

Patient-Reported Outcomes in Non-Small Cell Lung Cancer: Psychometric Evaluation of the PROMIS PF-SF 8c and NSCLC-SAQ in Two Phase 3 Clinical Trials

Carrie R. Houts^a, Andrea Savord^a, Molly J. Gardner^{a,b}, Maria Mattera^c, John Devin Peipert^d, Trishala Agrawal^e, Mahadi Baig^e, Praveen Barala^f, Joshua Baum^g, Brooke Diorio^h, Angela Girvin^e, Jan Sermon^h, Sujay Shah^f, Monica Withelderⁱ, Honeylet Wortman-Vaynⁱ, & Julia Schuchard^{e*}

OBJECTIVE

- Evaluate **reliability**, **validity**, and **meaningful change thresholds** of two patient-reported outcome (PRO) measures in non-small cell lung cancer (NSCLC):
 - Patient-Reported Outcomes Measurement Information System (PROMIS®) Physical Function (PF) short form (SF) 8c (Rose et al., 2008)
 - Non-Small Cell Lung Cancer Symptom Assessment Questionnaire (NSCLC-SAQ; McCarrier et al., 2016; Bushnell et al., 2021)

METHODS

Data Sources

- Data from the PAPILLON trial (NCT04538664) were used for the PROMIS PF-SF 8c analyses
 - Included participants with epidermal growth factor receptor (EGFR) Exon 20 insertion mutated NSCLC
- Data from the MARIPOSA-2 trial (NCT04487080) were used for the NSCLC-SAQ analyses
 - Included participants with EGFR exon19del or exon18 L858R mutated locally advanced or metastatic NSCLC

Reference and Anchor Measures

- European Organization for Research and Treatment of Cancer-Quality of Life Questionnaire-Core 30 items (EORTC-QLQ-C30; Aaronson et al., 1993)
- Eastern Cooperative Oncology Group Performance Status (ECOG; Oken et al., 1982)
- EQ-5D-5L (Herdman et al., 2011): anchor for PROMIS PF-SF 8c
- Patient global impression of severity (PGIS) and patient global impression of change (PGIC) items: anchors for NSCLC-SAQ

Analyses

- Expected relationships between the target PRO measures and relevant study variables were prespecified
- Internal consistency reliability was assessed via Cronbach's alpha
- Validity evidence was generated via
 - Cross-sectional correlations between the target measures and reference variables (**convergent and discriminant validity** evidence)
 - Analysis of variance of target PRO scores by clinically meaningful groups (**known groups validity** evidence)
 - Correlations of target PRO change scores with reference variable change scores (**ability to detect change**)
- Meaningful change thresholds** were estimated using anchor-based and distribution-based analyses

^aVector Psychometric Group, LLC, Chapel Hill, NC ^bArizona State University Department of Psychology, Tempe, AZ ^cPatient-Reported Outcome Consortium, Critical Path Institute (C-Path), Tucson, AZ ^dFeinberg School of Medicine, Northwestern University, Evanston, IL ^eJanssen Global Services, LLC, Horsham, PA ^fJanssen Research and Development, LLC, Spring House, PA ^gJanssen Research and Development, Titusville, NJ ^hJanssen Pharmaceutica NV, Beerse, Belgium ⁱJanssen Research and Development, LLC, Malvern, PA ^jJanssen Global Services, LLC, Raritan, NJ ^{*}Corresponding author

RESULTS

- Internal consistency was sufficiently high
 - PROMIS PF-SF 8c alpha = 0.89
 - NSCLC-SAQ alpha = 0.77
- Convergent and discriminant correlations conformed to *a priori* expectations with reference variables
- Known groups validity evidence showed significant differences across clinically meaningful groups
- Correlations between change in PROMIS PF-SF 8c scores and change in reference variables conformed to *a priori* expectations (Table 2)
- Anchor-based methods established meaningful worsening thresholds
 - PROMIS PF-SF 8c: decrease of 6 – 7 points
 - NSCLC-SAQ: increase of 2.5 points

TABLE 1: Demographic and descriptive statistics of analysis sets

Variable	MARIPOSA-2 NSCLC-SAQ (N = 615)	PAPILLON PROMIS PF-SF 8c (N = 300)
Age (years)		
Mean (SD)	60.75 (10.3)	59.7 (12.0)
Median	62	62
Q1, Q3	54, 68	53,68
Min, max	23, 84	27,92
Age group (years)		
<65 years	379 (61.6%)	184 (61.3%)
≥65 years	236 (38.4%)	116 (38.7%)
Sex		
Female	383 (62.3%)	173 (57.7%)
Male	232 (37.7%)	127 (42.3%)
Race		
American Indian or Alaska Native	4 (0.7%)	3 (1.0%)
Asian	303 (49.3%)	185 (61.7%)
Black or African-American	7 (1.1%)	2 (0.7%)
White	286 (46.5%)	120 (34.0%)
Multiple	2 (0.3%)	1 (0.3%)
Not Reported	9 (1.5%)	5 (1.7%)
Unknown	4 (0.7%)	2 (0.7%)
Ethnicity		
Hispanic or Latino	53 (8.6%)	20 (6.7%)
Not Hispanic or Latino	547 (88.9%)	277 (92.3%)
Not Reported	7 (1.1%)	2 (0.7%)
Unknown	8 (1.3%)	1 (0.3%)

