Real-world Findings of Usability and Usefulness of MSProDiscuss[™]: A Physician-Completed Digital Tool to Evaluate Early Signs of **Disease Progression**

Tjalf Ziemssen¹, Gavin Giovannoni², Enrique Alvarez³, Virender Bhan⁴, Carrie Hersh⁵, Olaf Hoffmann⁶, Celia Oreja-Guevara⁷, René Robles-Cedeño⁸, Maria Trojano⁹, Patrick Vermersch¹⁰, Pamela Dobay¹¹, Mudeer Khwaja¹², Bianca Stadler¹², Thomas Hach¹², Daniela Piani-Meier¹², Jason Burton¹³

¹Department of Neurology, University of London, UK; ³University of Colorado School of Medicine, Aurora, CO, US; ⁴University of British Columbia, Vancouver, BC, Canada; ⁵Cleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, NV, US; ⁶Department of Neuroimmunology and Multiple Sclerosis Unit, Girona, Spain; ⁹University of Bari, Italy; ¹⁰Univ. Lille, INSERMU995, CHU Lille, FHU Imminent, F-59000 Lille, France; ¹¹Real World Evidence Solutions, IQVIA Technology and Services, Basel, Switzerland; ¹²Novartis Pharma AG, Basel, Switzerland; ¹²Novartis Pharma AG, Basel, Switzerland; ¹³Centre for Neuromuscular and Neurological Disorders, Western Australian Neuroscience Research Institute, The University of Western Australia, Australia

Background

- Defining the transition from relapsing-remitting multiple sclerosis (RRMS) to secondary progressive multiple sclerosis (MS) can be challenging and may impact treatment decision making¹
- The Multiple Sclerosis Progression Discussion (MSProDiscuss[™]) tool was developed with an aim to facilitate and prompt physician-patient discussion in evaluating early, subtle signs of MS disease progression and to educate and sensitize patients about the risk of transitioning from RRMS to SPMS^{2,3}
- MSProDiscuss has been developed based on qualitative research with experienced MS neurologists and patients, and empirical assessments of real-world evidence¹
- The tool is based on a set of weighted questions that include information on MS relapses, symptoms, and impact on daily living experienced by the patient within the past 6 months. The tool's traffic light system-linked output is meant as an aid for discussing the signs of MS disease progression
- In a separate validation study, the tool has been pilot-tested and validated with clinicians in the real world to determine its sensitivity and specificity to differentiate between RRMS and SPMS patients as well as to evaluate its psychometric properties³
- MSProDiscuss is ready for implementation in daily clinical practice, is part of several non-interventional studies, and is freely available online at <u>www.msprodiscuss.com</u> as well as on the neurocompass educational portal

Objectives

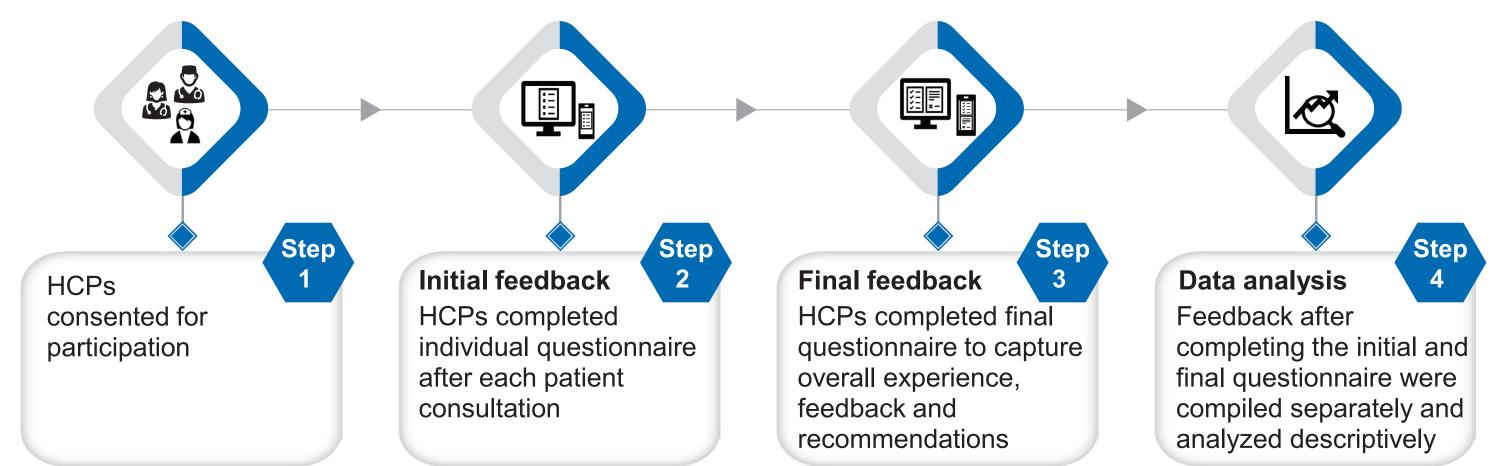
• To report physician findings on usability and usefulness testing of the MSProDiscuss tool while discussing disease progression with patients in the real-world setting

