

Intro to ePRO – Part II

Cindy Howry, MS – YPrime

Jennifer Ross, MS, MPhilEd – Almac

February 19, 2015

Objectives

- ✓ Recap: Intro to ePRO – Part I
- ✓ Describe current ePRO data collection modes
- ✓ Strengths and limitations of each ePRO mode
- ✓ Discuss the ePRO mode selection process
- ✓ Introduce key considerations for selecting the most appropriate mode for a study
- ✓ Overview of the considerations for migrating an existing PRO instrument to an electronic mode

The Critical Path Institute established the ePRO Consortium on April 1, 2011

Mission: To advance the quality, practicality, and acceptability of electronic data capture (EDC) methods used in clinical trials for PRO endpoint assessment

ePRO Consortium Member Firms



Benefits of Collaboration



A coordinated approach to gathering evidence supporting the measurement equivalence of the various ePRO modes

Collective development of ePRO migration best practices

- Methodological guidance on ePRO implementation in clinical trials (e.g., mixing modes within a trial)
- Development of publicly available specification documents for migrating specific PRO instruments to available ePRO platforms

Definitions/Abbreviations

eCOAs – electronic Clinical Outcome Assessments

- ePRO - electronic Patient-Reported Outcomes
- eClinRO - electronic Clinician-Reported Outcomes
- eObsRO - electronic Observer-Reported Outcomes
- ePerfO - electronic Performance Outcomes

A patient-reported outcome (PRO) is any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else.¹

A PRO instrument is used to measure ***treatment benefit*** or risk in medical product clinical trials.

¹ Guidance for Industry Patient-Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims, FDA, December 2009

Current ePRO Data Collection Modes

Voice, Web, Smartphone, Tablet/Laptop/PC, BYOD

Tablets (site-based)

- Patients, doctors, and clinicians complete at site
- One device with multiple user
- Laptop or mini-tablet



Y-Prime Main Menu IRT ePRO Reports Admin Data Correction Form Support Study List Logout

Patients 6 Study

Select Patient: All

Order by: Next Visit Date Ascending

Add New Patient

Now Patient

Patient 1002001

Patient 1002002

Patient 2005

Tablets (site-based)

Clinician

Y-Prime ePRO

3. How much coughing do you have?

None As much as it could be

e L CSS-QL

Next

Y-Prime ePRO © 2014

Y-Prime ePRO

6. How much pain do you have?

None As much as it could be

e L CSS-QL

Next

Y-Prime ePRO © 2014

Y-Prime ePRO

Patient Scale Scores (LCSS)

Site #: 10000 Patient #: 1002

Date: 12/18/2014

Patient Scale: LCSS Scores for 12/18/2014 (0 = worst; 100 = best).

Scale Item	Score
Appetite	45
Fatigue	45
Cough	48
Dyspnea	52
Hemoptysis	49
Pain	50
Distress	48
Activities	46
Quality of Life	48

Back e L CSS-QL Next

Y-Prime ePRO © 2014

Smartphones (field-based)

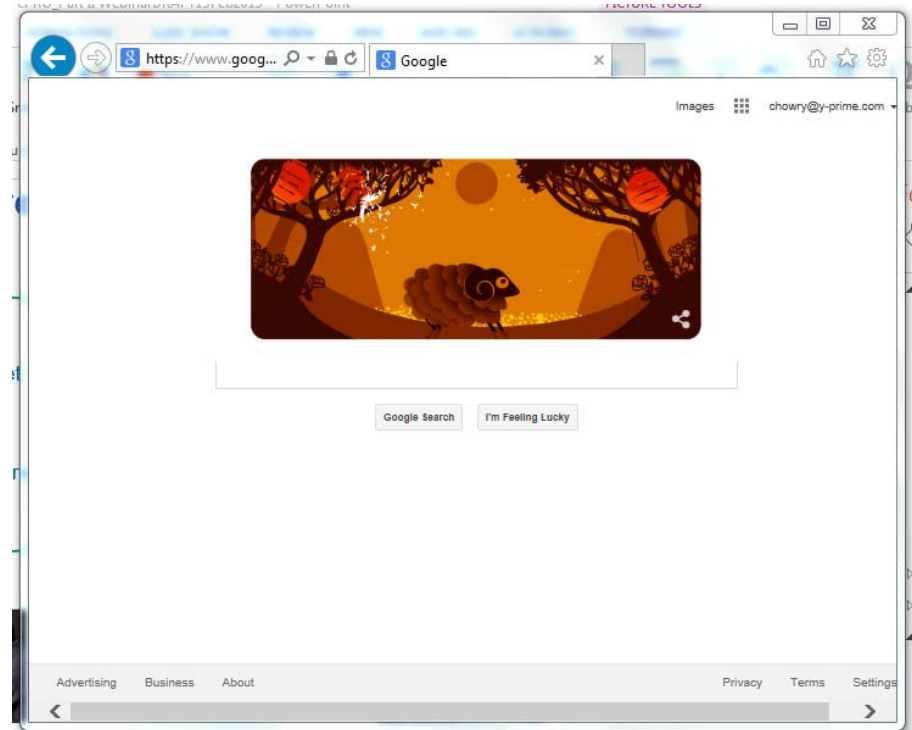
Other References:

