

Assessing Pain and Its Impact in Autosomal Dominant Polycystic Kidney Disease

The ADPKD Pain and Discomfort Scale (ADPKD-PDS)

Dr. Pranav Garimella, MBBS, MPH, FASN Dr. Josh Gariboldi, PharmD, BCPS

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Speakers



Pranav Garimella, MBBS, MPH, FASN
Associate Professor of Clinical Medicine,
Nephrology
University of California San Diego

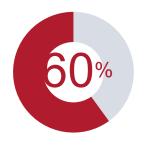
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Josh Gariboldi, PharmD, BCPS
Nephrology Medical Science Liaison
Otsuka Pharmaceutical Development &
Commercialization, Inc.

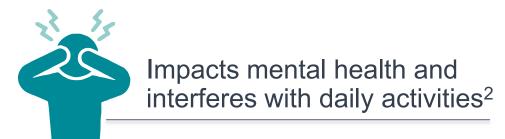
Why Evaluate Pain in ADPKD?

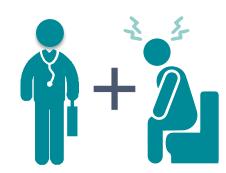
Most patients experience acute and/or chronic pain¹



Symptoms can be severe, persistent, and debilitating¹⁻²



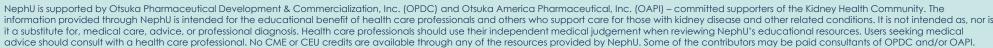




Often under-reported or minimized by patients to their providers⁴

- 1. Bajwa ZH et al. Kidney Int. 2004;66:1561-9. 2. Oberdhan DO et al. Clin J Am Soc Nephrol. 2023;18:213-22. 3. Cho Y et al. Am J Kidney Dis. 2020;76:361-73.
- 4. Cho Y et al. Am J Kidney Dis. 2021;77:255-63.

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Pain/Discomfort are Experienced Differently in ADPKD

- Earlier research had shown that the experience of ADPKD-related pain and discomfort is *qualitatively different* than in other chronic kidney diseases^{1,2}
- Unlike in other kidney conditions, symptoms and their associated burden often manifest long before onset of advanced chronic kidney disease²
- In fact, pain is the most common symptom leading to ADPKD diagnosis:

17.5% ADP due 1

ADPKD patients diagnosed due to back pain³

16.4%

ADPKD patients diagnosed due to abdominal pain³

42.2%

Recalled a history of frequent low back or abdominal pain before diagnosis³

1. Cho Y et al. Am J Kidney Dis. 2021;77:255-63. 2. Obderdhan DO et al. Am J Kidney Dis. 2018;71:225-35. 3. Bajwa ZH et al. Kidney Int. 2004;66:1561-9.





Development Process of the ADPKD-PDS (1/2)

Qualitative Development Conceptual Framework Generation Item Generation Literature review Analysis of focus group transcripts **Expert consultation** Draft item pool Concept elicitation focus groups (N=293) **Model and Instrument Development Content Validation** Conceptual framework **Expert consultation** Draft measurement model Cognitive debriefing interviews (N=20) Draft instrument Linguistic validation





Development Process of the ADPKD-PDS (2/2)

Quantitative Evaluation

Cross-sectional Survey (N=298)

- Demographic questionnaire
- Draft ADPKD Pain and Discomfort Scale (22 items)
- ADPKD-Impact Scale (18 items)
- Brief Pain Inventory-Short Form (7 items)
- Short Form Health Survey (12 items)

1

Structural Validity and Reliability

- Item-level descriptive statistics
- Model fit statistics
- Item response theory (item discrimination, scoring algorithm)
- Item- and domain-level psychometric statistics
- Convergent validity

Follow-up Survey (N=108)

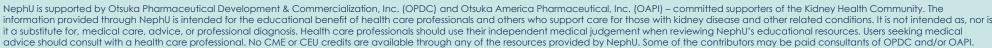
- Draft ADPKD Pain and Discomfort Scale (22 items)
- ADPKD-Impact Scale (18 items)
- ADPKD-Urinary Impact Scale (11 items)
- Brief Pain Inventory-Short Form (7 items)
- Short Form Health Survey (12 items)
- Global Rating of Change (1 item)

Longitudinal Characteristics

- Test-retest reliability
- Responsiveness to change
- Meaningful differences

Final ADPKD-PDS Scale

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Qualitative Research Phase

 We initiated development of the ADPKD-PDS with qualitative research on pain/discomfort in ADPKD patients