Methods

Study conduct

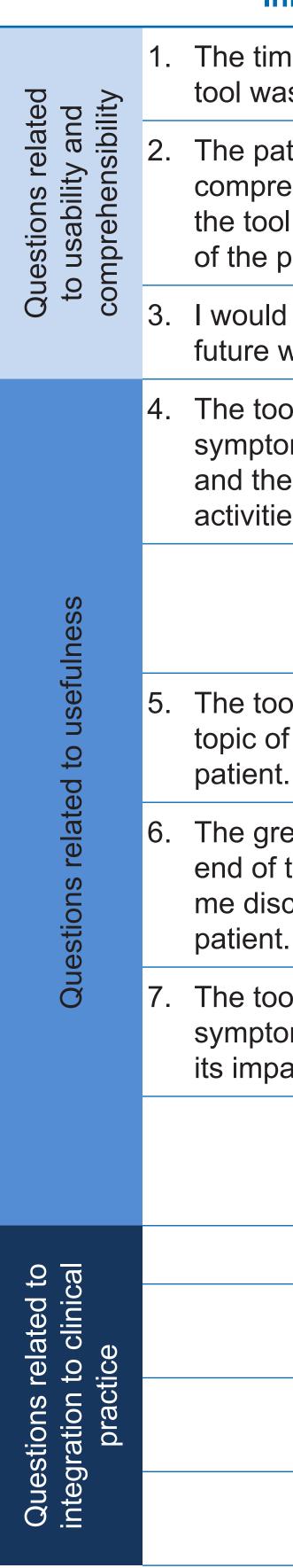
- The usability test was conducted to help inform any adaptations required in general and also on any country-specific variations that might be required to make it a better tool in clinical practice
- Healthcare practitioners (HCPs) from 34 countries across North America, Europe, Asia, South America, Africa, and Australia participated in an online survey between July and December 2019 to provide their feedback on understanding, usefulness, usability, and integration/adoption of the MSProDiscuss tool into daily clinical practice
- The HCPs used the tool on what they felt was a broad range of MS patients excluding patients with clinically isolated syndrome and primary progressive MS. The HCP's feedback was requested in two parts using two different questionnaires (**Figure 1**):
- Initial questionnaire: Feedback was taken after each instance of using MSProDiscuss during a face-to-face individual patient consultation. Each HCP was expected to fill 10 (small countries) to 40 (large countries) individual questionnaires
- **Final questionnaire:** Feedback was taken to capture the overall experience on the tool after the desired number of completed individual patient consultations
- The HCPs were also requested to provide general feedback and recommendations for further improvement of the tool

