# Selection and development of PROMs

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#### Session overview

- Types of outcome
- Selecting outcomes (PRECIS tool)
- Core Outcome Sets
- Why measure PROs
- Types of PROMs
- Issues around selecting PROMs
- Developing PROMs psychometric testing





#### What is an outcome

 An event that is either present or absent after participants receive an intervention or exposure which can be measured and compared



## Types of outcome

health economic observer dependent patient-reported clinical objective observer independent patient-centred patient-based subjective





### Types of outcome measures

| WHO ICF                     | Clinician-reported                         | Patient-reported                          |
|-----------------------------|--|---|
| Body function/<br>structure | National Institutes of Health Stroke Scale | General Health<br>Questionnaire - 28      |
|                             | Mini-Mental State Examination              | Beck Depression Inventory                 |
|                             | Clock Drawing Test                         | Geriatric Depression Scale                |
| Activities                  | Barthel Index                              | Frenchay Activities Index                 |
|                             | Modified Rankin Scale                      |   |
|                             | Nine-hole Peg-Test                         |   |
| Participation               |  | Nottingham Health Profile                 |
|                             |  | Stroke Impact Scale                       |
|                             |  | Stroke-Adapted Sickness<br>Impact Profile |





## Selecting outcomes

Trial design decisions need to be consistent with the trial's stated purpose

- PRECIS: a pragmatic-explanatory continuum indicator summary (Thorpe. J Clin Epidemiol 2009 62:464-475)
- Graphical summary to place trial on pragmaticexplanatory continuum
- To assess degree with which design is aligned with trial's stated purpose
- Still under development





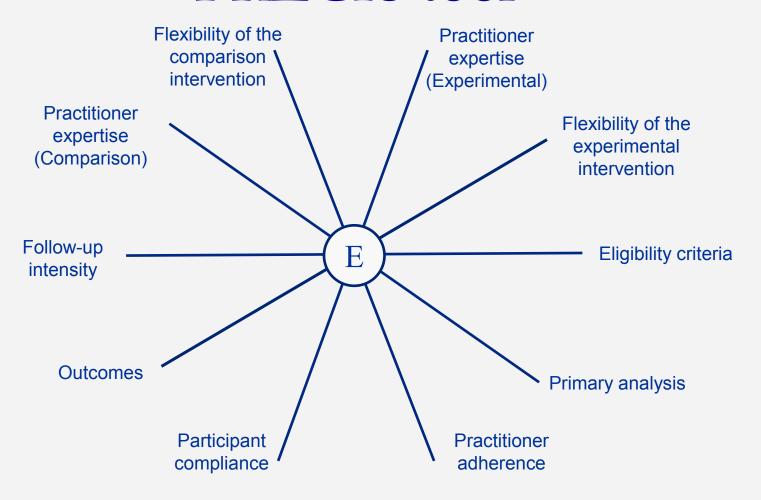
## Selecting outcomes

| Explanatory  |                                    |  |  |
|--|------------------------------------|--|--|
| Central outcome adjudication                             | No central outcome adjudication    |  |  |
| Additional training/measurement                          | Assessed under usual circumstances |  |  |
| Short-term   | Long-term                          |  |  |
| Intensive follow-up                                      | No additional follow-up            |  |  |
| Important outcome to clinicians                          | Meaningful outcome to patients     |  |  |
| Outcomes most believed to be consequence of intervention | More uncertainty                   |  |  |





