Patient reported outcomes for trials of cutaneous neurofibromas

REINS
Bethesda, MD,
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Disclosures

I have no relevant relationships with industry



Patient reported outcome (PRO)

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



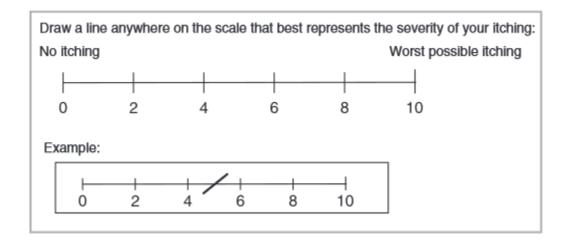
PRO tools for cNF trials

Table 2 Patient-reported outcome (PRO) tools considered for use in clinical trials of cutaneous neurofibromas (cNF)

PRO	Use	Advantages for cNF	Drawbacks for cNF
Skindex 16 or 29	Assess physical and psychological effects of skin conditions	Has been used in NF1 studies	Has not been studied in NF1 interventional trials
(Children's) Dermatology Quality of Life Index	Widely used QoL index for children or adults with diseases affecting the skin	Validated PROs for children and for adults	Has not been used in NF1 clinical trials
5D itch scale	Captures intensity and time of pruritus	Symptom-specific measure	Itch is not a consistent feature in NF1
Visual analog scale	Widely used	Measures a specific character or symptom believed to be important in a disease (e.g., pain, itch) for its overall severity	Common uses (e.g., itch and pain) are not consistent features in cNF and may not reflect burden or severity in this manifestation
Numeric rating scale	Designed to rate pain	Similar to VAS in measuring patient perception of a specific symptom, but does not require a written response: it can be administered over the telephone	Pain is not a common manifestation for cNF in NF1 patients
Adult PedsQL NF1 module	Adult and pediatric specific QoL measures in NF1 patients	Specific to NF1	May not be sensitive to specifically capture the change in QoL from improvement in cNF as it measures multiple QoL domains in NF1



Visual analogue scale





K-12-38	ring the past week, how often ve you been bothered by:	Never Bother •		•		Bothe	/ays ered ↓
1.	Your skin condition itching				□4	□₅	□6
2.	Your skin condition burning or stinging				D,	□₅	
3.	Your skin condition hurting						
4.	Your skin condition being irritated	0 0		□₃			□6
5.	The persistence / reoccurrence of your skin condition	20.	6	□₃	□₄	□₅	□₅
6.	Worry about your skin condition (For example: that it will spread, get worse, scar, be unpredictable, etc)	b ,		\square_3		□ ₅	
7.	The appearance of your skin condition			□ ₃	\square_4		□ ₆
8.	Frustration about your skin condition			□ ₃		□5	□6
9.	Embarrassment about your skin condition			\square_3	\square_4		
10.	Being annoyed about your skin condition				□₄		
11.	Feeling depressed about your skin condition			\square_3			
12.	The effects of your skin condition on your interactions with others (<u>For example</u> : interactions with family, friends, close relationships, etc)	□.				□ ₅	□₅
13.	The effects of your skin condition on your desire to be with people			□ ₃		□ ₅	□6
14.	Your skin condition making it hard to show affection			Пз	□₄	□5	
15.	The effects of your skin condition on your daily activities	□₀		\square_3		□s	□₅
16.	Your skin condition making it hard to work or do what you enjoy.			□₃	□₄	□₅	□ ₆



Skindex

During the past week, how often have you been bothered by:

- Your skin condition itching, burning, hurting, being irritated
- The persistence/recurrence of your skin condition
- Worry about your skin condition
- The appearance of your skin condition
- Frustration, embarrassment, being annoyed,
 Leeling depressed about your skin condition

Skindex cont.

- The effects of your skin condition on your interactions with others; on your desire to be with people
- Your skin condition making it hard to show affection
- The effects of your skin condition on your daily activities
- Your skin condition making it hard to work or do what you enjoy



The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick
one box for each question.

1.	Over the last week, how itchy, sore,	Very much		
	painful or stinging has your skin	A lot		
	been?	A little		
	BOOTI.	Not at all		
		Not at all	_	
2.	Over the last week, how embarrassed	Very much		
	or self conscious have you been because	A lot		
	of your skin?	A little		
	100 × 100 ×	Not at all		
3.	Over the last week, how much has your	Very much		
	skin interfered with you going	A lot		
	shopping or looking after your home or	A little		
	garden?	Not at all		Not relevant 🗆
4.	Over the last week, how much has your	Very much		
	skin influenced the clothes	A lot		
	you wear?	A little		
	jou weta.	Not at all		Not relevant □
		Tiot at the	_	not relevant D
5.	Over the last week, how much has your	Very much		
	skin affected any social or	A lot		
	leisure activities?	A little		
		Not at all		Not relevant 🗆
6.	Over the last week, how much has your	Very much		
2770	skin made it difficult for	A lot		
	you to do any sport?	A little		
	,	Not at all		Not relevant □
7	Over the lest week has seen also assumed	Yes		
7.	Over the last week, has your skin prevented	50000		
	you from working or studying?	No	ם	Not relevant 🗆
	If "No", over the last week how much has	A lot		
	your skin been a problem at	A little		
	work or studying?	Not at all		
		211	22	
8.	Over the last week, how much has your	Very much		
	skin created problems with your	A lot		
	partner or any of your close friends	A little		
	or relatives?	Not at all		Not relevant 🗆
9.	Over the last week, how much has your	Very much		
	skin caused any sexual	A lot		
	difficulties?	A little		
		Not at all		Not relevant 🗆
10.	Over the last week, how much of a	Very much		
10.	problem has the treatment for your	A lot		
	skin been, for example by making	A little		
	your home messy, or by taking up time?	Not at all		Not relevant
	Jean Louis mood, or of touring up time.	and the the	_	ATOL A CHOTOMAC L

Please check you have answered EVERY question. Thank you.



DLQI

Over the last week:

- How itchy, sore, painful, or stinging has your skin been?
- How embarrassed or self conscious have you been because of your skin
- How much has your skin interfered with you going shopping or looking after your home or garden
- How much has your skin influenced the clothes you wear

- How much has your skin affected any social or leisure activities?
- How much has your skin made it difficult for you to do any sport?
- Has your skin prevented you from working or studying?
- How much ahs your skin created problems with your partner or any of your close friends or relatives?
- Has your skin caused any sexual difficulties

How much of a problem has a treatment for your skin been?





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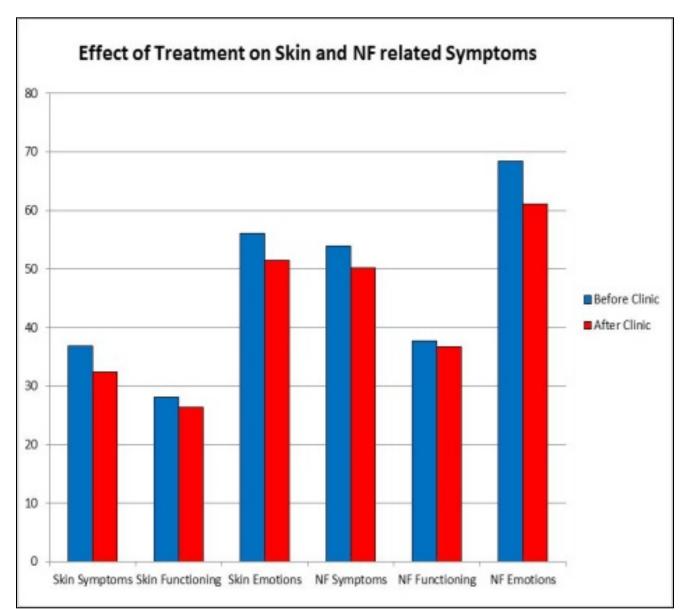