- At home (home-based)
- Medication diary
- eDiary
- Diary log
- Event-based
- One device per patient



Interactive Web Response (IWR)

- Site-based
- Designated PC, laptop, or tablet
- Internet connection
- No built-in camera



Interactive Voice Response (IVR)

- Listen to voice
- Enter response on keypad

Enrollment
by



Study Site

Patient call
or receive
call at
interval
appropriate
for session

Patient –
System
Interaction

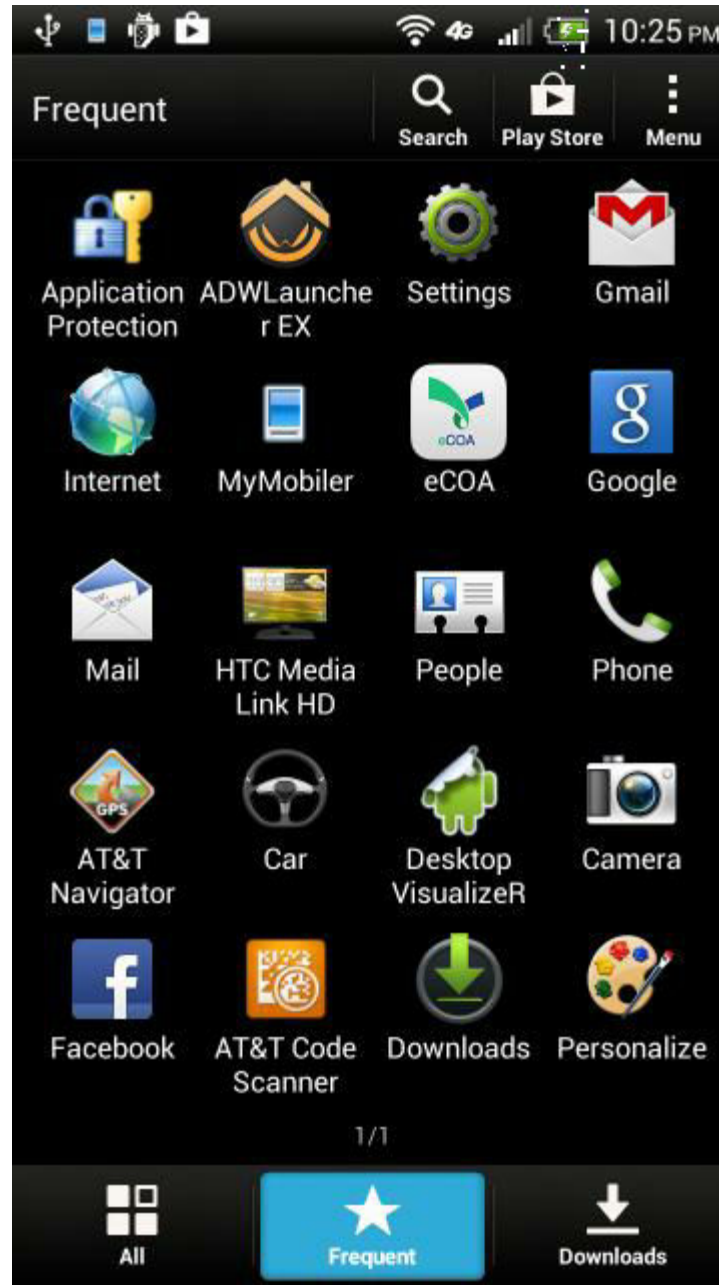


Call
results in
real-time
via web
service



BYOD (Bring Your Own Device)

- Use personal smartphone
- iOS and Android



Strengths/Limitations of each Mode

- Strengths/limitations given context of use
- Appropriateness/feasibility of mode given study factors
- In certain study scenarios – one mode may be more appropriate than others, where other mode(s) may be limited/non-feasible

Strengths include:

- Usable by most populations
- Ideal for mobility
- Ideal for consistency
- Familiarity of device
- Large numbers of items
- Visual components (pictures/diagrams)

