

National Cancer Institute's Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE™) Measurement System: An Overview

Sandra A. Mitchell, PhD, CRNP, FAAN
Senior Scientist and Program Director
Outcomes Research Branch
Healthcare Delivery Research Program

(sandra.mitchell@nih.gov)

 **NATIONAL CANCER INSTITUTE**
Division of Cancer Control & Population Sciences

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Overview and Background

Measuring Safety and Tolerability in Cancer Clinical Trials



Safety and tolerability are fundamental to conclusions about the effectiveness of cancer therapies, including comparative effectiveness



In cancer clinical trials, adverse events are graded and reported using Common Terminology Criteria for Adverse Events (CTCAE) (now in version 5)



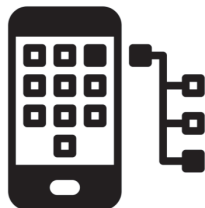
10% of the 800 adverse events listed in CTCAE are symptoms and thus are amenable to self-reporting



Validity of symptom reports may be eroded when filtered through research staff and clinicians¹
Staff-based AE reporting occurs at clinic visits; AEs occurring between visits may be missed

Capturing Symptomatic Adverse Events Using Patient-Reported Outcomes

- Real-time ascertainment of symptomatic adverse events using PROs can improve the precision and reproducibility of adverse event reporting



- NCI's Patient-Reported Outcomes Version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE™) Measurement System**

- PRO measurement system developed to allow patient self-reporting of the presence/absence, frequency, severity and/or interference of symptomatic adverse events
- Designed to be used as a companion to the CTCAE to capture the patient experience of symptomatic toxicities in cancer clinical trials

PRO-CTCAE™ Measurement System

- Symptomatic adverse events amenable to self-reporting were identified from CTCAE
- PRO-CTCAE items evaluate the symptom attributes of frequency, severity, interference, amount, presence/absence
- Conditional branching logic can be implemented with electronic data capture, thereby reducing respondent burden
- PRO-CTCAE linguistically validated in more than 40 languages
- Pediatric module permits self-reporting by children and adolescents ages 7-17 years (Ped-PRO-CTCAE™) or caregiver-reporting for children ages 7-17 who are unable to self-report (Ped-PRO-CTCAE™ [Caregiver])



PRO-CTCAE™ Measurement System

- Investigators select for prospective surveillance those PRO-CTCAE items that reflect anticipated symptomatic toxicities
- Custom surveys in more than 40 languages are created using the Form Builder function at the NCI PRO-CTCAE website

Patient-Reported Outcomes version Of The Common Terminology Criteria For Adverse Events (PRO-CTCAE™)
 QUICK GUIDE TO THE ITEM LIBRARY*

Oral	Respiratory	Neurological	Sleep/Wake	Sexual
Dry mouth S Difficulty swallowing S Mouth/throat sores SI Crackling/rattles of the corners of the mouth S Voice quality changes P Hoarseness S	Shortness of breath SI Cough SI Wheezing S Cardio/Circulatory Swelling FSI Heart palpitations FS Cutaneous Itch F Skin dryness S Acne S Hair loss A Itching S Hand-foot syndrome P Nail loss P Nail ridging P Nail discoloration P Sensitivity to sunlight P Bed/pressure sores P Radiation skin reaction S Skin darkening P Stretch marks P	Numbsness & tingling SI Dizziness SI Visual/Perceptual Blurred vision SI Flashing lights P Visual floaters P Watery eyes SI Ringing in ears S Attention/Memory Concentration SI Memory SI Pain General pain FSI Headache FSI Muscle pain FSI Joint pain FSI	Insomnia SI Fatigue SI Mood Anxious FSI Discouraged FSI Sad FSI Genitourinary Irregular periods/vaginal bleeding P Miscellaneous menstrual period P Vaginal discharge A Increased sweating S Painful urination S Urinary urgency FI Urinary frequency FI Change in usual urine color P Urinary incontinence FI	Achieve and maintain erection S Ejaculation F Decreased libido S Delayed orgasm P Unable to have orgasm P Pain w/sexual intercourse S Miscellaneous Breast swelling and tenderness S Bruising P Chills FS Increased sweating FS Decreased sweating P Hot flashes FS Nosebleed FS Pain and swelling at injection site P Body odor S
				Attributes
				F: Frequency
				I: Interference
				S: Severity
				P: Presence/Absence
				A: Amount

