Characterizing Improvements in Physical Functioning with PROMIS-PF and In-trial Exit Interviews: A Mixed-methods Analysis to Understand the Meaningful Changes Experienced by Patients on Vimseltinib in the MOTION Trial

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Introduction

- Tenosynovial giant cell tumor (TGCT) is a locally aggressive neoplasm of the synovium of joint, bursa, and tendon sheath, and is associated with joint destruction, inflammation, pain, and swelling.¹
- Patients with TGCT experience many impacts on their physical functioning associated with pain, stiffness, and limited range of motion. The impacts on physical functioning vary across individuals and depend on tumor location.
- Although mean change scores on clinical outcome assessments often establish statistically significant changes in clinical trials, it is challenging to characterize improvements using change scores from multi-item measures, such as the Patient-Reported Outcomes Measurement Information System — Physical Functioning (PROMIS-PF).

Objectives

• The objective of this analysis was to characterize the improvements in physical functioning that responding patients treated with vimseltinib experienced in the MOTION trial.

Methods

Study Design

- The MOTION trial was a phase 3, randomized, placebo-controlled, double-blind study of vimseltinib to assess its efficacy and safety in patients with TGCT (MOTION; ClinicalTrials.gov ID: NCT05059262).²
- At trial baseline and their Week 25 visit, patients completed a custom PROMIS-PF form and Patient Global Impression of Change (PGIC) items.
- Cross-sectional, trial embedded exit interviews were conducted within 28 days prior to unblinding. Patients were cognitively debriefed on the PROMIS-PF to evaluate the relevance and comprehension of the measure. Patients also described the changes they experienced in physical functioning during the trial and what changes represented a meaningful change.
- Qualitative and quantitative mixed methods were used to characterize the improvements in physical functioning among patients on vimseltinib who met/exceeded the meaningful change threshold (\geq 3 points) on PROMIS-PF (n=36).

Measure

- The PROMIS-PF includes 15 items from the PROMIS-PF item bank assessing physical functioning, with specific items for tumors located in the upper-extremity (11 items) and lower-extremity (13 items) (**Figure 1**).³
- The PROMIS-PF Total Score was calculated using item-response theory (IRT) so that all patients had scores, measured as T-scores with a mean of 50 and SD of 10 on the same latent physical functioning trait. Higher scores indicate better physical functioning.
- PROMIS-PF has demonstrated content validity and psychometric properties in patients with TGCT.^{4,5}

Figure 1. Items on PROMIS-Physical Functioning Upper and Lower **Extremity Forms**

UPPER EXTREMITY

- Are you able to go for a walk of at least 15
- minutes?
- Are you able to dress yourself, including tying shoelaces and buttoning up your clothes?
- Does your health now limit you in going OUTSIDE the home, for example to shop or visit
- a doctor's office? Does your health now limit you in doing heavy work around the house like scrubbing floors, or
- lifting or moving heavy furniture? Are you able to push open a heavy door?
- Are you able to lift 10 pounds (5 kg) above your shoulder? Are you able to carry a heavy object (over 10
- pounds/5 kg)? Does your health now limit you in doing moderate work around the house like vacuuming, sweeping floors or carrying in
- groceries? Does your health now limit you in lifting or
- carrying groceries? 10. Are you able to carry a laundry basket up a
- flight of stairs? 11. Are you able to exercise for an hour?

- LOWER EXTREMITY
- Are you able to go for a walk of at least 15
- minutes? Are you able to dress yourself, including tying
- shoelaces and buttoning up your clothes? Does your health now limit you in going
- OUTSIDE the home, for example to shop or visit a doctor's office?
- Does your health now limit you in doing heavy work around the house like scrubbing floors, or lifting or moving heavy furniture?
- Are you able to push open a heavy door? Are you able to carry a heavy object (over 10
- pounds/5 ka)? Does your health now limit you in doing moderate work around the house like vacuuming, sweeping floors or carrying in groceries?
- Does your health now limit you in lifting or
- carrying groceries? Are you able to go up and down stairs at a
- normal pace? 10. Are you able to carry a laundry basket up a
- flight of stairs? 11. Are you able to stand for one hour?
- 12. Does your health now limit you in bending, kneeling, or stooping?
- 13. Are you able to exercise for an hour?

PHYSICAL FUNCTIONING

References

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Methods (cont.)

Analysis

- Audio transcripts were coded and analyzed using ATLAS.ti version 22.0.
- Individual item response patterns for all responding patients were calculated. In addition, the mean item change score and standard error for each item, the proportion of responders improving on each item, and the proportion of responders improving on each item over placebo were calculated. The number and percentage of items that improved was calculated for each patient, and their overall PROMIS-PF Baseline, Week 25, and change scores are presented

Results

- A total of 36 out of 83 patients (43%) in the vimseltinib treatment group were PROMIS-PF responders (change of \geq 3 points on PROMIS-PF Total Score at Week 25) (Figure 2). On average, these patients improved on every PROMIS-PF item and had more than a 1 category improvement in 12 of the 15 items (item change range: 0.7–2.3) (Figure 3). Between 47% and 100% of the patients improved on each PROMIS-PF item (Figure 2).
- A total of 29 of the 36 PROMIS-PF responders completed exit interviews at Week 25 of the trial and provided qualitative information on their experience with changes in physical functioning.
- getting out of the house (i.e., driving, using buses, going to specific events, work) and many other activities (Figure 4). The most useful qualitative data came from responses to a question simply asking participants to describe the changes they experienced in their physical functioning in the trial, rather than questions that asked them to describe what would constitute a meaningful change.

Figure 2. Individual Item Responses on PROMIS-Physical Functioning Items for All 36 Vimseltinib PROMIS-Physical Function Responders

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Abbreviations: PF = Physical Functioning; PROMIS-PF = Patient-Reported Outcomes Measurement Information System Physical Functioning; PT = patient; Tx = treatment. Response options for PROMIS-PF items: a Without any difficulty, with a little difficulty, with some difficulty, with much difficulty, unable to do; bNot at all, very little, somewhat, quite a lot, cannot do; PROMIS-PF Total Scores are T-scores with a mean of 50 and standard deviation of 10; Higher scores on PROMIS-PF indicate better physical functioning.

Limitations

- Not all patients who were PROMIS-PF responders were interviewed.
- As patients completed the PROMIS-PF measure throughout the clinical trial, the examples they provided during the interviews may have been more closely related to aspects of physical functioning covered by the PROMIS-PF items familiar to them; they may have been less likely to identify other physical functioning concepts.

Conclusions

- Many patients with TGCT on vimseltinib experienced clinically meaningful changes across a broad array of physical functioning items. physicians and patients.
- **PROMIS-PF**.
- The method presented here is applicable across disease areas.
- It provides clinically useful and easily digestible information for physicians and patients considering treatment.

Disclosures

KC, TF, YH, and HLG are employees of PPD[™] Evidera[™] Patient-Centered Research, Thermo Fisher Scientific, who received funding from Deciphera Pharmaceuticals to conduct this study and provide analysis.

The heat map of responses provides information, by tumor location, on what aspects of physical functioning changed, and by how much, for each patient (Figure 2).

During the exit interviews, many of the patients reported specifically on improvements in walking, climbing stairs, exercising, completing chores and housework, squatting, kneeling,

• Through the approach presented here, the nature and extent of these individual and average patient improvements can now be more clearly communicated with

• It is often challenging to characterize the specific improvements contributing to total scores that patients have experienced using multi-item measures such as the

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tumor location





