



Patient-reported outcomes and preferences: A case study in Prader-Willi Syndrome

Norah L Crossnohere, MHS, PhD

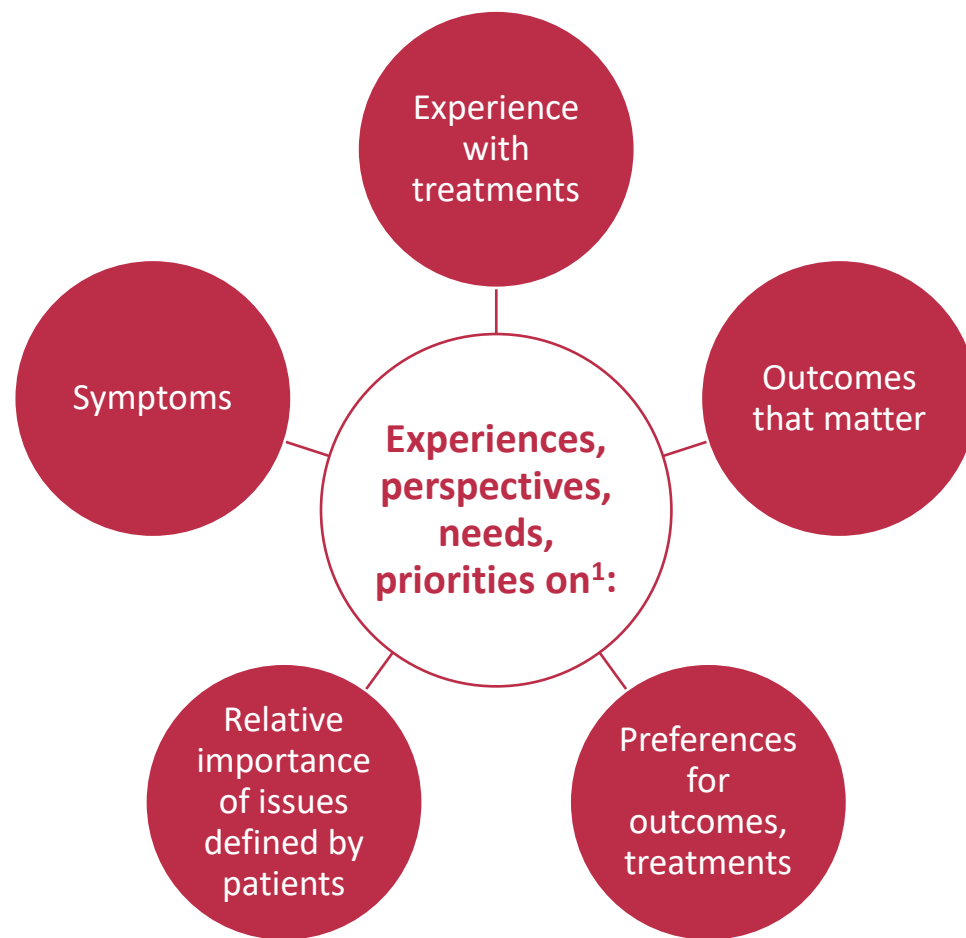
Assistant Professor
Division of General Internal Medicine



Patient experience data

Having data on patient experience information improves patient-centered outcomes in many medical contexts

- **Regulation:** patient-centered benefit-risk assessment informs how regulators consider new products²
- **Clinical care:** routine collection of symptoms has been demonstrated to improve quality of life³ and extend survival⁴



¹FDA 2018, ²Ho et al. 2015, ³Porter et al. 2021, ⁴Basch et al 2017



Three concepts in patient experiences

	Description	Example collection approach	Example concepts measured
Patient-reported outcomes (PROs)	Describe how patients feel, function, live their lives ¹	Standardized, validated questionnaires	Patient status (such as in symptoms, functioning, HRQoL)
Priorities	Topics that are regarded with greater relative importance ²	Ranking, best-worst scaling (BWS)	Relative importance (e.g., most important treatment outcomes)
Preferences	Relative desirability acceptability of specified alternatives ³	Discrete-choice experiment (DCE), time-trade off (TTO)	Willingness to accept risk in exchange for given benefit