*Complete library of items available at: <https://healthcaresdelivery.cancer.gov/pro-ctcae>
 Version date: 3/11/2020

Pediatric Module of the Patient-Reported Outcomes version Of The Common Terminology Criteria For Adverse Events (Ped-PRO-CTCAE™)
 QUICK GUIDE TO THE ITEM LIBRARY*

Oral	Respiratory	Visual/Perceptual	Mood
Dry mouth SI Difficulty swallowing S Mouth/throat sores FSI Voice quality changes PI Hoarseness FSI Sore throat SI	Shortness of breath FSI Cough FSI Wheezing SI Sneezing S Cardio/Circulatory Swelling SI Heart palpitations FS	Blurred vision PI Flashing lights FI Watery eyes FSI Ringing in ears SI Dry eyes FSI Attention/Memory Concentration SI Memory SI	Anxiety FSI Sad SI Suicidal ideation P Genitourinary Painful urination SI Urinary urgency FI Urinary frequency FI Change in usual urine color P Urinary incontinence FI
Gastrointestinal Taste changes S Decreased appetite SI Nausea FS Vomiting FS Heartburn FS Gas P Bloating FS Hiccups FS Constipation S Diarrhea F Abdominal pain FSI Fecal incontinence FI	Cutaneous Skin dryness P Acne S Hair loss P Itching SI Hives P Sensitivity to sunlight P Skin ulceration P Neurological Numbness & tingling SI Dizziness SI	Pain General pain FSI Headache FSI Muscle pain FSI Joint pain FSI Sleep/Wake Insomnia FSI Fatigue SI	Miscellaneous Bruising P Chills FS Increased sweating FSI Hot flashes FSI Nosebleed FSI Falls F Muscle weakness FSI Restlessness SI
			Attributes
			F: Frequency
			I: Interference
			S: Severity
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**Patient-Reported Outcomes version Of The Common Terminology Criteria
For Adverse Events (PRO-CTCAE™)
QUICK GUIDE TO THE ITEM LIBRARY***

Oral	Respiratory	Neurological	Sleep/Wake	Sexual
Dry mouth S	Shortness of breath SI	Numbness & tingling SI	Insomnia SI	Achieve and maintain erection S
Difficulty swallowing S	Cough SI	Dizziness SI	Fatigue SI	Ejaculation F
Mouth/throat sores SI	Wheezing S			Decreased libido S
Cracking at the corners of the mouth (cheilosis/cheilitis) S	Cardio/Circulatory	Visual/Perceptual	Mood	Delayed orgasm P
Voice quality changes P	Swelling FSI	Blurred vision SI	Anxious FSI	Unable to have orgasm P
Hoarseness S	Heart palpitations FS	Flashing lights P	Discouraged FSI	Pain w/sexual intercourse S
	Cutaneous	Visual floaters P	Sad FSI	
Gastrointestinal	Rash P	Watery eyes SI		Miscellaneous
Taste changes S	Skin dryness S	Ringing in ears S	Genitourinary	Breast swelling and tenderness S
Decreased appetite SI	Acne S		Irregular periods/vaginal bleeding P	Bruising P
Nausea FS	Hair loss A	Attention/Memory	Missed expected menstrual period P	Chills FS
Vomiting FS	Itching S	Concentration SI	Vaginal discharge A	Increased sweating FS
Heartburn FS	Hives P	Memory SI	Vaginal dryness S	Decreased sweating P
Gas P	Hand-foot syndrome S		Painful urination S	Hot flashes FS
Bloating FS	Nail loss P	Pain	Urinary urgency FI	Nosebleed FS
Hiccups FS	Nail ridging P	General pain FSI	Urinary frequency FI	Pain and swelling at injection site P
Constipation S	Nail discoloration P	Headache FSI	Change in usual urine color P	Body odor S
Diarrhea F	Sensitivity to sunlight P	Muscle pain FSI	Urinary incontinence FI	
Abdominal pain FSI	Bed/pressure sores P	Joint pain FSI		
Fecal incontinence FI	Radiation skin reaction S			
	Skin darkening P			
	Stretch marks P			