Limitations include:

- Populations with:
 - Visual impairment
 - Severe
 - Severe migraine episodes
- Costs of provisioning devices

Strengths include:

- Usable by most populations
- Ideal for consistency and mobility purposes
- Large numbers of items/responses
- Visual components (pictures/diagrams)

Limitations include:

- Cost of provisioning devices
- Populations with:
 - Visual impairment
 - Severe arthritis
 - Dexterity issues
 - Severe migraine episodes

Interactive Web Response (IWR)

Strengths include:

- Usable by most populations
- Wide availability of the Internet
- Large numbers of items/response options
- Visual components (pictures/diagrams)

Limitations include:

- Active connection to Internet
- Populations with:
 - Visual impairment
 - Paralysis
 - Dexterity issues
 - Severe migraine episodes
- Screen size variability

Interactive Voice Response (IVR)

Strengths include:

- Usable by most populations
- Familiarity with phone
- Most have access to landline or cell phone
- Wide availability phone service

Limitations include:

- Populations with:
 - Hearing impairment
 - Short-term memory issues
- Long-length instruments
- Visual instruments (e.g. body diagram, VAS)
- No camera capability

ePRO Mode Selection Process

ePRO Mode Selection Process

Appropriate ePRO mode selection should be based on different considerations:



Patient characteristics



Study design (diary)



Study logistics



Instrument characteristics

Patient Characteristics



Patient population/ therapeutic area

- Functional conditions of target population that may impact the way a diary can be administered:
 - Diabetes-related vision deterioration
 - Dry eye
 - Hearing loss
 - Parkinson's disease-related tremors
 - Stroke-related physical or cognitive impairment

Patient burden

- Time required
- Convenience
- Mode's ease of use for target population
- Cognitive burden

Study Design (Diary)

Diary setting

- Field-based (home-based)
- Study site-based

Diary frequency

- Episodically (when symptom/episode occurs)
- 4x per day
- 1x per day
- 2x per week, etc.

Diary duration

- 2 weeks
- 1 month
- 1 year, etc.

Time per diary entry

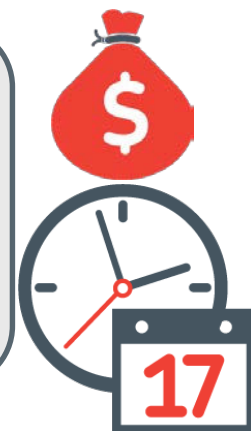
- 5-10 minutes per entry
- 20-30 minutes per entry
- >30 minutes per entry, etc.
- Time is important to consider along with frequency



Study Logistics

Study factors

- Sample size
- Costs/budget
- Timelines
- Diary mode access (phone, Internet, computer, etc. or sponsor provisioned devices)
- Site capacity (patient training, support, storage, etc.)



Participating regions

- Electronic infrastructure (Internet connectivity variation, phone service)
- Shipping requirements (if supplying diary mode)
- Required languages



Intended use of PRO data

- Label claim, primary/secondary/exploratory endpoint
- Study phase
- Regulatory acceptability of mode given intended use



Instrument Characteristics

Diary length

- Number of items
- Number of words per item
- Number of response options
- Item branching

Structure of response options

- Complexity
- Response scale: visual analog scale (VAS); numeric rating scale (NRS) verbal rating scale (VRS)
- Visual elements (e.g., body diagram)

Instrument author restrictions

- Does author have restrictions on allowed modes of administration?

Mode Selection Process: Example 1

Factor
Location
Therapeutic area
Target enrollment
Diary design
Diary setting
Diary frequency/duration
Other study factors



Study Characteristic
<ul style="list-style-type: none">• Global (US, Europe, Asia)
<ul style="list-style-type: none">• Flu vaccine
<ul style="list-style-type: none">• 10,000 patients
<ul style="list-style-type: none">• 8 items measuring severity of symptoms• 7 response options (verbal response scale)
<ul style="list-style-type: none">• Field-based
<ul style="list-style-type: none">• Once daily for 1 week
<ul style="list-style-type: none">• Fast start-up for each country - system needs to be ready when the flu epidemic reaches each country• Study budget

Example 1: Mode Evaluation

IVR:

- **# of response options** – patients may have trouble remembering 7 response options with waiting for all responses to be read out

Smartphone/ Handheld Device:

- **Costs** – costs of provisioning 10,000 devices
- **Timelines** – time to ship (customs regulations)
- **# of response options** – 7 response options may be difficult to fit on small screen in certain languages

IWR:

- **Logistics** – feasible in large scale study; majority eligible patients will have Web access
- **# of response options** – 7 response options fit well with IWR since due to capability of using larger screen size

Example 1: Most Appropriate Mode Choice

IWR:



- ✓ Quick implementation – meets timelines
- ✓ Logistically feasible
- ✓ Meets study budget needs
- ✓ Easy for patients to visually see items/responses
(due to being able to use larger screen size)

Mode Selection Process: Example 2

Factor	Study Characteristic
Location	<ul style="list-style-type: none">• United States
Therapeutic area	<ul style="list-style-type: none">• Gastrointestinal
Target enrollment	<ul style="list-style-type: none">• 50 patients
Diary design	<ul style="list-style-type: none">• 20 episodic symptom items• Responses: 4 visual response options with pictures
Diary setting	<ul style="list-style-type: none">• Field-based
Diary frequency/duration	<ul style="list-style-type: none">• Required to respond once daily, and episodically (whenever symptoms are present)• 1 year
Other study factors	<ul style="list-style-type: none">• Visual requirement for mode• Study budget• Timelines

Example 2: Mode Evaluation

IVR:

- Diary design – visual requirement of response options not applicable for IVR

Smartphone/ Handheld Device:

- Diary frequency/duration – convenient for patients for mobility purposes for episodic data entry
- Diary design – feasible for visual response options
- Costs/timelines – minimal concern with smaller sample size

IWR:

- Diary frequency/duration – with episodic response, it may be challenging for the patient to find a computer during that episode
- Diary design – IWR would be feasible for visual response options

Example 2: Most Appropriate Mode Choice

Smartphone/Handheld Device:



- ✓ Most convenient for patients since field-based with episodic response
- ✓ Allows delivery of visual nature of response options
- ✓ Costs of provisioning the smartphones/handheld devices are less of a concern with smaller sample size

Mode Selection

Mode selection:

- ✓ Begin as early as possible
- ✓ Should be based on considering all factors:
 - Patient characteristics & burden
 - Study design (diary)
 - Study logistics
 - Instrument characteristics



Appropriate ePRO mode selection results in:

- ✓ Higher data quality
- ✓ Enhanced patient's user experience (convenient & easy to use, minimized burden)
- ✓ Highest level of patient compliance with diary completion achieved
- ✓ Reduced sponsor burden



Migrating an Existing Instrument to an Electronic Mode: Introduction

Electronic Instrument Migration

- Migratibility assessment of the instrument

- ✓ Instructions
- ✓ Item stems
- ✓ Response options
- ✓ Languages

Migratibility assessment

- Do the instructions make sense in the context of the mode?
- Instructions need to be appropriate to the actions of the mode.
- Use platform-neutral language in instructions where possible.

Example: original paper

Circle the response that best describes....

Example: platform neutral

Select the response that best describes....

Migratibility assessment

- Does instrument include split stems?
- Are items self-contained?
- Would the full item (stem and responses) be able to be fit on the screen?

Example of split stem (to be avoided):

During the past 4 weeks, how much has your pain interfered with:

1. Vigorous activities such as running or heavy lifting?
Not at all Somewhat Moderately Extremely
☐ ☐ ☐ ☐
2. Moderate activities such as climbing a flight of stairs?
Not at all Somewhat Moderately Extremely
☐ ☐ ☐ ☐

Example of complete item stems:

1. During the past 4 weeks, how much has your pain interfered with vigorous activities such as running or heavy lifting?
Not at all Somewhat Moderately Extremely
☐ ☐ ☐ ☐
2. During the past 4 weeks, how much has your pain interfered with moderate activities such as climbing a flight of stairs?
Not at all Somewhat Moderately Extremely
☐ ☐ ☐ ☐

Response Options & Languages

Response options: migratibility assessment

- Nature of response scale in appropriateness to mode (visual nature required?)
- Length & number of response options – may impact appropriateness to migrating to certain modes
- Implementation of edit checks (e.g. alerting patient of out-of range value, missing value)
- Branching logic

Languages: migratibility assessment

- Participating regions
- Space required for translated text
- Formatting associated with translated language

**When
modification is
required
consider:**

- Does the content of the existing instrument change?
- What is the level of modification required?
- Does the level of modification require additional testing?

**Attend C-Path
3rd webinar:**

Migrating an existing PRO instrument

- Definition of faithful migration
- Process of conducting a faithful migration
- Mode-specific migration considerations
- Usability, feasibility, and user acceptance testing

Q&A

**Thank you for attending the
ePRO Consortium Webinar**

**The Intro to ePRO – Part II
presentation and audio will be
available within two weeks on
the c-path.org website**