Figure 1. MSProDiscuss usability test: steps



- calculated

Table 1. Usability test questions



MS, multiple sclerosis

Results

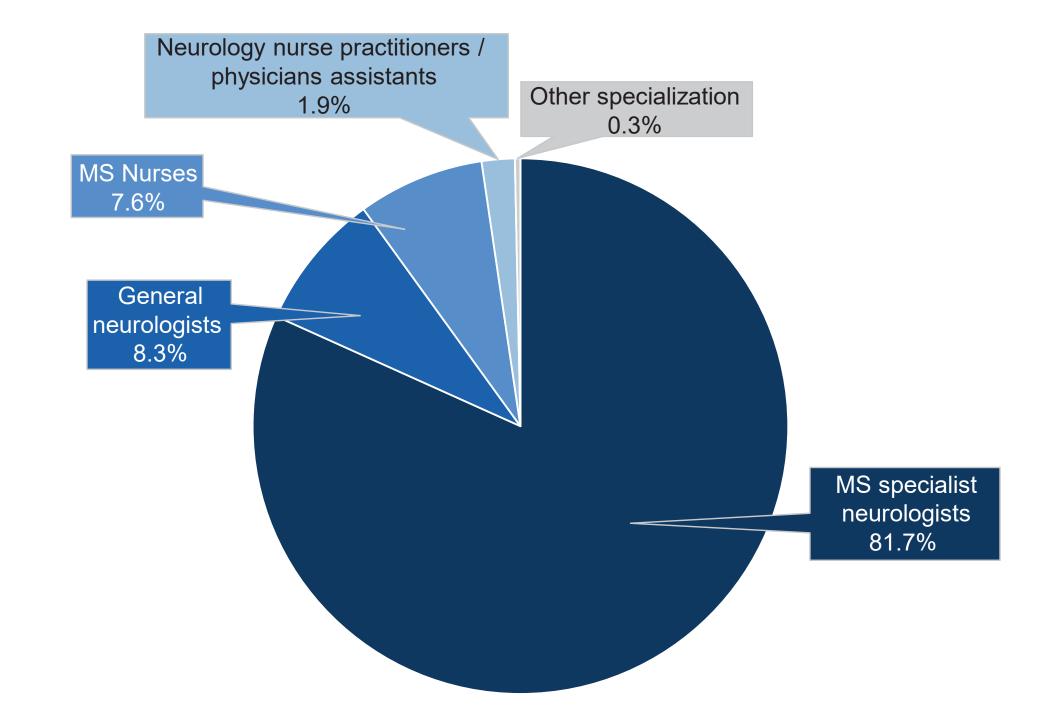
- Survey participants
- of questionnaires

 The tool was evaluated for time needed for completion, comprehensibility of the questions included. usability and usefulness, (initial questionnaire) and additionally, integration into clinical practice (final questionnaire, Table 1) on a 5-point Likert scale

• Data are presented using descriptive statistics. Both weighted and unweighted percentages were

nitial questionnaire		Final questionnaire		
me it took me to complete the as satisfactory.		The time it took me to complete the tool wa satisfactory.		
atient was able to rehend the questions from ol that I asked in the course patient consultation.	2.	The patients were able to comprehend my questions from the tool during consultations.		
d use this tool again in the with this patient.	3.	The questions in the tool are similar to what I would ask during a regular consultation.		
ool helped me discuss coms of MS progression ne impact on patients' daily ies.	4.	The tool helped me better discuss symptoms suggestive of MS progression and its impact on patients' daily activities.		
	5.	The tool helped me better understand symptoms suggestive of MS progression and its impact on patients' daily activities.		
ool helped me discuss the of progression with my nt.	6.	The tool helped me discuss the topic of progression with my patients.		
reen/yellow/red results at the f the questionnaire helped scuss progression with my nt.	7.	The green/yellow/red results at the end of the questionnaire helped me discuss progression with my patients.		
ool helped me discuss coms of MS progression and pact on cognitive function.	8.	The tool helped me better understand symptoms suggestive of MS progression and its impact on cognitive function.		
	9.	The tool helped me better discuss symptoms suggestive of MS progression and its impact on cognitive function.		
	10.	I would recommend this tool to a colleague.		
	11.	It is feasible to integrate the tool into my clinical practice.		
	12.	It would be easy to integrate the tool into my clinical practice.		
	13.	I would be willing to integrate the tool into my clinical practice.		