Attributes	
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PRO-CTCAE™ Attributes and Item Structures

Frequency	Severity	Interference	Amount	Presence/Absence
In the last 7 days, how often did you have _____?	In the last 7 days, what was the severity of your _____ at its worst?	In the last 7 days, how much did _____ interfere with your usual or daily activities?	In the last 7 days, did you have any _____?	In the last 7 days, did you have any _____?
<ul style="list-style-type: none"> Never Rarely Occasionally Frequently Almost constantly 	<ul style="list-style-type: none"> None Mild Moderate Severe Very severe 	<ul style="list-style-type: none"> Not at all A little bit Somewhat Quite a bit Very much 	<ul style="list-style-type: none"> Not at all A little bit Somewhat Quite a bit Very much 	<ul style="list-style-type: none"> No Yes

- Each symptomatic AE is assessed by 1-3 attributes
- Conditional branching logic within PRO-CTCAE items can be implemented when using electronic data capture, thereby reducing respondent burden

CTCAE vs. PRO-CTCAE™ Item Structures

CTCAE					
Adverse Event	Grade				
	1	2	3	4	5
Mucositis oral	Asymptomatic or mild symptoms; intervention not indicated	Moderate pain; not interfering with oral intake; modified diet indicated	Severe pain; interfering with oral intake	Life-threatening consequences; urgent intervention indicated	-

PRO-CTCAE
Please think back over <u>the past 7 days</u> :
What was the <u>severity</u> of your MOUTH OR THROAT SORES at their WORST? None / Mild / Moderate / Severe / Very severe
How much did MOUTH OR THROAT SORES <u>interfere</u> with your usual or daily activities? Not at all / A little bit / Somewhat / Quite a bit / Very much

Pediatric PRO-CTCAE™(Ped-PRO-CTCAE™)

- Ped-PRO-CTCAE is comprised of questions that can be used to evaluate 62 symptomatic AEs drawn from the CTCAE
- Ped-PRO-CTCAE permits:
 - Self-reporting by children and adolescents ages 7-17 years (Ped-PRO-CTCAE™)
 - Caregiver-reporting by a parent or guardian when children or adolescents ages 7 to 17 years of age are unable to self-report (Ped-PRO-CTCAE™ [Caregiver])

Pediatric Module of the Patient-Reported Outcomes version Of The Common Terminology Criteria For Adverse Events (Ped-PRO-CTCAE™)

QUICK GUIDE TO THE ITEM LIBRARY*

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Attributes	
F: Frequency	I: Interference
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2/7/2021

Ped-PRO-CTCAE™: Attributes and Item Structures

Frequency	Severity	Interference	Presence/Absence
How often did you have _____?	How bad was your _____?	How much did _____ keep you from doing things you usually do?	Did you have _____?
<ul style="list-style-type: none"> Never Sometimes Most of the time Almost all the time 	<ul style="list-style-type: none"> Did not have any A little bad Bad Very bad 	<ul style="list-style-type: none"> Not at all Some A lot A whole lot 	<ul style="list-style-type: none"> No Yes I do not know