¹FDA 2009, ²Hollin et al. 2022, ³FDA 2016

Case study: Prader-Willi syndrome (PWS)

- Rare condition characterized by hyperphagia (insatiable hunger), obesity, intellectual disability, and shortened life span^{1,2}
- PWS treatments in development have modest, but potentially meaningful, impacts on hyperphagia and behavior³
- PWS patient groups are working to enhance patient-centeredness of regulatory review by measuring patient priorities and preferences⁴⁻⁷

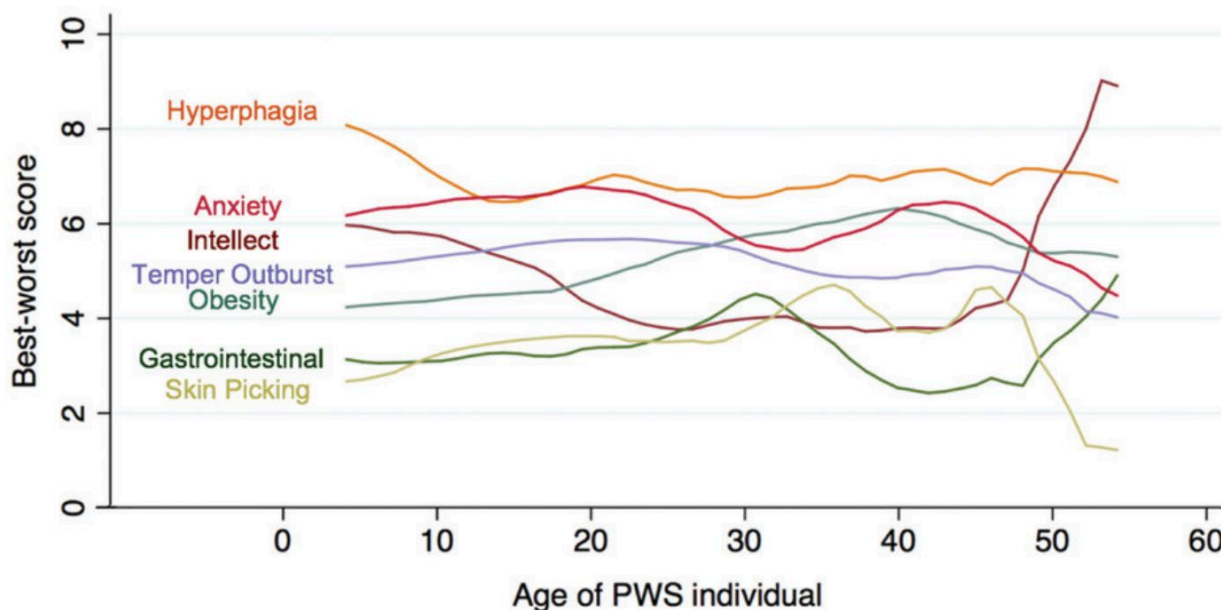


¹Butler et al 2002, ²Angula et al 2015, ³FPWR Blog July 2021, ⁴Tsai et al. 2018, ⁵Tsai et al 2021, ⁶Lavelle et al 2021, ⁷Patient Listening Session, CDER, US FDA, July 2021. Image courtesy of PWS Clinical Trials Consortium