Evaluate the patient view on their cutaneous disease

- 2015 started an NF skin clinic
- Dermatology and Genetics
 - Excisions and shaving
 - RF ablation
 - LASER funded by CTF/donation- preferred treatment modality
 - Topical rapamycin/ ketotifen
- Hilda Crawford administered several PROs simultaneously
 - Skindex, the adjusted NF QOL, DLQI, K10, SF36, 5d itch scale

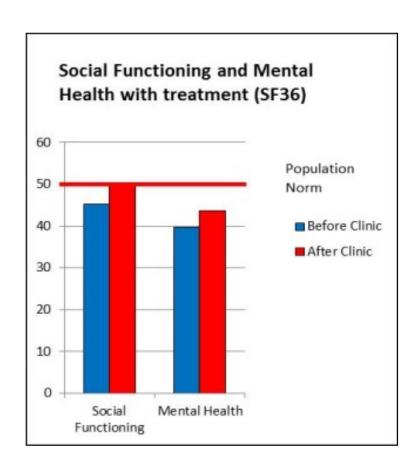


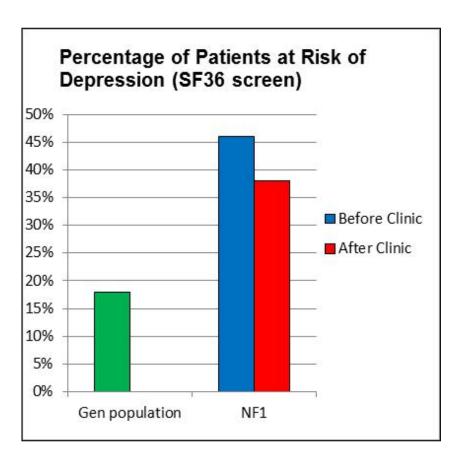
Effect of Treatment on Skin and NF Related Symptoms (Skindex, NFQoL)





QoL Outcomes SF36







Power: need 100 patients - aim for end 2019 and more definitive treatments in 2019

Management of Itch in Neurofibromatosis Type 1 (NF1): A Single-centre Experience

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Background

- Previous studies have reported a high frequency of itch (19-70%) amongst individuals with Neurofibromatosis Type 1 (NF1)^{1,2,3}.
- Chronic itch can be an independent factor for altered QoL, disrupting sleep and daily living².
- NF1-associated itch has been postulated to be of neuropathic origin, resulting from neuronal or glial damage⁴.
- We selected a tricyclic antidepressant as our preferred treatment option based on its effectiveness on neuropathic itch⁵.
- Here we report on the characteristics and management of itch in NF1 from a single-centre



Figure 1. Skin lacerations from chronic itch in NF1.

 This study aims to characterise chronic itch in NF1 and evaluate the effectiveness of a tricyclic antidepressant for the management of NF1associated itch.

Method

- Adults (N=32) attending an NF1 clinical genetics dermatological service (skin clinic) in Sydney, Australia (Table 1).
- · Median age 39y, range 26-69y.
 - Table 1. Patient characteristics (N=32)

Tuble 1. I ducin characteristics (14-						
Gender	ender Female					
	Male	13				
Age	25-34	9				
	35-44	12				
	45-54	5				
	55-64	2				
	>65	Α				

- As part of routine clinical care since 2017, patients attending the skin clinic are questioned regarding their experience of itch and previous treatments.
- Patients who reported itch were offered treatment, and outcomes were recorded and analysed.

Results

Clinical Characteristics

- 78% (25/32) of patients described itchiness of the skin (Figure 1).
- 76% (16/21) moderate to severe.
- Half of patients (7/13) reported daily or almost daily symptoms.
- A further two patients reported severe and daily itch during the warmer months only.
- Distribution was reported to be generalised (7/16) or localised at particular regions of the body (8/16) or to cutaneous neurofibromas (1/16).
- Most patients (12/16) reported trialling treatments with little to no effect.

Treatment

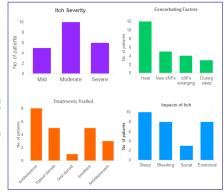


Figure 2. Frequency bar charts summarising clinical characteristics of itch in NF1.