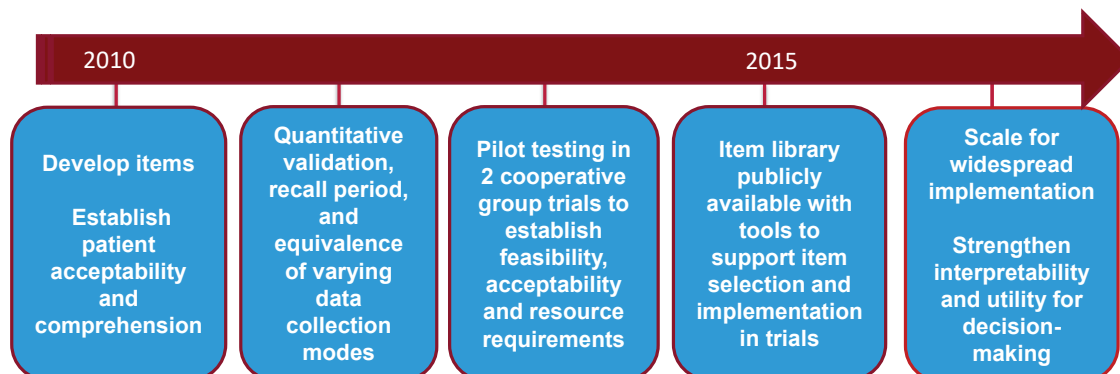
- Recall period is the past 7 days
- Each symptomatic AE is assessed by 1-3 attributes
- Conditional branching logic within PRO-CTCAE items can be implemented when using electronic data capture, thereby reducing respondent burden
- Ped-PRO-CTCAE [Caregiver] employs comparable attributes; phrasing of items for caregiver-reporting replaces “you” with “your child”

PRO-CTCAE™

Development and Measurement Properties

PRO-CTCAE™ Measurement System

- Psychometrically robust library of items
- Accommodate diverse linguistic preferences
- Permit self-reporting by respondents across the developmental spectrum
- Supply meaningful data to improve understanding of symptomatic AEs



PRO-CTCAE™:Content Validity

Objective:

- Develop the items and examine the content validity of the PRO-CTCAE item library

Methods:

- Trialists, clinical experts, PRO methodologists, patient advocates, and representatives from the US Food and Drug Administration identified symptomatic AEs that can be meaningfully self-reported by patients¹
- Three rounds of semi-structured cognitive interviews were conducted to evaluate comprehension, clarity and ease of judgement (N=127)²
- PRO-CTCAE items were iteratively refined between interview rounds

¹Basch et al. (2014). *JNCI.*, 106(9). pii: dju244. doi: 10.1093/jnci/dju244

²Hay et al. (2014). *Quality of Life Research.*, 23(1):257-269. doi: 10.1007/s11136-013-0470-1 15

PRO-CTCAE™:Content Validity

Results:

- 78 symptomatic AEs identified from the more than 800 terms in the CTCAE lexicon; plain-language symptomatic AE terminologies developed¹
- Each symptomatic AE term is assessed using 1 to 3 items¹
- Frequency, severity, interference w/ daily activities, presence/absence, amount
- Cognitive interviewing using structured and open-ended probes (N=127)
 - 63/80 symptom terms generated no cognitive difficulties; 17 modified and re-tested without further comprehension difficulties²

¹Basch et al. (2014). *JNCI.*, 106(9). pii: dju244. doi: 10.1093/jnci/dju244

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PRO-CTCAE™: Validity and Reliability

Objective:

- Evaluate the quantitative measurement properties of PRO-CTCAE, specifically validity, reliability, sensitivity, and mode equivalence¹

Methods:

- 975 patients who had received cancer-directed therapy in the prior two weeks were recruited and completed PRO-CTCAE surveys and EORTC QLQ C30
 - Convergent validity: associations with EORTC QLQ C30 scores
 - Known-groups validity based on disease site, clinical characteristics, and ECOG PS
 - Test-retest reliability: assessed on consecutive days in a subsample
- Sample was diverse with respect to age, disease site, and performance status:
 - 59 years (range 19-91); 82% White; 32% < high school; 35% lung/head and neck; 28% breast; 18% GU/Gyn; 17% PS 2-4

