INTRODUCTION

Platysma Prominence (PP)
- PP refers to blunting of the jawline with the presence of vertical bands along the length of the neck (Figure 1)
- PP can be more apparent with age and can affect an individual’s self-confidence, choice of clothing, and social life
- PP can be treated with surgical procedures, devices, off-label prescription drugs, nonprescription topical treatments, or other interventions (eg, facial yoga)
- Assessing treatment benefit from the patient perspective is important for understanding comprehensive treatment benefit

METHODS

Patient-Reported Outcomes (PROs) Adaption/Generation

Mixed Concept Elicitation
- Concept elicitation interviews were conducted in the United States with participants to develop new PROs (Figure 2, Round 1)
  - The Participant Allergan Platysma Prominence Scale (P-APPS) was adapted from the Clinician Allergan Platysma Prominence Scale (C-APPS)
  - Appearance of Neck and Lower Face Questionnaires (ANLFQs) and Bother Assessment Scale-Platysma Prominence (BAS-PP) were also developed

Cognitive Debriefing
- Interviews were conducted to debrief draft PROs (ANLFQs and P-APPS) to determine if they were understood by participants and confirm content overlap in a new sample of participants with PP (Figure 2, Round 2)
- BAS-PP relevance and interpretability were assessed (Figure 2, Round 3)

Psychometric Evaluation
- The validity and reliability properties of the PROs were evaluated using data from a phase 2 clinical trial of patients with moderate to severe PP

RESULTS

Developed PRO Measures for PP
- P-APPS: a 2-item participant version of the C-APPS, which measures PP severity on the day of rating
  - BAS-PP: 2 items assessing how bothered participant is by their vertical neck bands and jawline
    - ANLFQ Impacts: 11 items evaluating psychosocial impacts of PP
    - ANLFQ Satisfaction: Baseline: 7 items assessing treatment expectations and baseline satisfaction with appearance of PP
    - ANLFQ Satisfaction: Follow-up: 11 items evaluating satisfaction with appearance of PP after treatment

Concept Elicitation and Item Development
- Analyses of 30 people participated in qualitative interviews (Figure 2, Round 1)
  - Treatment naive with at least moderate, severe, or extreme PP who were bothered by their PP (n=20)
  - Previously received treatment for PP (n=10)
  - Participants interpreted the draft version of the C-APPS as intended and noted that labels and descriptions were clear
  - Instances of misinterpretation were used as insight for drafting the P-APPS

Results of Satisfaction were met for psychosocial impacts and concepts related to satisfaction
- “Bands” or some variation (eg, cords, ridges, lines) were the most common terms used to describe PP among treatment-naive participants (n=20) (Figure 3)
- Of 28 total unique psychosocial impacts reported, 9 were reported by 25% of treatment-naive and treated participants, with “looking older” being the highest at 66.7% (n=20), “feeling less attractive” (n=20, 66.7%) most reported

Cognitive Debriefing
- Participants found the P-APPS and ANLFQ to be interpretable and relevant; however, 4 ANLFQ impact items were removed due to interpretation and relevance issues
- The interpretability and relevance of the BAS-PP was confirmed through interviews with 5 treatment-naive participants (Figure 2, Round 3)

Psychometric Evaluation
- Overall, results suggest the PROs are reliable and valid in a PP population (Table 1)

CONCLUSIONS

All PROs exhibited acceptable content and psychometric validity

These PROs may be used to assess the burden and severity of PP from patients’ perspectives and subsequently guide physician-patient decision-making for optimal treatment

For additional information or to obtain a PDF of this poster, visit: www.abbvie.com/medinfo

Figure 1. Vertical Bands of Platysma Prominence

Figure 2. Qualitative PRO Development Process

Figure 3. Patients’ Language to Describe Psychosocial Impacts

Figure 4. Patients’ Language to Describe Psychosocial Impacts

Table 1. Summary of PRO Psychometric Properties

<table>
<thead>
<tr>
<th>PRO Measure</th>
<th>Response Distribution</th>
<th>Test-Retest Reliability</th>
<th>Convergent Validity</th>
<th>Known Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAS-PP</td>
<td>Met criteria</td>
<td>Acceptable criteria at baseline</td>
<td>Met criteria at days 14 and 30</td>
<td>N/A</td>
</tr>
<tr>
<td>ANLFQ Satisfaction</td>
<td>Met criteria</td>
<td>Met criteria</td>
<td>Met criteria</td>
<td>Met criteria</td>
</tr>
<tr>
<td>ANLFQ Impacts</td>
<td>Met criteria</td>
<td>Met criteria</td>
<td>Met criteria</td>
<td>Met criteria</td>
</tr>
<tr>
<td>Acceptable impact</td>
<td>Met criteria</td>
<td>Met criteria</td>
<td>Met criteria</td>
<td>Met criteria</td>
</tr>
</tbody>
</table>

PP and was range restricted to severe PP and was range restricted to moderate and severe.

All PROs exhibited acceptable content and psychometric validity.

These PROs may be used to assess the burden and severity of PP from patients’ perspectives and subsequently guide physician-patient decision-making for optimal treatment.