# **Design of a Patient-Informed Chronic Kidney Disease (CKD) Experience Interview Guide:** Learnings From DISCOVER CKD



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# **Background and objectives**

- Patients with CKD have a high symptom burden and reduced health-related quality of life (HRQoL), even in the early stages of disease<sup>1,2</sup>
- Real-world data from patients with CKD, particularly regarding clinical management, treatment patterns and HRQoL in the context of new therapies and updated standard of care guidelines, are limited<sup>3</sup>
- DISCOVER CKD (ClinicalTrials.gov identifier: NCT04034992) is a multinational, observational study to characterise the epidemiology of CKD and describe clinical outcomes, including disease progression, pharmacological interventions and important clinical events across the patient journey
- From the prospective cohort of DISCOVER CKD, ~100 telephone-based interviews were conducted with patients from Japan, the US, the UK and Spain to understand more about the patient CKD experience, including symptoms, disease impact and care. A Discussion Guide was developed by a multidisciplinary team of patient-centred science experts, and

medical and life sciences professionals to guide patient interviews

• The aim of this analysis was to obtain patient feedback about the Discussion Guide to evaluate whether the language and questions asked during the interviews are appropriate and presented in a manner that will help generate important insight about patient experiences of CKD

of in	<ul> <li>Methods</li> <li>The Discussion Guide was reviewed by patient advocates who commented on clarity, order and relevance of individual sections/questions, and made recommended modifications         <ul> <li>Patient advocates were identified from a patient council pool available via the AstraZeneca Patient Partnership Program</li> </ul> </li> </ul>							<ul> <li>Results</li> <li>Five patient advocates with a primary diagnosis of CKD reviewed the Discussion Guide (Table 1); the median time reviewing the Discussion Guide was ~2.5 hours (Figure 1)</li> </ul>				
	Table 1. Patient advocate profiles						Figure 1. Participation metrics by patient advocates					
Sex	Cou	intry	Age range, years	Ethnicity	CKD stage	Years since CKD diagnosis			Female		Male	
F		UK	55–60	Black	3B	20	Login count <sup>+</sup>	18	7	8	6	17
F		US	65–70	White	5	13	Time spent in session				( )	
М	* *	Australia	20–25	Asian	4	9		2 hours	3 hours	1 hours	1 hours	9 hours
М		UK	51–60	Black	5	7		28 minutes	58 minutes	21 minutes	<b>19</b> minutes	<b>19</b> minutes
F		UK	55–60	African	3A	18		51	47	20	43	56
CKD, chroni	c kidney diseas	se; F, female; N	I, male.				<sup>†</sup> Login count is defined by how were inactive. <sup>‡</sup> Total response i	•				

# **Discussion Guide overall feedback**

- Most respondents (n=3) were unsure if there are too many questions to cover within 60–90 minutes
- According to all respondents, the most important sections of the Discussion Guide are:
- Section B: "Diagnosis and Disease Progression"; Section C: "Disease Journey and Treatments"; Section D: "Current Experience with CKD", including symptoms/impact
- Of the respondents who replied (n=4), none felt that there are any missing topics that should be considered for the interviews
- Respondents generally found the Discussion Guide to be well designed (**Table 2**)
  - There were recommendations for reordering, removing, adding and rewording questions for clarity/ simplicity, as well as ensuring provision for comfort breaks during interviews, and avoiding question repetition