PRO-CTCAE™: Validity and Reliability

Results:

- PRO-CTCAE exhibits favorable validity, reliability, and responsiveness^{1,2}
- Most PRO-CTCAE items (118/124) reached a statistically significant ($p < .05$) and meaningful effect size on one or more a priori validity criteria
- 6 items (rare events with low endorsement) could not be meaningfully validated in this sample
- All PRO-CTCAE items were associated with conceptually-relevant EORTC QLQ-C30 domains
- 96/124 PRO-CTCAE items distinguished subgroups based on performance status, disease site, and/or treatment characteristics

¹Dueck AC et al. (2015). *JAMA Oncology*, 1(8):1051-9. doi: 10.1001/jamaoncol.2015.2639

²Atkinson TM et al. (2018). *J Pain Symptom Manage*, 55(3):e3-e6. doi: 10.1016/j.jpainsymman.2017.10.024 18

PRO-CTCAE™: Validity and Reliability

Results:

- Acceptable test-retest reliability exhibited across subset of items tested (Median ICC 0.77)
- Response choices are well comprehended; each of the ordinal response choices is nonoverlapping and distinguishes respondents with meaningfully different symptom experiences

¹Dueck AC et al. (2015). *JAMA Oncology*, 1(8):1051-9. doi: 10.1001/jamaoncol.2015.2639

²Atkinson TM et al. (2018). *J Pain Symptom Manage.*,55(3):e3-e6.

doi: [10.1016/j.jpainsymman.2017.10.024](https://doi.org/10.1016/j.jpainsymman.2017.10.024) ¹⁹

PRO-CTCAE™: Mode Equivalence

- N=112 patients completed 28 PRO-CTCAE items (14 symptomatic A/Es) by each of the three modes of administration at a single clinic visit
- Average time to complete an item:
 - Web: 11.1 seconds (SD = ±8.4)
 - Interactive Voice Response (IVRS): 16.3 seconds (SD = ±6.3)
 - Paper: 10.3 seconds (SD = ±5.8)

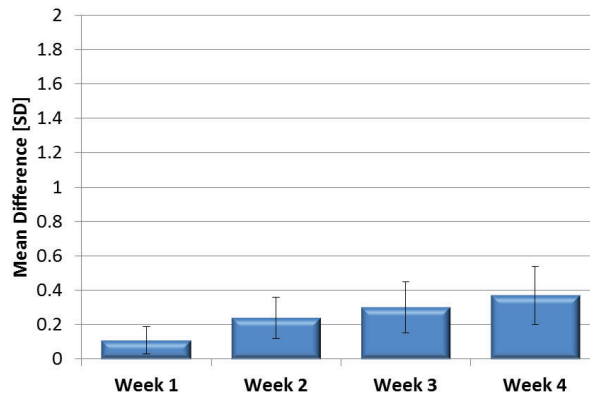
Between modes, item-level mean differences were very small, and the corresponding effect sizes were all less than 0.20

	Median ICC (Range)	Median (range) between-mode item-level mean difference
Web vs IVRS	0.78 (0.56 - 0.90)	-0.04 (-0.16 - 0.22)
Web vs paper	0.81 (0.61 - 0.96)	-0.02 (-0.11 - 0.14)
IVRS vs paper	0.78 (0.59 - 0.91)	0.02 (-0.07 - 0.19)

PRO-CTCAE™: Comparison of Recall Periods

- N=110 patients completed 27 PRO-CTCAE™ items (14 symptomatic A/Es)
 - Comparison of 28 daily ratings to 1-, 2-, 3-, and 4-week recalled ratings
 - Mean difference between the average daily score and recalled score

1-week recall corresponds well to daily reporting. Differences between daily and longer recall periods widen with 2-, 3-, and 4-week recall