FIGURE 1: ePDF & eCDF of PROMIS PF-SF 8c change scores by change in EQ-5D-5L usual activities item from baseline

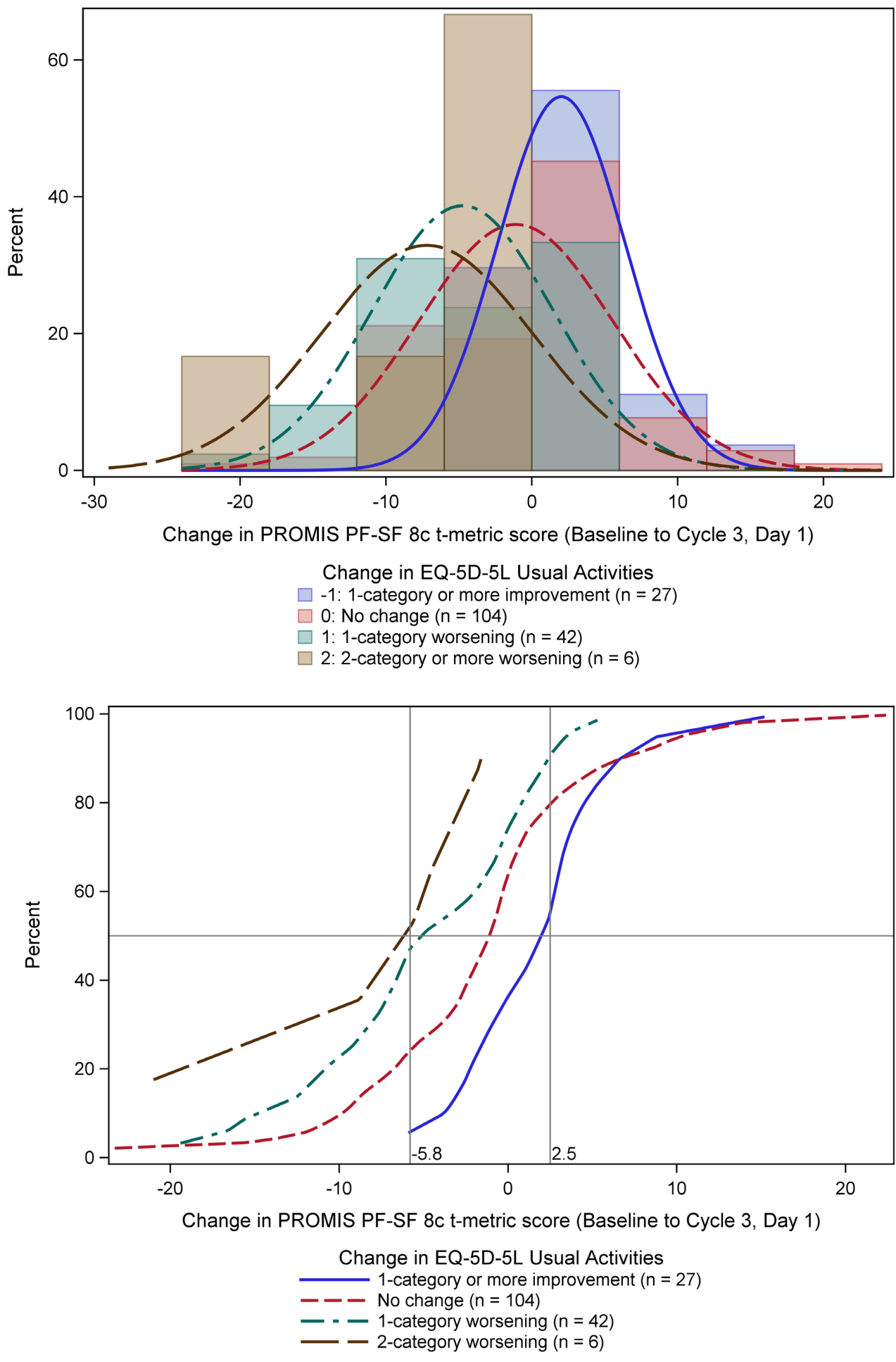


FIGURE 2: ePDF & eCDF of NSCLC-SAQ change scores by change in PGIS from baseline

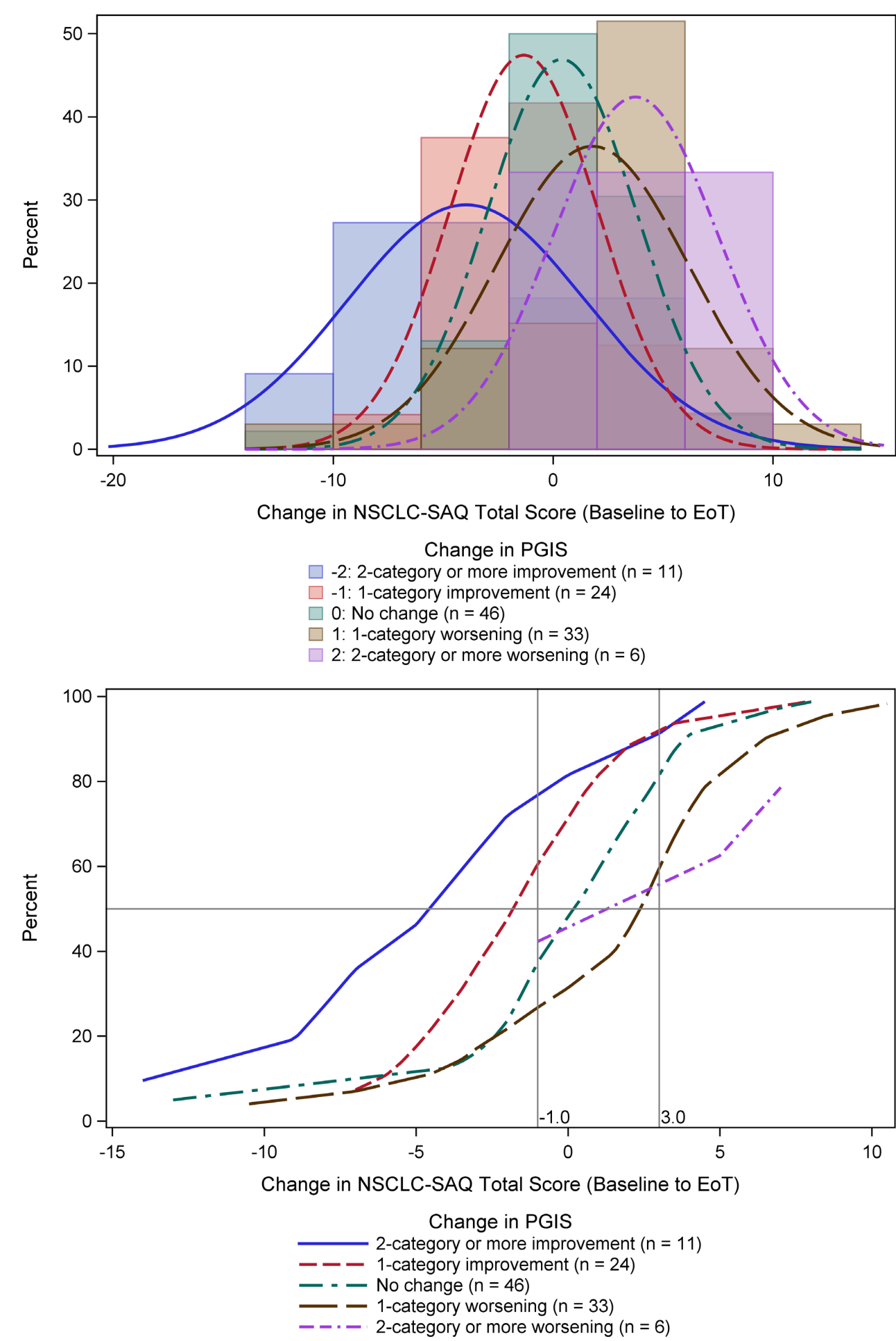


TABLE 2: Change score correlations among PROMIS PF-SF 8c, NSCLC-SAQ, and reference variables

