Improving the Interpretability of Ordinal Endpoints in NMAs

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Introduction

- PASI is a continuous endpoint used in psoriasis trials that is typically reported as number of patients reaching 50/75/90/100% improvement.
- In NMAs, PASI is usually analyzed as an ordinal outcome leveraging the parallel lines or proportional odds assumption.¹
- While clinicians are familiar with % improvement thresholds, they may be more interested in summaries that not typically reported in trials:
 - The full distribution of PASI % change, mean PASI % change, or median PASI % change.
- We provide proof-of-concept for a unified framework that allows estimation of clinically relevant estimates using any PASI NMA.

Objective

Provide a framework for generating clinically relevant summaries from NMA estimates of PASI threshold.

Reference

Armstrong, April W., et al. "Comparison of biologics and oral treatments for plaque psoriasis: a meta-analysis." JAMA dermatology 156.3 (2020): 258-269.

Methods

- We use simulated data to create a distribution of PASI % change that is modeled with a flexible semi-parametric proportional odds model. This is used to represent individual participant data commonly available to sponsors.
- We combine this baseline model with odds ratios output

Results

- differences when assessing differences in mean and median % PASI achievement.
- Plots of exceedance probabilities allow exploration of the for clinical decision-making.

Treatment	Mean % PASI Change	Median % PASI Change	PASI 75	PASI 90	PASI 100
Control	47.5	46	20.6%	5.2%	1%
Active 1	91.0	93	92.2%	70.4%	30.6%
Active 2	96	100	99.0%	88.7%	56.7%

Disclosures

T. Disher is an employee of EVERSANA[®]

Funding

This study was supported by EVERSANA®

from a proportional odds ITC of PASI 75/90/100 to allow for the generation of the full PASI % change distribution in the population described by the individual participant data.

Large differences in odds ratios and achievement of PASI 100 between treatments may translate into more modest

complete distribution of response which may be relevant



- scale.
- example.

MSR23

Modeled exceedence probabilities

Conclusions

Combining proportional odds NMAs with a baseline model from available IPD allows for comparison of therapies on versions of PASI which are not commonly reported.

If combined with a model on absolute PASI, this could be further extended to allow treatment effects from percent change in PASI to be translated to the absolute effect

Potential deviation from the proportional odds assumption could be explored with linear and spline terms, which can easily be incorporated in a subsequent NMA.

Future work should assess this approach in an empirical

