

Title: Ranking goals by relative importance does not affect Goal Attainment Scaling summary scores

Authors: Justin, Taylor, Kari, Sanja, Susan, Ken

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Aims

Goal Attainment Scaling (GAS) is a patient-centered outcome measure used to measure efficacy and capture the patient experience in patient-focused drug development. With GAS, participants can identify and track the treatment-related goals that are most meaningful to them. Defining these goals, setting the GAS scale, and providing a relative rank for each goal has been described as challenging and time consuming by healthcare professionals. Here, we investigated whether goal ranking affected summary GAS scores in two dementia drug trials.

Methods

We used data from two clinical trials that used GAS as a primary outcome measure: the Atlantic Canadian Alzheimer Disease Investigation of Expectations (ACADIE, open-label) and the Video Imaging Synthesis of Treating Alzheimer disease (VISTA, double-blind with open-label extension). Subjects ranked their goals from most to least important. We then set all ranks to 1 and recalculated GAS scores to create an unranked comparison. The mean ranked and unranked GAS scores were then evaluated at 6-months. Responsiveness was defined as the Standardized Response Mean (SRM) at the end of the double-blind phase (4-months) in VISTA.

Results

Subjects in both trials were older adults (75.9 ± 7.8 and 76.3 ± 7.6 years of age), more often women (73% and 64%), and had mild-moderate Alzheimer disease in ACADIE and VISTA, respectively. There was no difference between ranked and unranked GAS scores in ACADIE (53.7 vs 53.7, $P=0.99$) or VISTA (54.6 vs 54.6, $P=0.99$) at 6-months. There was also no difference between subjects who were in the treatment arm (55.6 vs 55.9, $P=0.88$) or in the placebo arm (52.6 vs 52.9, $P=0.84$) at the end of the double-blind phase in VISTA for ranked and unranked goals, respectively. Likewise in the VISTA study, the responsiveness was similar at 4-months (ranked=0.30, unranked=0.29).

Conclusions

Ranking goals provided no statistical difference in GAS summary scores. Omitting this step in the goal setting process may result in quicker time to completion rates thereby increasing the ease of GAS implementation in trials. There is, however, a trade-off. Knowing which goals are most important (through ranking) may provide key qualitative insights important to characterizing the patient experience.