- · Of the 16 patients offered, 7commenced treatment with a low dose tricyclic antidepressant (Table 2).
- Barriers for uptake include minimal concerns, unacceptable side effects, medication stigma and non-compliance.
- · Six patients reported improvements and one ceased treatment due to unrelated health complications.
- · Adverse effects included weight gain, sedation and a wearing-off effect.
- Two patients with weight gain reported a significant improvement to itch and daily living, preferring to continue treatment despite adverse effects.

Table 2. Patient characteristics and outcomes of treatment of itch with tricyclic antidepressant.

Patient	Gender	Itch Severity	Improvement to	Other Outcomes	Dose Changes
1	Female	Moderate	Some	Sedation	Reduced
2	Male	Moderate	Some	Sedation	Treatment ceased
3	Male	Moderate	Some	Improved sleep	Unchanged
4	Female	Moderate	Great	Weight gain	Unchanged
5	Female	Moderate	N/A	Unrelated health complications	Treatment ceased
6	Male	Severe	Great	None	Unchanged
7	Female	Severe	Great	Improved sleep, Wearing-off effect, Weight gain	Increased

Conclusions

- . Consistent with other reports, chronic itch in NF1 is common in our skin clinic cohort and can impact on quality of life.
- NF1-associated itch is amenable to effective treatment with low dose tricyclic antidepressant.
- · When seeking treatment outside of a specialist NF service, many patients received treatment that was ineffective and potentially harmful.
- We hope these findings will increase awareness of itch as a manifestation of NF1 and facilitate development of best practices for clinical management of this potentially debilitating symptom.
- Findings were used to guide the development of patient-reported outcome measures for standardised long-term evaluation of treatment efficacy.

References

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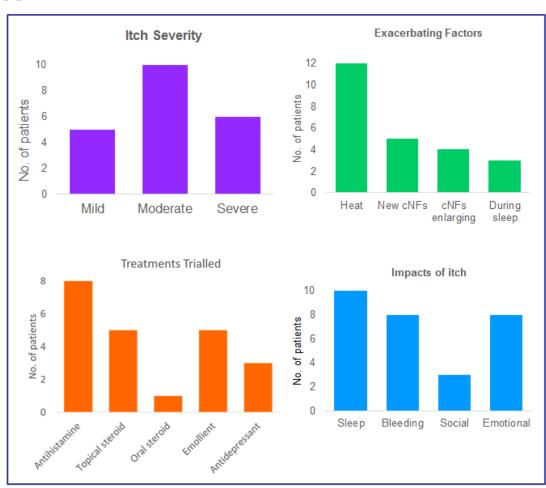


Figure 2. Frequency bar charts summarising clinical characteristics of itch in NF1.



5D itch scale

		5-D Prui	ritus Sc	ale		
1. Duration :	During the la	st 2 weeks, how	many h	ours a day h	ave you bee	n itching?
	Less than 6hrs/	day 6-12 hrs/day	12-18 hrs	s/day 18-2	3 hrs/day	All day
2. Degree : F	Please rate the	intensity of you	ur itching	over the pa	st 2 weeks	
	Not present	Mild	Modera 3	ate S	evere	Unbearable
3. <u>Direction</u> previous r		st 2 weeks has y	your itchi	ng gotten be	etter or worse	compared to the
	Completely resolved	Much better, but still present	Little bit but still p		changed	Getting worse
4. Disability weeks	y: Rate the im	pact of your itch	ning on th	e following	activities ove	r the last 2
Sleep	Never affects sleep	Occasionally delays falling asleep	Freque delay falling a	ntly and oc	falling asleep casionally a ses me up t night	Delays falling sleep and frequently wakes me up at night
	N/A	affects a	Rarely affects s activity	Occasionally affects this activity	Frequently affects this activity	Always affects this activity
Leisure/So	ocial	7		3	☐ 4	5
Housewor Errands	k/ 🗆	1	2	3	4	5
Work/Scho	ool 🗆		2	3		5
	ast 2 weeks. I allv.	ether itching has f a body part is sent				rts of your body closest
Head/Sca Face Chest Abdomen Back Buttocks Thighs Lower leg Tops of F	alp I	Soles Palms Tops of I Forearms Upper Ar Points of	s ms Contact	ngers w/ Clothing ndergarmen		





Together to Help Solve NF1 Skin













Question 1: Do the RNS and UMN patient populations differ for the various clinical factors?

