

# **Beyond Patient Journals - Using GAS to Capture the Patient Voice**

**Ardea Insights Webinar Series** 

**January 28th, 2021** 



### **Ardea Insights Webinar Presenters**





CEO

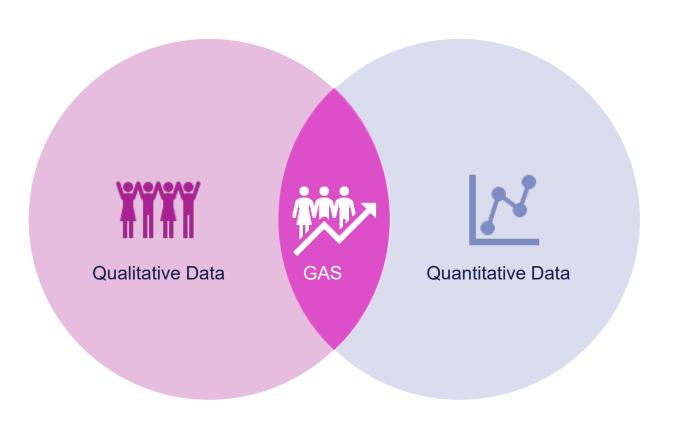
Biostatistician

**Chere Chapman** 

**Taylor Dunn** 



### **Interpreting GAS Data**



Where quantitative and qualitative meet to measure efficacy and effectiveness



### **Agenda**

- Overview of Goal Attainment Scaling
  - GAS Value as an Endpoint
  - Basics of the GAS Method
- Example: GAS and PROMs in Kidney Disease
- Questions

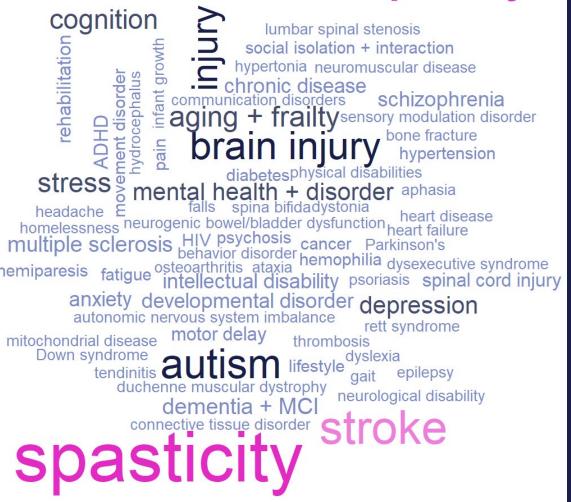


# GOAL ATTAINMENT SCALING MEASURES THE EXTENT TO WHICH A PATIENT'S INDIVIDUAL GOALS ARE ACHIEVED WITH INTERVENTION.



# APPLICATIONS OF GOAL ATTAINMENT SCALING IN RESEARCH.

### cerebral palsy



### **GAS Method and Data Value**

PHASE 01

PHASE 02

PHASE 03

PHASE 04

**→** GAS is a **Patient-Centric Outcome Measure** 

GAS may be used Phase 1B onward

Phase 4 → Reported by patients as a PRO/RWE

Phase 1→4:GAS is facilitated by a Clinician: some similarities to a Clin-RO but coming the patient

Best **introduced early** in clinical development

Data shows **efficacy** and **effectiveness** 

Data is **inherently clinically meaningful**and relevant

Modified GAS data captured direct from patients or caregivers

- Changes the nature of the dialogue between patient and clinician
- GAS data is meaningful to patients, caregivers, sponsors and regulators
- ✓ Promotes shared decision-making
- ✓ Incorporates wishes and concerns of patients or caregivers
- GAS is motivating
- ✓ GAS can promote adherence



### **How Goal Attainment Scaling Works:**

#### THE BASICS







#### **IDENTIFY GOALS**

Clinician to facilitate interview for subject or caregiver to identify goals

#### **BUILD GAS SCALES**

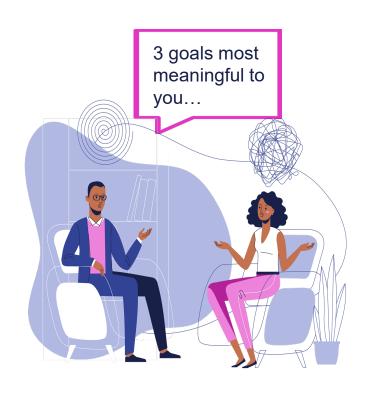
Set the 5-point goal attainment scale for each identified goal

MEASURE
ATTAINMENT
Rate during follow-up
whether the goals have
been attained



### **The Goal-Setting Visit**

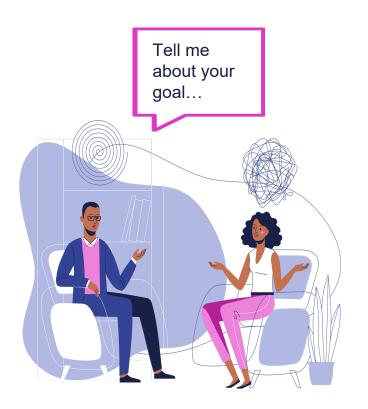




Goal Title	□ ■ •
Much Better than the Goal	+2
Somewhat Better than the Goal	+1
The Goal	0
Baseline Status	-1
Much Worse than the Goal	-2

### The Follow-Up Visits

	Subject Rating	GAS Interviewer Rating
Much Better than the Goal  Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliqui.	O +2	O +2
Somewhat Better than the Goal  Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.	<b>⊙</b> +1	O +1
* The Goal  Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis.	O 0	O 0
Baseline Status  Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	○ -1	○ -1
Much Worse than the Goal  Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	○ -2	O -2