Reference Variable	PROMIS PF-SF 8c <i>Positive change scores = Better outcome</i>				NSCLC-SAQ <i>Negative change scores = Better outcome</i>			
	Change 1 (Cycle 3 Day 1 - Baseline)		Change 2 (EoT - Baseline)		Change1 (Cycle 3 Day 1 - Baseline)		Change2 (EoT - Baseline)	
	N	r	N	r	N	r	N	r
EORTC-QLQ-C30								
Physical Function	274	0.50 ***	134	0.73 ***	500	-0.48 ***	214	-0.47 ***
Role Function	274	0.42 ***	134	0.66 ***	500	-0.39 ***	215	-0.59 ***
Emotional Function	274	0.25 ***	134	0.38 ***	499	-0.42 ***	216	-0.46 ***
Global	274	0.32 ***	134	0.50 ***	499	-0.55 ***	216	-0.59 ***
Fatigue	274	-0.37 ***	134	-0.54 ***	500	0.58 ***	216	0.72 ***
Pain	274	-0.25 ***	134	-0.45 ***	500	0.53 ***	216	0.54 ***
Dyspnea	274	-0.19 **	134	-0.25 **	500	0.48 ***	216	0.65 ***
Appetite loss	274	-0.20 ***	134	-0.29 ***	499	0.57 ***	216	0.64 ***
Diarrhea	273	-0.03	134	-0.20 *	499	0.08	216	0.11
Financial difficulties	274	-0.15 *	134	-0.27 **	499	0.25 ***	215	0.30 ***
EQ-5D-5L VAS	273	0.28 ***	133	0.48 ***	483	-0.45 ***	210	-0.39 ***

Notes. EORTC-QLQ-C30 = European Organization for Research and Treatment of Cancer-Quality of Life Questionnaire-Core 30 items. EQ-5D-5L VAS = EuroQOL-5 Dimensions-5 Levels Visual Analog Scale.
*p<.05, **p<.01, ***p<.001

KEY TAKEAWAY



PROMIS PF-SF 8c and NSCLC-SAQ are reliable and valid measures of physical function and NSCLC symptom severity, respectively, for people living with NSCLC.

CONCLUSIONS



Results from this study support the validity of these instruments in NSCLC and aid the interpretation of clinically meaningful change in scores over time.



Estimated thresholds for meaningful worsening were a decrease of 6 to 7 points on PROMIS PF and an increase of 2.5 points on NSCLC-SAQ Total Score.

REFERENCES

Aaronson, N.K., Ahmedzai, S., Bergman, B., Bullinger, M., Cull, A., Duez, N.J., Filiberti, A., Fletcher, H., Fleishman, S.B., de Haes, J.C.J.M., Kaasa, S., Klee, M., Osoba, D., Razavi, D., Rofo, P.B., Scaub, S., Sneeuw, K., Sullivan, M., & Takeda, F. (1993). The European Organization for Research and Treatment of Cancer QLQ-C30: A quality-of-life instrument for use in international clinical trials in oncology. *Journal of the National Cancer Institute*, 85(5), 365-376.

Bushnell, D.M., Atkinson, T.M., McCarrier, K.P., Lipea, A.M., DeBusk, K.P., Coons, S.J. (2021). Non-small Cell Lung Cancer Symptom Assessment Questionnaire: Psychometric performance and regulatory qualification of a novel patient-reported symptom measure. *Current Therapeutic Research*, 95, <https://doi.org/10.1016/j.curtheres.2021.100642>.

Herdman, M., Gudex, C., Lloyd, A., Janssen, M., Kind, P., Parkin, D., Bonnel, G., & Badia, X. (2011). Development and preliminary testing of the new five-level version of EQ-5D (EQ-5D-5L). *Quality of life research: an international journal of quality of life aspects of treatment, care and rehabilitation*, 20(10), 1727–1736. <https://doi.org/10.1007/s1136-011-9903-x>.

McCarrier, K.P., Atkinson, T.M., DeBusk, K.P.A., Liepa, A.M., Scanlon, M., Coons, S.J. (2016). Qualitative development and content validity of the Non-small Cell Lung Cancer Symptom Assessment Questionnaire (NSCLC-SAQ), a patient-reported outcome instrument. *Clinical Therapeutics*, 38(4), 794 – 810.

Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., & Carbone, P.P. (1982). Toxicity and response criteria of the Eastern Cooperative Oncology Group. *American Journal of Clinical Oncology*, 5(6), 649-655.

ACKNOWLEDGMENTS

This study was supported by Vector Psychometric Group, LLC and funded by Janssen Global Services, LLC, a Johnson and Johnson company.

DISCLOSURES

C.R. Houts, A. Savord, and M.J. Gardner are employees of Vector Psychometric Group, LLC, which received funds from Janssen Global Services, LLC to conduct the research detailed in the manuscript. Maria Mattera is an employee of the nonprofit, Critical Path Institute, which holds the copyright for the *Non-Small Cell Lung Cancer Symptom Assessment Questionnaire (NSCLC-SAQ)*. T. Agrawal, M. Baig, P. Barala, J. Baum, B. Diorio, A. Girvin, T. Li, J. Sermon, S. Shah, M. Withelder, H. Wortman-Vayn, and J. Schuchard are employees of Johnson and Johnson companies and may hold stock or other ownership interests.

