Patient-reported outcomes take center stage

FDA combining PROs, clinical outcomes in its approval decisions

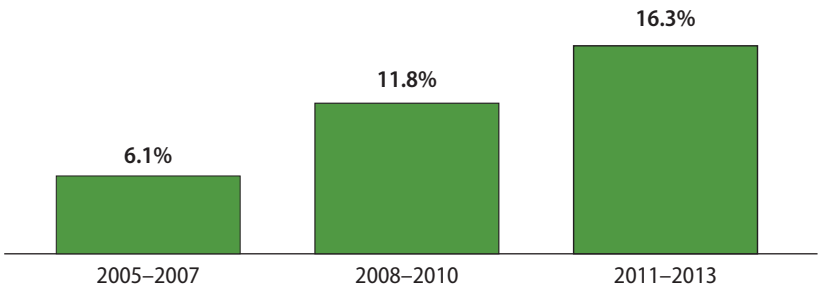
A growing number of clinical trials now are going beyond conventional randomized control measurements to collect self-reported outcomes from patients—focusing on improving patients' involvement by including their perspectives throughout the drug development process.

But while interest in developing and applying patient-reported outcomes (PROs) across the drug development and post-market spectrum is growing—among sponsors, clinicians, payers, regulators and patients—progress has been slow.

The use of PRO measures in clinical trials is growing—an analysis of sponsor-funded interventional studies listed on CenterWatch's Clinical Trials Listing Service found between 2005 and 2007, only 6.1% of total study procedures involved some type of subjective outcome assessment. That grew to 11.8% in the 2008 to 2010 time frame and, most recently, between 2011 and 2013 increased to 16.3% of total study procedures. PROs can capture a range of information, from symptom changes and level of functioning, to health-related qualify of life and treatment satisfaction and adherence.Although their value is widely recognized, PRO use often is inconsistent and underutilized in understanding how patients feel in relation to their diseases, such as cancer, cardiovascular disease and diabetes.

The FDA does not require sponsors to consider PROs in clinical trials and, until recently, did not do much to encourage their use. However, signs point to that sentiment changing in certain drug review divisions.

Incidence of subjective outcome assessments in clinical trials
Percent of total procedures per study



Source: CenterWatch analysis of sponsor-funded interventional studies listed on its Clinical Trial Listing Service

"We understand that people with chronic diseases are experts in that disease, as far as the symptoms and the impact on quality of life, and what might be acceptable trade-offs on risk and uncertainty," Janet Woodcock, M.D., director of the FDA's Center for Drug Evaluation & Research (CDER), said in her keynote address at the RPM Report's annual FDA/CMS Summit for Biopharmaceutical Executives last December.

The challenge for the FDA, she added, is incorporating that knowledge in a way that accurately informs regulatory decisions.

"How can we meaningfully collect that knowledge in a rigorous manner, given there's a spectrum of opinions and a spectrum of disease burden in any given disease?" she asked.

PRO measurements often are used to evaluate products that treat chronic, disabling conditions, for which the goal of treatment is focused on alleviating the frequency, severity or duration of disease symptoms. They generally are used as primary endpoints in clinical trials in indications such as migraines and irritable bowel syndrome, in which specific symptoms play a major role in treatment. PROs also are important in the final product labeling manufacturers are allowed to use to promote their products, and to clinicians seeking information to support their prescribing choices. Now, trials for psychiatric and age-related illnesses, among others, are including PROs as part of the protocol design.

PROs v. clinical outcomes

But the increased reliance on PROs has not come without concerns.

One is whether subjective report-