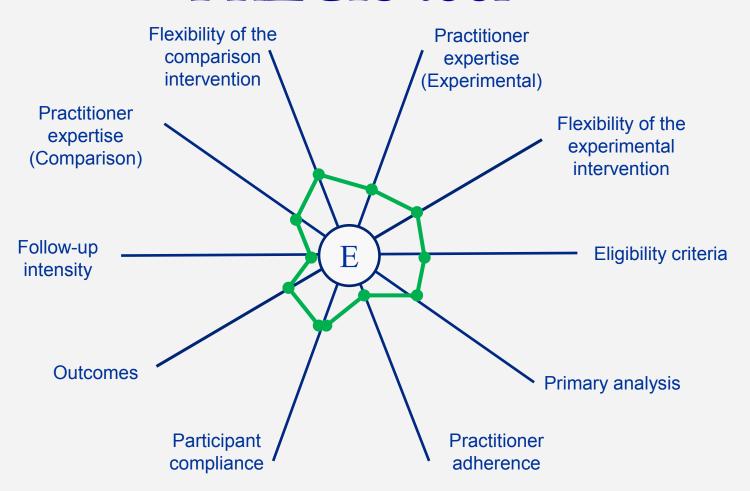
#### PRECIS tool







#### PRECIS tool

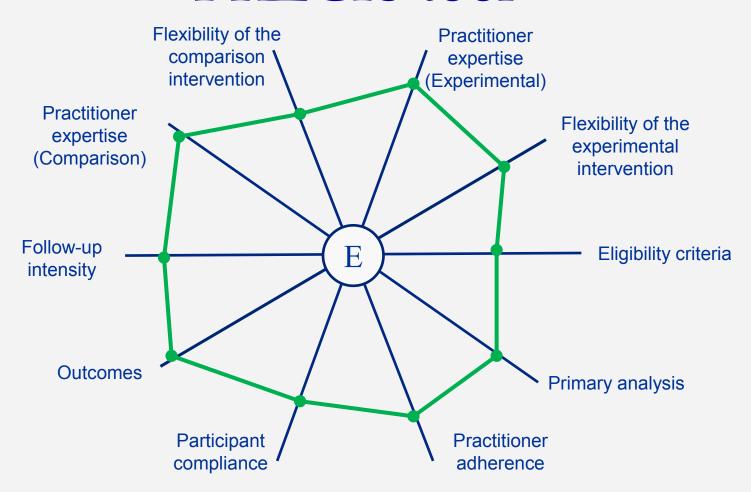


NASCET: carotid endarterectomy + best medical therapy vs. best medical therapy





#### PRECIS tool



Continued intervention from a stroke nurse after discharge from hospital





## Core Outcome Sets (COS)

 An agreed standardised set of outcomes that should be measured and reported, as a minimum, in all clinical trials in specific areas of health or health care.



#### **Core Outcome Sets**



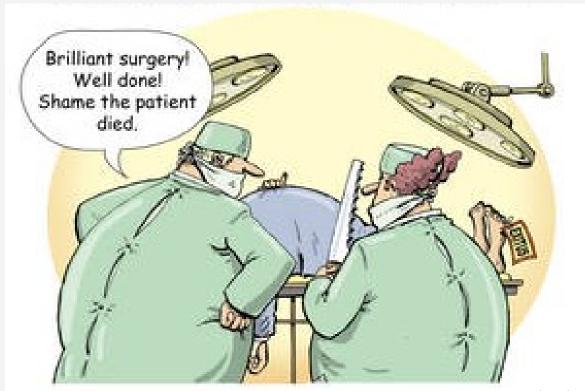
## Core Outcome Measures in Effectiveness Trials

www.comet-initiative.org





### Why measure PROs



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#### Why measure PROs

- Patients interested in different things
- Patients views differ from observers
- Capture patients overall experience of disease