PRO-CTCAE™ Development Team

Sandra Mitchell (NCI)	Catherine Coleman	Tony Kerlavage	Dave Rothfarb
Ethan Basch (MSKCC)	Stephanie Consoli	Warren Kibbe	Sean Ryan
Amy Abernethy	Maria Corona	Paul Kluetz	Michael Sanchez
Jeff Abrams	Cori Couture	Reshma Koganti	Daniel Satele
Angela Acevado	Gitana Davila	Virginia Kwitkowski	Martin Schoen
Suneel Allareddy	Amylou Dueck	Pauline Le	Deborah Schrag
Benjamin Arnold	Jana Eisenstein	Suzanne Lechner	Ann Setser
Pamela Atherton	Maria Fawzy	Lauren Lent	Mary Shaw
Thomas Atkinson	Shanda Finnigan	Yuelin Li	Sherri Sheinfeld-Gorin
Melissa Barragán	Steve Friedman	Carol Lowenstein	Marwan Shouery
Natalie Barragán	Joshua Gagne	Donna Malveaux	Laura Sit
Paul Baumgartner	Vinay Gangoli	Mauricio Medina	Jeff Sloan
Lauren Becker	Marcha Gatewood	Michael Mejia	Ashley Wilder Smith
Antonia Bennett	Araceli Garcia-Gonzalez	Tito Mendoza	Diane St. Germain
Nancy Breen	Ann Geiger	Michael Montello	Liora Stark
Deborah Bruner	Cindy Geoghegan	Cuong Nguyen	Ann Marie Trentascosti
Laurie Burke	Venus Ginés	Hannah O'Gorman	Ted Trimble
Kate Castro	Maria Gonzalez	Ann O'Mara	Andy Trotti
David Cella	Mehul Gulati	Diane Paul	Veronica Valenzuela
Sylvia Chou	Gaurav Gupta	John Payne	Andrea Vinard
Ram Chilukuri	Jay Harness	Frank Penedo	Vish Viswanath
Steven Clauser	Jennifer Hay	Barbara Perez	Amy Vito
Charles Cleeland	Madeline Hernandez-Krause	Edgardo Ramirez	Gordon Willis
	Lori Hudson	Katherine Ramsey	Jennifer Wind
	Percy Ivy	Bryce Reeve	
		Lauren Rogak	

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PRO-CTCAE™ in Cancer Clinical Trials: Study Design, Analysis and Interpretation

Study Design Considerations

- PRO-CTCAE is designed to be used in conjunction with CTCAE
 - Provides complimentary information
 - Timing of assessments should be comparable and data reported in parallel
- Item selection and timing of assessment are critical design decisions to reduce risk of bias and maximize interpretability and utility of results
- Study design and analysis plan should consider published guidelines for protocol development and statistical analysis of studies that include a patient-reported outcome^{1,2}

¹Calvert et al. (2018). JAMA. 2018 Feb 6;319(5):483-494. doi: 10.1001/jama.2017.21903.

²Coens et al. (2020). Lancet Oncol. 21(2):e83-e96. doi: 10.1016/S1470-2045(19)30790-9. ²⁴

Study Design Considerations

- Which toxicities to be measured?
 - Based on CTCAE-graded toxicities observed in earlier phase studies of agent, knowledge of drug class, and anticipated on- and off-target effects; qualitative work in the population (if it exists); input from investigators
 - Consistent with CAEPR as presented in the study protocol
 - Same PRO-CTCAE items in both study arms
 - Thoughtful item selection to minimize patient burden
- At what time points of measurement?
 - Baseline, regular intervals during treatment, at treatment discontinuation
 - Toxicity surveillance using CTCAE and PRO-CTCAE™ elements should reflect comparable timeframes

Study Design Considerations

- Planned analysis (descriptive and graphical)
- Inclusion of back-up data collection strategies and real-time monitoring of data quality to limit missing data
- Free-text write-ins for unsolicited symptoms