• Of the total 390 HCPs that were invited, 301 HCPs provided feedback on at least one questionnaire. HCPs included MS specialists, general neurologists, and MS nurses and practitioners (Figure 2). Approximately 80% of the participating HCPs filled in the agreed number Figure 2. Survey participants' composition



MS, multiple sclerosis

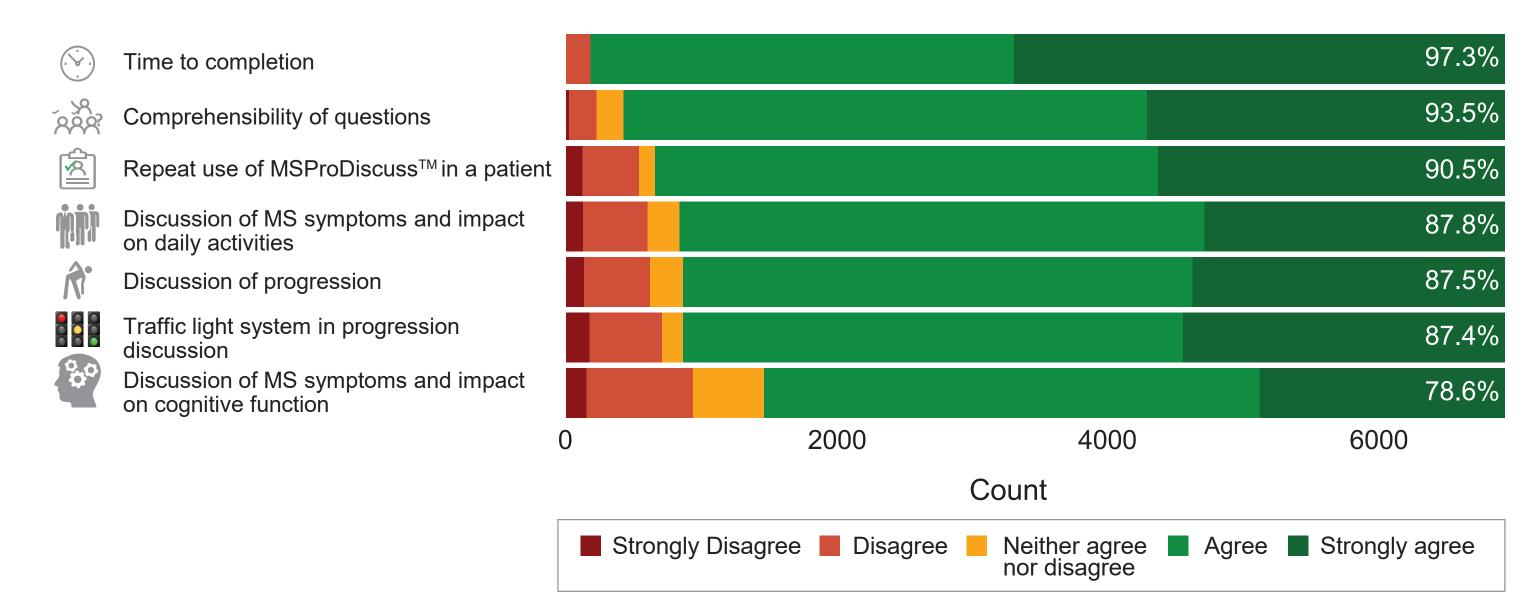
Feedback on the individual questionnaire

- The HCPs completed individual questionnaires after using MSProDiscuss on 6974 MS patients (Figure 3)
- In over 97% of the instances when MSProDiscuss was used, the HCPs indicated that the time taken to complete the tool was considered satisfactory (1–4 minutes)
- The majority of HCPs agreed or strongly agreed that MSProDiscuss is beneficial in their practice:
- In 94% of cases, HCPs felt that the patients understood the questions well and HCPs were willing to use the tool again in the same patient in 91% of cases. The tool was found useful in discussing MS symptoms and its impact on daily activities in 88% of cases and cognitive function in 79% of cases and in discussing progression in general (88% of cases)

