	

## Highlights

### Example Endpoint Model for Treatment of Stage 2/3 AD

Endpoint Hierarchy	Endpoint Concept(s)	Endpoint Type
<b>Current</b>		
Co-Primary	<b>Cognition</b> Cognitive (neuropsychological) test battery	PerFO*
	<b>Function</b> Performance of instrumental activities of daily living	PerFO*
<b>Proposed</b>		
Primary	<b>Function</b> Performance of instrumental activities of daily living	PerFO (UPSA-3D)

\*To be determined by each sponsor when designing its clinical trials

### Hypothesized Conceptual Framework



### Existing Measure Proposed for Qualification

Measure – <i>University of California San Diego Performance-based Skills Assessment-Three Domain (UPSA-3D)</i>
<b>Financial Skills (11 items)</b> <ul style="list-style-type: none"> <li>Description: Count money, make change, and demonstrate understanding of information included in a sample utility bill</li> </ul>
<b>Communication Skills (12 items)</b> <ul style="list-style-type: none"> <li>Description:               <ul style="list-style-type: none"> <li>Telephone: Demonstrate how to use a telephone by role-playing a number of scenarios (e.g., what number to dial in case of emergency and dialing a number from memory)</li> <li>Medical Appointment Letter: Demonstrate how to schedule a medical appointment based on information from a letter, then role-playing a number of scenarios (e.g., rescheduling the appointment, describing the letter's instructions for preparing for the appointment and the items to bring)</li> </ul> </li> </ul>
<b>Comprehension/Planning (14 items)</b> <ul style="list-style-type: none"> <li>Description: Demonstrate comprehension of a newspaper article about the opening of a new city park (comprehension) and list seven items necessary to bring or wear in order to spend the day at the park (planning)</li> </ul>
<b>Administration Method:</b> Administered by trained study personnel

## Working Group Activities

### Completed Activities

- Background report (including literature review and secondary statistical analysis), translatability report, and a summary report that described the process that led to the three-subscale version of the *UPSA*
- Expert panel meetings were held in March and May 2018, to address key questions regarding endpoint measures, existing gaps, and existing *UPSA* subscales
- Submitted Initial Briefing Package for the *University of California San Diego Performance-based Skills Assessment-Alzheimer's Disease (UPSA-AD)* to FDA
- A decision was made to change *UPSA-AD* to *USPA-3D* to reflect its three-domain structure and to avoid the implication that the measure is not applicable beyond AD

### Challenges

- A biological definition of AD and accompanying clinical staging have emerged making the use of previous research in MCI challenging (Jack et al. NIA-AA research framework: toward a biological definition of Alzheimer's disease. *Alzheimer's & Dementia* 2018;14:535-562). In addition, the need for and cost implications of recruitment of biomarker-confirmed participants into future qualitative and quantitative research is yet to be determined.
- The COVID-19 pandemic has amplified the WG's concerns regarding further investment in an assessment approach (*UPSA-3D*) that may quickly become obsolete since it involves role-playing with physical props. With the accelerated movement toward technology-enabled remote assessments, the WG is considering switching to the *Virtual Reality Functional Capacity Assessment Tool (VRFCAT)*, which is a touchscreen computer-based assessment.

### Next Steps

- A formal decision is to be made by the WG sponsors regarding whether to switch from the *UPSA-3D* to the *VRFCAT* for qualification.
- For either measure, qualitative research (e.g., pilot testing and participant interviews) will need to be conducted prior to the development of the Qualification Plan.

## Working Group Participants

Company/Organization	Name
AbbVie Inc.	Katy Benjamin, PhD (Co-Chair); Yash J. Jalundhwala, PhD, MS; Xiaolan Ye, PhD, MS
AstraZeneca	Provided initial funding; no longer participating in WG
Boehringer Ingelheim	Provided initial funding; no longer participating in WG
Eli Lilly and Company	Julie Chandler, PhD (Co-Chair); Nicki Bush, MHS; Joseph Johnston, MD, MSc
Merck Sharp & Dohme Corp	Cathy Anne Pinto, PhD, MS; Josephine Norquist, MS; Yanfen Guan, MS, CPM
Novartis	Provided initial funding; no longer participating in WG
Roche/Genentech	Claire Lansdall, PhD
Sanofi	Florence Joly, PharmD; Aude Roborel de Climens, PhD
Affiliation	Advisory Panel Members
Columbia University Medical Center	Terry E. Goldberg, PhD
University of Miami Miller School of Medicine	Philip D. Harvey, PhD
University of California, San Diego	Thomas Patterson, PhD
Banner Alzheimer's Institute	Pierre Tariot, MD
Duke University Medical Center; VeraSci	Kathleen Welsh-Bohmer, PhD
Consulting Organization	Research Team
VeraSci	Richard S.E. Keefe, PhD; Trina Walker, RN; William Horan, PhD; Jenna Piunti, BA