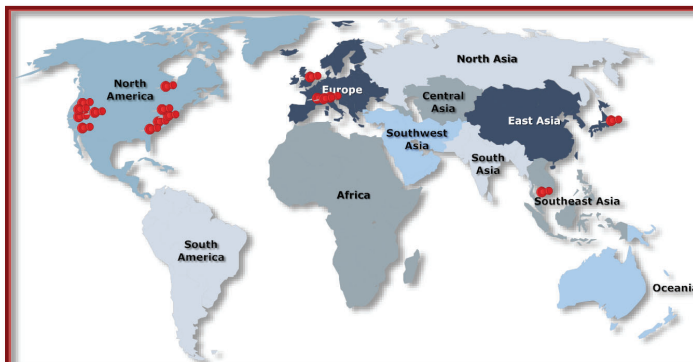
Interpretation and Reporting

- PRO-CTCAE Score \neq Clinician CTCAE Grade
- Up to three patient-reported scores per symptomatic toxicity
- Best way to combine the attributes (frequency, severity, interference) and to interpret the scores has not been established and is under study
- CTCAE Grade 4 does not exist for most of the PRO-CTCAE toxicities
- Descriptive reporting of available attributes is recommended
- Significant additional scientific study focused on validity and interpretability is needed before individual-level PRO-CTCAE scores can be used for clinical and protocol-specific decision-making (e.g. dose adjustments)
- PRO-CTCAE data is not included in FDA clinical site inspections or IND safety reporting, but descriptive findings, and missing data/data quality should be available for review by the DSMB

PRO-CTCAE™ Continued Development and Future Directions

Expanding Adoption and Implementation

- Collaborations with leading national and international organizations to enhance uptake and adoption in clinical trials
 - NCI National Clinical Trials Network (NCTN) and Early Therapeutics Clinical Trials Network (ETCTN)
 - Regulatory: US Food and Drug Administration, NHS in UK, EMA
 - International: Italian NCI, Japanese NCI, Danish Cancer Society, German Society of Hematology and Medical Oncology (DGHO)
- PRO-CTCAE has been linguistically validated in more than 40 languages; 20 additional languages currently in development and validation
- Pediatric module available in English, Italian and Chinese; additional validation studies ongoing



Strengthening Interpretability and Clinical Utility

- Interpretation and clinical utility of PRO-CTCAE still evolving
 - Continued implementation in early phase trials, precision medicine studies and randomized trials
 - Anticipate future novel trial designs incorporating PRO-CTCAE data in real time for dose-finding and tailoring therapy for vulnerable subgroups
- Ongoing work to enhance interpretability and utility of PRO-CTCAE
 - Empirically-derived mapping of PRO-CTCAE item scores into CTCAE grades using a discrete choice methodology to establish IRT metric
 - Adopters in surgical oncology, immuno-oncology, and radiation oncology testing items to expand the item library
 - Additional languages undergoing linguistic validation through a series of CRADAs
 - Evaluate different approaches to patient-investigator grade reconciliation and to analyzing and representing PRO-CTCAE data and strengthening the analysis and interpretation of PRO-CTCAE and CTCAE data jointly, thereby improving our understanding of treatment tolerability

Improving our Understanding of the Tolerability of Cancer Treatments

- PRO reporting of symptomatic adverse events is
 - Crucial to patients, their clinicians, trial sponsors, and regulators
 - Essential to determinations of benefit and harm at the study level
- PRO-CTCAE will ultimately be interpreted within the CTCAE reporting framework
- Ongoing efforts to embed PRO-CTCAE into cancer treatment trials and observational studies will provide
 - Understanding of how reporting could influence dose modifications
 - Evidence-based principles for PRO-CTCAE-related study design and trial workflow
 - Understanding of treatment tolerability as an endpoint that is interpretable and useful for decision-making at both the individual and trial-level



For more information about the PRO-CTCAE™ Measurement System visit:
<https://healthcaredelivery.cancer.gov/pro-ctcae>



Questions?