Feedback on the final questionnaire

- The overall feedback on MSProDiscuss was similar to and consistent with the findings from the feedback on the individual questionnaires (Figure 4):
- Most (97%) HCPs said the patients understood the questions well and 95% agreed that the questions were similar to those asked in regular consultations
- The majority of HCPs agreed that MSProDiscuss was helpful for understanding the impact of MS symptoms on patient's daily activities (91%) and cognitive function (80%)
- Most (92%) HCPs would recommend MSProDiscuss to a colleague and a similar proportion of HCPs think that it is feasible to integrate MSProDiscuss in their daily clinical practice

Figure 3. Summary findings from individual questionnaire^a

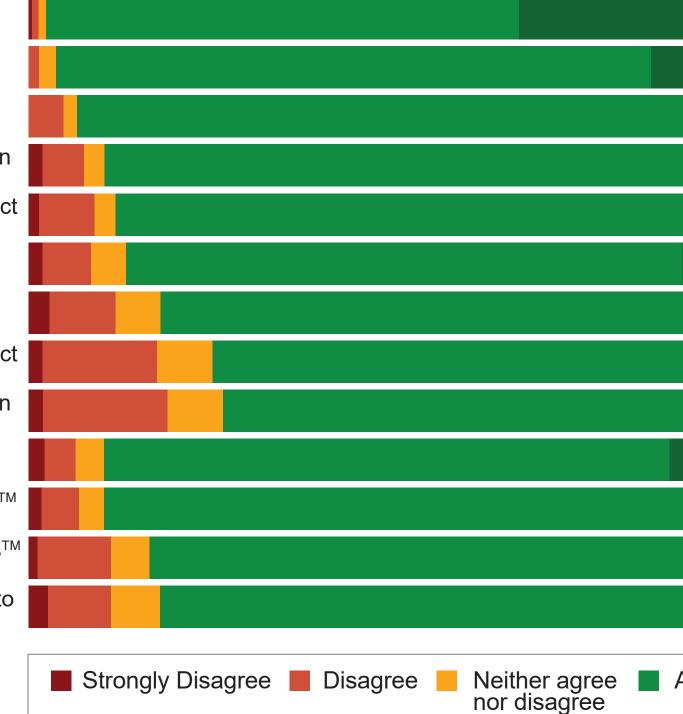


^aPercentages are based on unweighted results; weighted results were similar. MS, multiple sclerosis

Figure 4. Summary findings from final questionnaire^a

Time to completion

- Comprehensibility of questions
- Questions are similar to what an HCP
- Discussion of MS symptoms and impact on daily activities
- Understanding of MS symptoms and impact on daily activities
- Discussion of progression
- Traffic light system in progression
- 🖓 Understanding of MS symptoms and impac on coanitive function
- Discussion of MS symptoms and impact on
- Will recommend MSProDiscuss™ to a
- ☐ Find it feasible to integrate MSProDiscuss[™] into their clinical praction
- Think it is easy to integrate MSProDiscuss[™]
- into their clinical practic
- Are willing to integrate MSProDiscuss[™] into their clinical practice