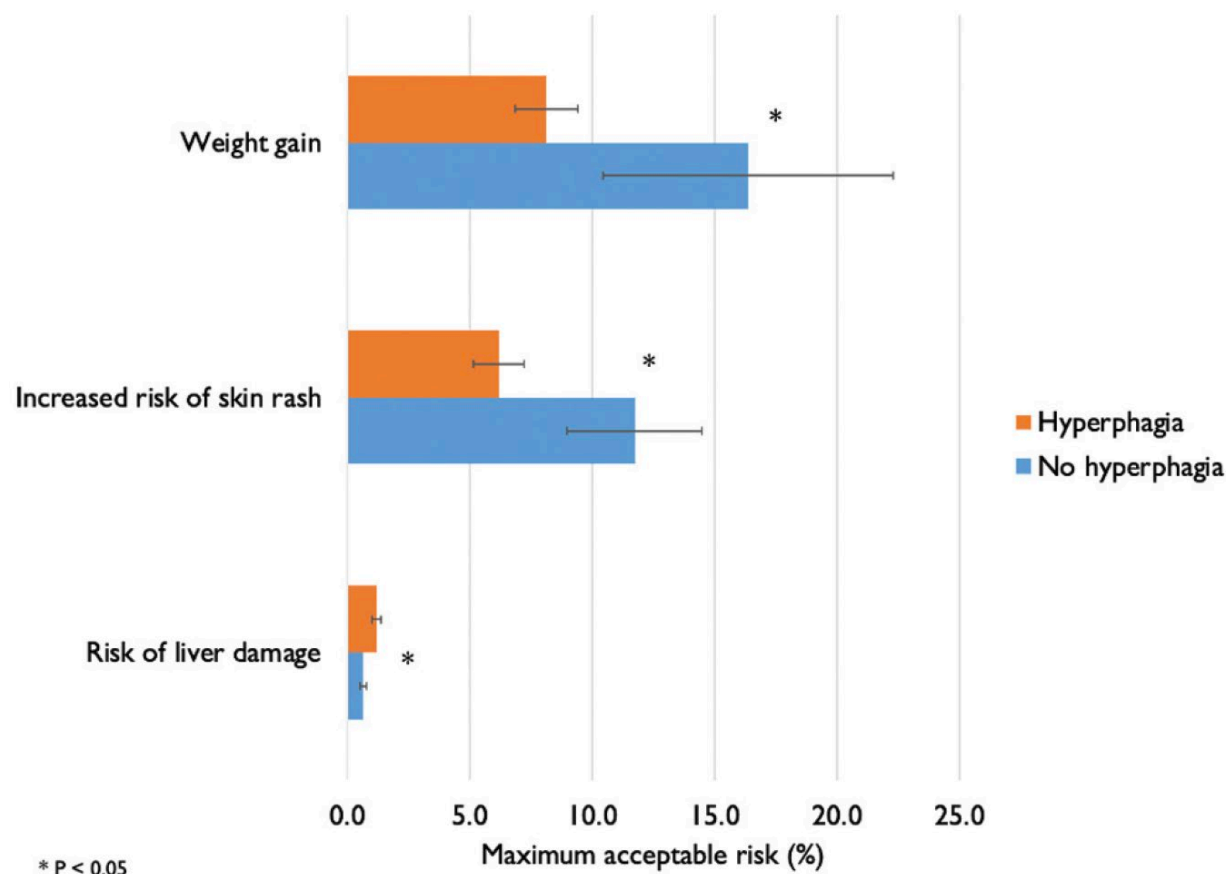
Study 1: Prioritize treatment endpoints

- Prioritized treatment outcomes using best-worst scaling
- Hyperphagia, not obesity, was most important endpoint to broad PWS community
- Demonstrated importance of having a hyperphagia, rather than obesity, endpoint