# Table 2. Patient advocate feedback on each section of the Discussion Guide

Section A: Introduction	Section B: Diagnosis and	Section C: Disease Journey	Section D: Current Experience	
Questions to Patients	Disease Progression	and Treatments	with CKD	
Yes (n=3);	Yes	Yes	Yes	
Unsure (n=1)	(n=3)	(n=3)	(n=3)	
No (n=2); Yes (n=1); No		No (n=2);	No	
Unsure (n=1) (n=3)		Yes (n=1)	(n=3)	
No	No	No (n=2);	No (n=2); Unsure (n=1)	
(n=4)	(n=3)	Unsure (n=1)		
Unsure (n=1); No (n=1);	Unsure (n=1); No (n=1);	Unsure (n=1); No (n=1);	No (n=3)	
Yes (n=1)	Yes (n=1)	Yes (n=1)		
	Questions to PatientsYes (n=3); Unsure (n=1)No (n=2); Yes (n=1); Unsure (n=1)No (n=2); Yes (n=1); Unsure (n=1)No (n=4) Unsure (n=1); No (n=1);	Questions to PatientsDisease ProgressionYes (n=3); Unsure (n=1)Yes (n=3)No (n=2); Yes (n=1); Unsure (n=1)No (n=3)No (n=4)No (n=3)Unsure (n=1); No (n=1);Unsure (n=1); No (n=1);	Questions to PatientsDisease Progressionand TreatmentsYes (n=3); Unsure (n=1)Yes (n=3)Yes (n=3)No (n=2); Yes (n=1); Unsure (n=1)No (n=3)No (n=2); Yes (n=1)No (n=4)No (n=3)No (n=2); Yes (n=1)Unsure (n=1); No (n=1);Unsure (n=1); No (n=1);Unsure (n=1); No (n=1);	

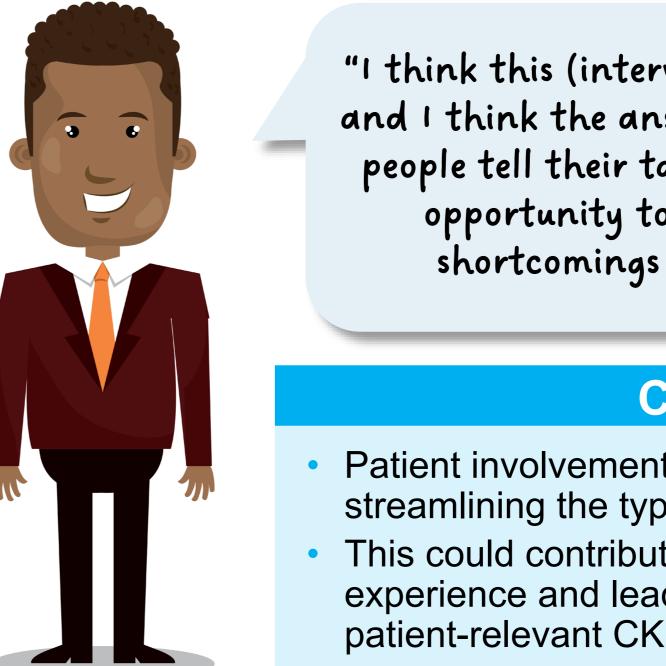
# Key interview conduct recommendations

- Include provision for comfort breaks, as needed, during the interview
- Do not ask a question to which a patient already provided the answer as part of an earlier response

### **Actionable recommendations**

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"I think this (interview guide) is pretty comprehensive and I think the answers will be very frightening when people tell their tales of the CKD journey. I like the opportunity to have a real discussion on the shortcomings of diagnosis and treatment"

- Develop a CKD information leaflet or website for patients
  - Include information on different stages of disease
- $\checkmark$ Run educational sessions for patients to increase disease awareness
  - Include the importance of timely diagnosis and treatment
- $\checkmark$ Discuss with physicians the importance of explaining different stages of CKD to the patient
- Conduct sessions with general practitioners to support timely referral to a nephrologist of patients showing CKD symptoms
- $\checkmark$ Comfort breaks should be provided as needed during the interview
- Instruct interviewer to avoid repeating questions if the interviewee has already responded on that topic

# Conclusions

- Patient involvement improved the Discussion Guide by streamlining the type and nature of questions included
- This could contribute to a better patient interview experience and lead to generation of more patient-relevant CKD insights

## References

1. Brown SA et al. Clin Kidney J. 2017;10:788–796. 2. Cruz MC et al. Clinics. 2011;66:991-995. 3. Pecoits-Filho R et al. Clin Kidney J. 2021;14:1570–1578. Cartoon image by Studiogstock on Freepik.

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