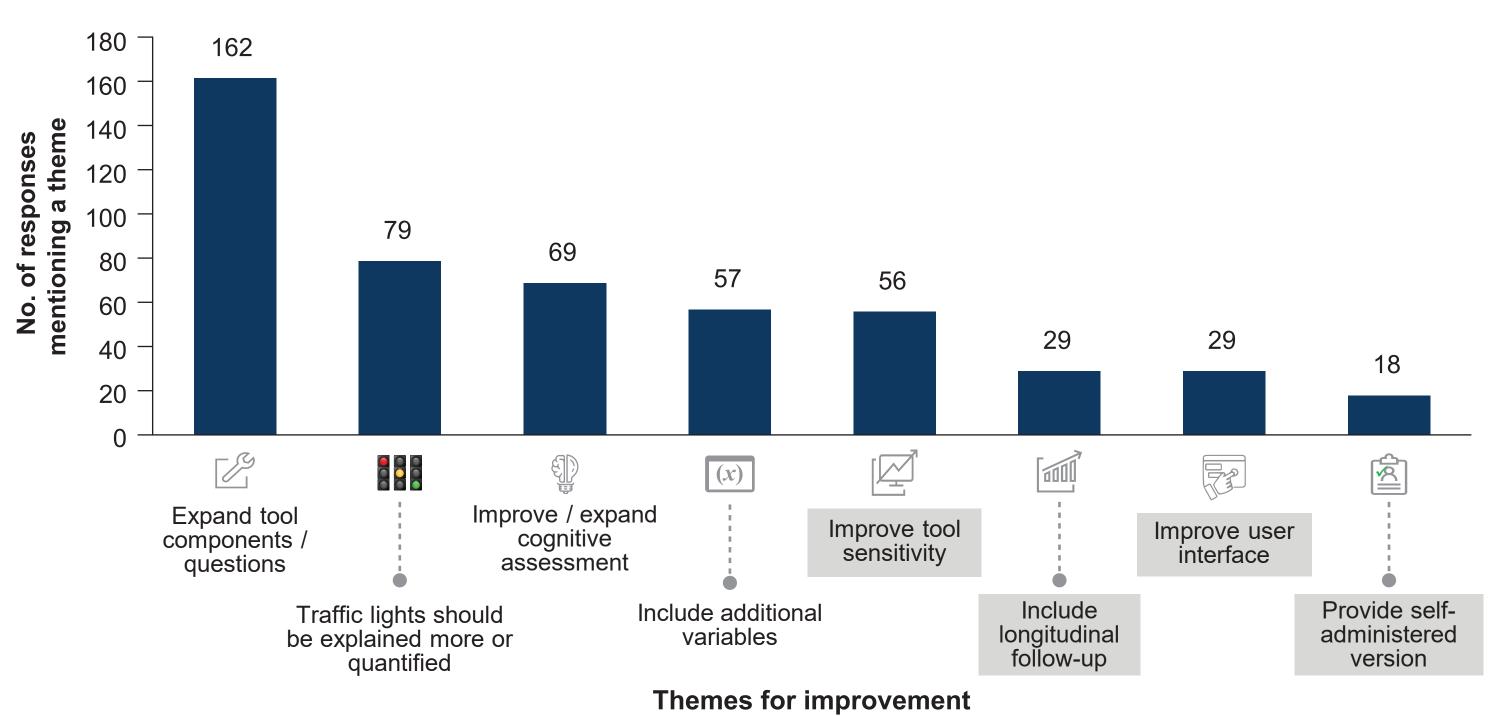
^aPercentages are based on unweighted results; weighted results were similar. HCP, Healthcare Practitioner; MS, multiple sclerosis

Recommendations and additional feedback

HCPs described MSProDiscuss as a "good," "helpful," and "easy to use" tool in clinical practice

- Furthermore, more than half of HCPs who returned the final questionnaire have made at least one recommendation on possible improvements to MSProDiscuss (Figure 5), such as expanding existing variables or inclusion of additional variables:
- To add time of disease progression or duration of disease, adherence to treatment, and more details on impact of disease on daily activities (such as, relationships, social, work, sexuality, emotional state)
- To expand fatigue evaluation and cognitive function and include cognitive assessment scales
- A patient-completed version of the tool
- Several of the recommendations for improvement have already been implemented, as highlighted in **Figure 5**

Figure 5. Actionable themes for improvements to MSProDiscuss



The items in grey boxes indicate actions already implemented in the updated version of the MSProDiscuss. A patient-completed "YourMS" questionnaire has been developed.