Variable	Overall (n = 79)	RNS (n = 40)	UMN (n = 39)	p-value
Skindex (total avg)	30.7 (25.9)	38.8 (25.6)	22.4 (23.9)	0.004
Skindex (physical avg)	31.1 (24.0)	37.1 (24.6)	24.9 (21.9)	0.022
Skindex (emotions avg)	39.7 (32.6)	51.6 (32.2)	27.4 (28.4)	< 0.001
Skindex (fuctional avg)	21.5 (25.0)	26.7 (25.0)	16.2 (24.1)	0.060
Skindex (Itch Q)	53.2 (32.9)	57.5 (33.6)	48.7 (31.9)	0.237
Age	38.7 (12.7)	40.7 (12.4)	36.7 (12.8)	0.159
Gender, M (%)	32 (40.5%)	15 (37.5%)	17 (43.6%)	0.650
# of cut. NFS 0 1-19 20-99 100-500 >500 Missing	6 (7.6%) 15 (19.0%) 17 (21.5%) 11 (13.9%) 29 (36.7%) 1 (1.3%)	0 (0%) 6 (15%) 11 (27.5%) 2 (5.0%) 20 (50.0%) 1 (2.5%)	6 (15.4%) 9 (23.1%) 6 (15.4%) 9 (23.1%) 9 (23.1%) 0 (0%)	0.012
Face, Yes (%)	41 (52%)	18 (45%)	23 (59%)	0.365
Riccardi Minimal Mild Moderate Severe Missing	2 (2.5%) 16 (20.3%) 41 (52%) 18 (22.8%) 2 (2.5%)	1 (2.5%) 14 (35%) 18 (45%) 7 (17.5%) 0 (0%)	1 (2.6%) 1 (5.1%) 23 (59.0%) 11 (28.2%) 2 (5.1%)	0.010





Question 2: What is the relationship between each of the factors, both overall, and within each site?

The correlation between each of the Skindex domains are very strong (all correlations (r) are above 0.67).

Age doesn't correlate very strongly with the Skindex scores (all r < 0.25).

It seems that females have higher Skindex scores on all domains.

As # of cutaneous NFs increase, the Skindex scores also increase. The # of cNFs also increases with age, and females and those with facial cNFs also tend to have more # cNFs.

Those with facial cNFs have higher Skindex scores.



Riccardi severity doesn't seem to change much for the total skindex or the physical average. The more severe Riccardi categories may have small emotional and functional averages.



Question 3: Does the relationship between the total avg skindex score and each of the factors differ by site?

Clinical Factor	Interaction size	p-value
Age	0.35	0.435
Gender (M)	7.5	0.490
# of cut NFs	3.2	0.426
Face	11.4	0.281
Riccardi	5.2	0.530





None of the interactions were significant, so we cannot say that the relationship between the total avg Skindex score different on any of the clinical factors differed by site. This provides some evidence that the data can be combined.

Questions 4: Do the Skindex scores differ between sites, after adjusting for the differences in the various clinical factors?

Response variable	Unadjusted diff (UMN – RNS)	Unadjusted p-value	Adjusted diff (UMN – RNS)	Adjusted p-value
Skindex avg total	-16.4	0.004	-11.6	0.081
Physical avg	-12.2	0.022	-8.0	0.230
Emotions avg	-24.2	<0.001	-16.8	0.036
Functional avg	-10.5	0.060	-7.2	0.292
Itch question	-8.8	0.237	-2.8	0.776



Conclusion

 Overall, the Skindex domain scores at the RNS site were higher than the UMN site. However, the sites also differed among many clinical factors. After adjusting for these differences, the Skindex differences were now smaller, and mostly nonsignificant.



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