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## Types of PROMs





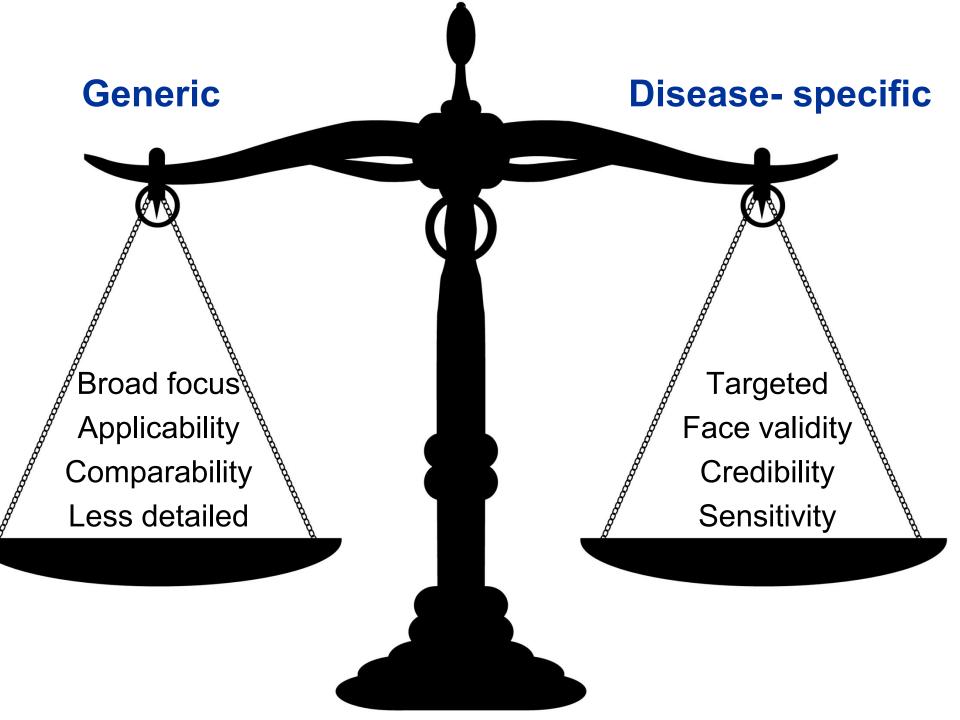


## Types of PROMs

| Scope                | Domains               | Purpose  | Example PROM | Example item   |
|----------------------|-----------------------|--|--------------|--|
| Generic              | Multi-<br>dimensional | Measure broad aspects of health  | SF-36        | In general, would you say your health is                 |
| Disease-<br>specific | Multi-<br>dimensional | Address complex and unique areas of function impaired in specific diseases | SS-QOL       | Did you have trouble finding the word you wanted to say? |







## Selecting PROMs





#### Advantages of using existing PROMs

- ✓ Cheaper, easier, quicker
- Facilitates comparison of data across studies
- Maximises consensus within a field
- Avoids repetition





#### Guidance for PROM selection

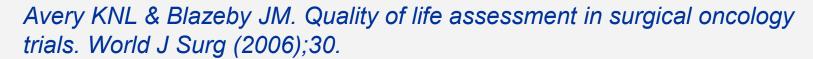






#### Selection: issues to consider

- Trial objective(s)
- Scope
- Study population
- Psychometric properties
- Scoring system
- Practical issues



Fitzpatrick R et al. Executive summary: evaluating patient-based outcome measures for use in clinical trials. HTA Programme 14, 1998.







#### Selection: resources

- Expert opinion
- Published research, trials, audit, etc.
- Online databases...

e.g. www.PROQOLID.org









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|---------------------|--|---|--|--|--|--|
| Abbrev.             | Full name  | Author(s)   | Pathology(s)   |  |  |  |
| NEWSQOL             | Newcastle Stroke-specific Quality of Life measure          | Buck Deborah<br>Ford Gary A<br>Jacoby Ann<br>et al. | Cardiovascular diseases<br>Nervous system diseases   |  |  |  |
| NIHSS               | National Institutes of Health Stroke Scale                 | NINDS Investigators                                 | Cardiovascular diseases<br>Nervous system diseases   |  |  |  |
| SAQOL-39            | Stroke and Aphasia Quality of Life Scale - 39 item version | Hilari Katerina                                     | Cardiovascular diseases<br>Nervous system diseases<br>Pathological conditions signs and symptoms |  |  |  |
| SIS                 | Stroke Impact Scale & Stroke Toolbox                       | Duncan Pamela W<br>Lai Sue M<br>Studenski Stephanie | Cardiovascular diseases<br>Nervous system diseases   |  |  |  |
| SS-QOL              | Stroke-Specific Quality Of Life measure                    | Williams Linda S                                    | Cardiovascular diseases<br>Nervous system diseases   |  |  |  |
| CNS                 | Canadian Neurological Scale                                | Cote Robert   | Cardiovascular diseases<br>Nervous system diseases   |  |  |  |
| mRS-SI              | Structured Interview for the Modified Rankin Scale         | Hareendran Asha<br>Wilson Lindsay                   | Cardiovascular diseases<br>Nervous system diseases   |  |  |  |

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## **Developing PROMs**











## Validity

#### Does the PROM measure what it claims to?

Face: do the items appear to be measuring the qualities they claim to measure? Do the questions make sense?

Content: do the components of the PROM cover *all* aspects of the attribute to be measured?

Criterion: does the PROM correlate with the 'gold standard' measure?

Construct: relationship between PROM and hypotheses surrounding construct(s) it measures





#### Reliability

#### Does the PROM behave consistently?

- Internal consistency
  - Cronbach's alpha
- Test-retest reliability
  - Interval between testing
  - Practice effects
- Inter-observer reliability
  - Consistency between different observers
- Intra-observer reliability
  - Consistency within the same observer/responder





## Sensitivity to change

## Is the PROM responsive to changing circumstances (e.g. treatment)?

- Big changes should be detectable if not your tool is not working well
- Little sensitivity to change means that you will not be able to detect outcomes











## Developing the final version

#### Finalising content

- Various techniques factor analysis, principal component analysis, multi-trait scaling, item response theory
- Confirming structure, identifying domains
- Item reduction removal of redundant items

#### Scoring

- Factor analysis, multi-trait scaling
- Relationship between items
- Expert judgement
- Validation of scoring system







## Thank you

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