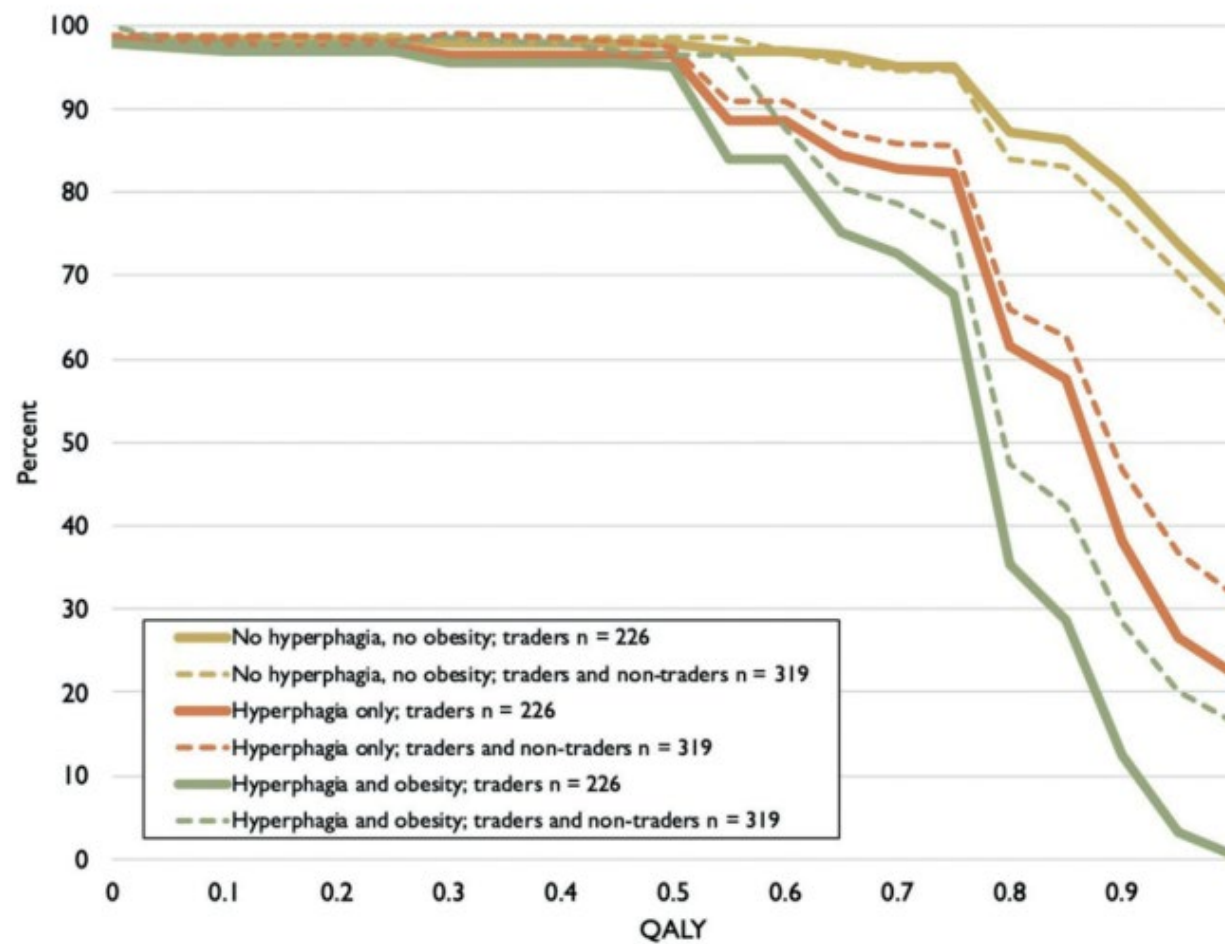
Study 2: Identify acceptable benefit-risk tradeoffs

- DCE assessed risk tolerance in exchange for improvement on the HQ-CT, an ObsRO measure of hyperphagia
- Tolerated risk in exchange for improvement in hyperphagia, but how much risk varied by experience with hyperphagia
- Quantifies a “meaningful benefit” on the HQ-CT



Study 3: Quantify burden of meaningful symptoms

- Estimated burden of PWS health states with/without hyperphagia and obesity using TTO
- Caregivers were willing to trade years of life to avoid hyperphagia
- QALYs have emerging value for pre-market decision makers



Take aways

1. Measuring priorities and preferences of patient communities can inform patient-centered agenda setting for research and care
 - Example activity: community-based surveys including preference and priority assessment^{1,2}
2. Measuring PROs at the point-of-care can improve clinical and patient-centered outcomes
 - Example activity: establish PRO systems for use in routine care³

¹Brizzi et al. 2020, ²Crossnohere et al. 2021, ³The PROTEUS Practice Guide 2023

Norah L Crossnohere, MHS, PhD

Norah.crossnohere@osumc.edu

[@nlcrossnohere](#)



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