MS, multiple sclerosis

				98.2%	
				97.1%	
				94.9%	
				92.0%	
				90.9%	
				89.8%	
				85.8%	
				80.3%	
				79.2%	
				92.0%	
				91.6%	
				87.2%	
				85.8%	
gree 📕 Strongly agree					

Conclusions

- MSProDiscuss takes 1–4 minutes to use in a consultation for most users. The questions in the tool can be easily understood by patients and are similar to what an HCP would normally ask in a routine consultation
- MSProDiscuss facilitates the discussion of MS disease progression and impact on cognitive function, with 90% of HCPs willing to use it again on the same patients and more than 85% of HCPs willing to integrate MSProDiscuss into their clinical practice
- The findings from this real-world study suggest that MSProDiscuss is a usable and useful tool to facilitate physician-patient discussion on disease progression in daily clinical practice by capturing structured disease history

References

- 1. Ziemssen T, et al. Mult Scler Relat Disord. 2020;38:101861.
- 2. Tolley C, et al. *JMIR Med Inform* 2020;8(4):e17592.
- 3. Ziemssen T, et al. J Med Internet Res. 2020;22(2):e16932.

Disclosures

The study was supported by Novartis Pharma AG, Switzerland.

TZ has received compensation for consulting from Biogen, Bayer, Celgene, Novartis, Roche, Sanofi, and Teva and for research from Bayer, BAT, Biogen, Novartis, Teva, and Sanofi. **GG** has received compensation for consulting from AbbVie, Actelion, Atara Bio, Biogen, Celgene, Sanofi-Genzyme, Genentech, GlaxoSmithKline, Merck-Serono, Novartis, Roche and Teva, and for research from Biogen, Roche, Merck, Merck-Serono, Novartis, Sanofi-Genzyme and Takeda. He has received personal compensation from Elsevier for serving as an editor on MSARD. EA has received compensation for consulting from Actelion, Biogen, Celgene, EMD Serono, Genentech, Genzyme, Novartis, Teva, and TG Therapeutics and for research from Biogen, Genentech, Novartis, and Rocky Mountain MS Center. **VB** has received compensation for consulting from Novartis. CH has received compensation for consulting and research from Novartis, Biogen and Genentech and for consulting from EMD Serono and consulting and speaker bureau from Genzyme. **OH** has received compensation for consulting from Biogen, Roche, Merck, Novartis, Sanofi, and Celgene, for non CME activities from Alexion, Novartis, Roche and Sanofi and for research from Novartis, Sanofi and Biogen and travel support from Celgene. COG has received compensation for speaking and/or consultancy from Biogen, Sanofi-Genzyme, Merck, Roche, Teva, and Novartis. **RRC** has received compensation for consulting from Biogen, Roche, Novartis, Merck, Sanofi, Genzyme and Teva. MT has received compensation for consulting and speaker bureau from Biogen, Merck. Roche and Novartis. **PV** has received compensation for consulting and/or research and registration, travel and accommodation for meetings from Biogen, Roche, Novartis, Sanofi, Teva and Celgene. PD is an employee of IQVIA Technology and Services AG, Basel, Switzerland, which conducted this survey. JB has received compensation for consulting and speaker bureau from Novartis. **MD**, **BS**, **TH** and **DPM** are employees of Novartis.

Acknowledgments

The authors acknowledge all the participating HCPs.

The authors acknowledge the following Novartis employees: Uma Kundu and Anuja Shah for medical writing assistance and coordinating author reviews, and Bal Reddy Telekala for creative design assistance. The final responsibility for the content lies with the authors.

Poster Presentation at the Consortium of Multiple Sclerosis Centers (CMSC) Virtual Annual Meeting, 2020.

Visit the web at: http://novartis.medicalcongressposters.com/Default.aspx?doc=f416b Copies of this poster obtained through QR (Quick Response) code are for personal use only and may not be reproduced without written permission of the authors Presenter email address: Tjalf.Ziemssen@uniklinikum-dresden.de



Text: Qf416b To: 8NOVA (86682) US Only +18324604729 North. Central and South Americas: Caribbean: China +447860024038 UK. Europe & Russia +46737494608 Sweden, Europe