# Common pitfalls with PROs:

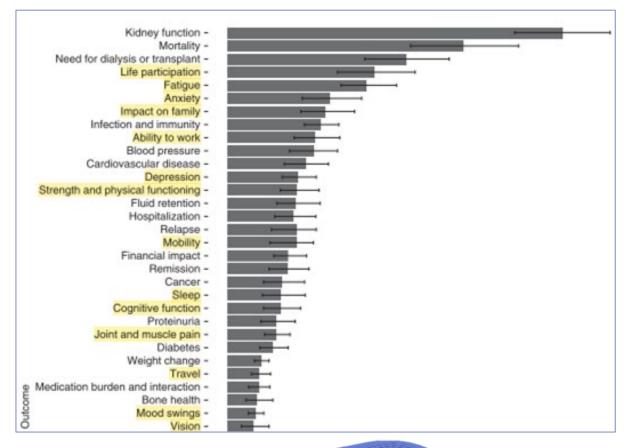
A kidney disease example

# Heterogeneity is hard to capture with standardized measures.



## Individuals with kidney disease experience a wide variety of symptoms and challenges

GAS embraces heterogeneity of disease expression.



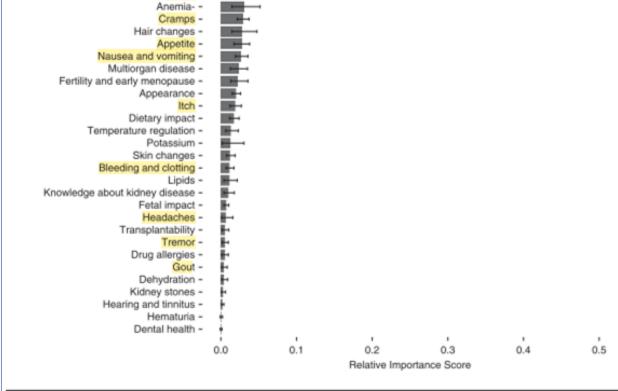


Figure 1. | Kidney health, mortality and patient-reported outcomes were the most highly prioritized out of 58 outcomes ranked by importance score (error bars represent 95% confidence interval).



# **Existing PROs have important limitations.**



## There are limitations to existing PROs used in kidney disease

GAS can avoid some psychometric issues found with PROs used in CKD.

#### Psychometric issues:

- Floor and ceiling effects are common
- Evidence of responsiveness is limited

Instrument version	Population
Agarwal [32]	Pre- dialysis
KDQOL-36 [33, 34, 37, 38, 40-42]	Pre- dialysis
	Dialysis
KDQOL-SF [35, 36, 39, 43–48, 76, 85–	Pre- dialysis
96, 102]	Dialysis
	Transplant
CDQOL [49]	Dialysis
CHEQ [50, 51]	Dialysis
DSI [52, 53]	Dialysis
ESAS [54, 55]	Dialysis
KDQ [56, 57]	Dialysis
KDQOL (D)[58]	Dialysis
KDQOL (M)[59]	Dialysis

NHP [60, 61]	Dialysis
SF-12 [62]	Dialysis
WHOQOL-BREF (D) [63]	Dialysis
QLI 3.0 [64-67]	Dialysis
SF-36 v2	Dialysis [68]
	Transplant [69]
ESRD-SCL [70-72]	Transplant
EQ-5D [73]	Transplant
GIQLI [75]	Transplant
GSRS [75]	Transplant
KTQ [77-79, 84]	Transplant
MTSOSD [74]	Transplant
RTQ v1 [80, 81]	Transplant
RTQ v2 [81]	Transplant
TTO (modified) [83]	Mixed (D & TX)
CKD-SBI [82]	Mixed (D & Pre-D)



# Standardized PROs can be cumbersome and may not capture what is truly important to the patient.



# Standardized measures lack nuance and can miss important issues.

By allowing the patient to identify their meaningful issues, GAS is both focused and comprehensive by design.

GAS avoids "looking for a needle in a haystack".

GAS focuses on a few clinically meaningful goals versus standardized outcomes which ask dozens of questions (e.g. KDQOL-36).

	During the <u>past 4 weeks</u> , to what extent were you bothered by each of the following?				
		Not at all Somewhat Moderately Very much Extremely bothered bothered bothered bothered			
17.	Soreness in your muscles?	1 2 3 4 5			
18.	Chest pain?	1			
19.	Cramps?	1			
20.	Itchy skin?	1			
21.	Dry skin?	1			
22.	Shortness of breath?				
23.	Faintness or dizziness?	1			
24.	Lack of appetite?	1			
25.	Washed out or drained?	1			
26.	Numbness in hands or feet?	1			
27.	Nausea or upset stomach?	1			
28 <sup>a</sup> .	(Hemodialysis patie	nt only)			
	Problems with your access site?	1			
28 <sup>b</sup> .	(Peritoneal dialysis j	patient only)			
	Problems with your catheter site?	1			



GAS embraces heterogeneity of disease expression.

There are limitations to existing PROs.

GAS is focused and inherently clinically meaningful.



## Discussion



# Thank you. Ardea Outcomes.

### **Chere Chapman, CEO**

chere.chapman@ardeaoutcomes.com

+1(902)410-3888

SH300-1701 Hollis Street, Halifax, Nova Scotia Canada B3J 3M8



#### LinkedIn

ca.linkedin.com/company/ardeaoutcomes



#### **Twitter**

@ardeaoutcomes



#### **Email**

Chere.chapman@ardeaoutcomes.com



#### Phone

+1(902)410-3888