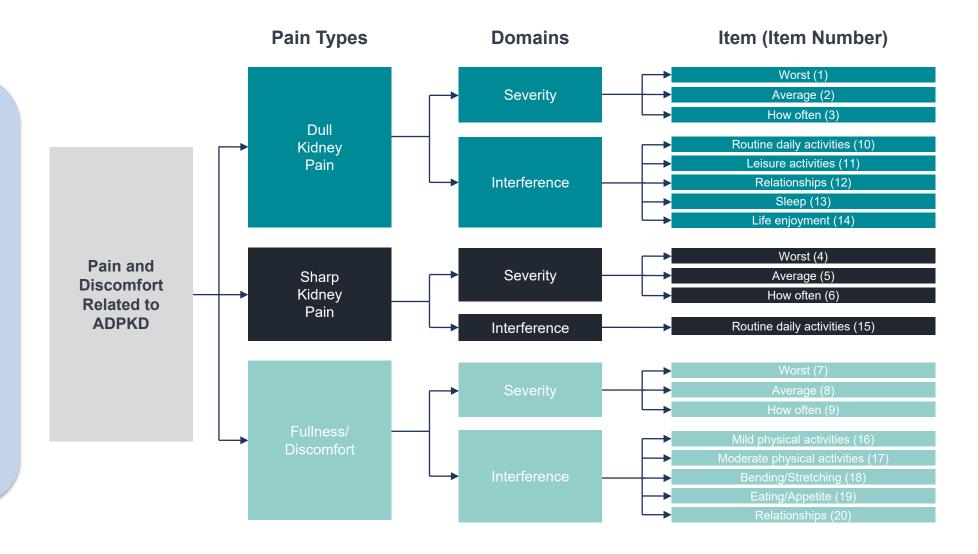


- Focus groups/interviews were conducted to elicit pain-related concepts from patients
- Semi-structured questionnaires
 were developed to guide the
 sessions based on literature and
 consultation with medical experts
- Results shaped the development of the first draft of the assessment instrument

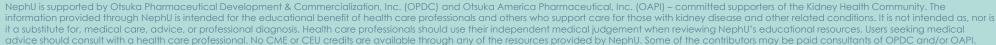


ADPKD-PDS Final Conceptual Framework Structure

- Final framework as refined during psychometric evaluation
- 4 Pain Severity domains
 - Dull Pain Severity
 - Sharp Pain Severity
 - Discomfort Severity
 - Overall Pain and Discomfort Severity
- 3 Pain Interference domains
 - Dull Pain Interference
 - Sharp Pain Interference
 - Discomfort Interference



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3 Distinct Pain Types Identified

Sharp kidney pain

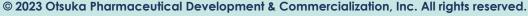
- Often associated with infection or cyst rupture
- "I'd feel a sharp pain in my back like someone put a knife in my back"

Dull kidney pain

- "Occasional dull ache...in the flanks on both sides occasionally"
- "That's probably my main one. I do get some flank pain in the side sometimes"

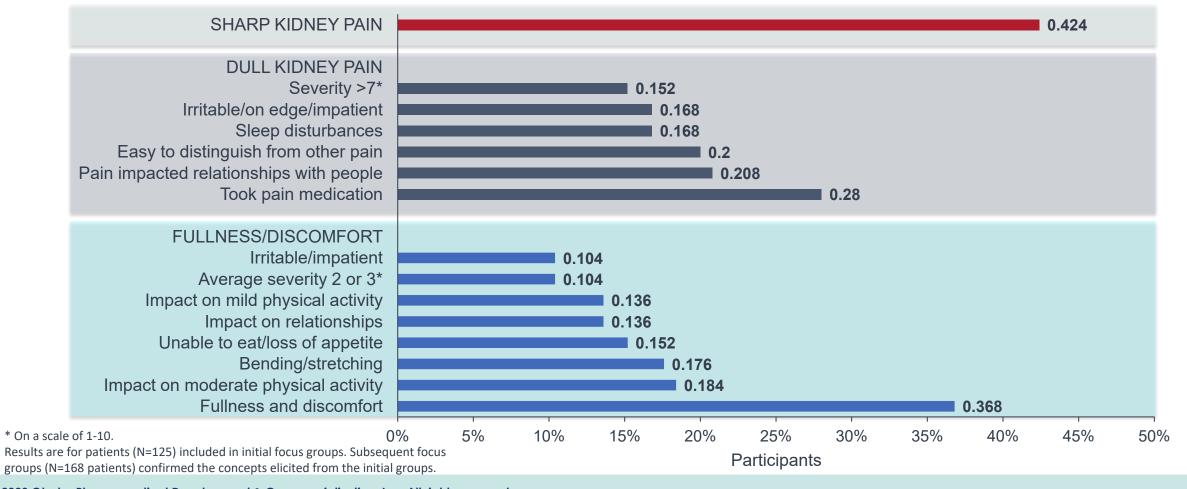
Sensation of fullness/discomfort

- "The fullness is just so all-encompassing. It's like...there's no room"
- "The abdomen is very sensitive. I can't wear tight elastic waistbands, belts"





Percentages of Patients Endorsing Pain Concepts



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ADPKD-PDS Final Version

Autosomal Dominant Polycystic Kidney Disease -

Pain & Discomfort Scale (ADPKD-PDS®)						(ADPKI	-rus j					
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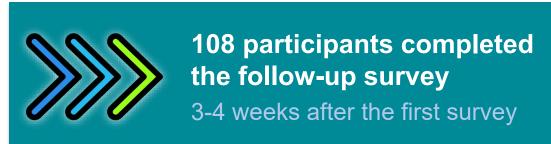
Autosomal Dominant Polycystic Kidney Disease -



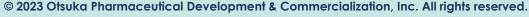
Evaluating the Performance of the ADPKD-PDS

Initial and Follow-up Survey Populations





- Recruitment was via the PKD Foundation to its members
- Participants in the online survey completed the draft ADPKD-PDS as well as the ADPKD Impact Scale (ADPKD-IS), Brief Pain Inventory Short Form (BPI-SF), and 12-Item Short-Form Health Survey version 2 (SF-12v2)





Additional Psychometric Characteristics



Gender effects

- Given that approximately 80% of the respondents were women, differential item function analyses were conducted to determine if there were sex differences in psychometrics^{1,2}
- No uniform differential item function was observed for any item on the ADPKD-PDS, therefore, therefore the large proportion of women should not alter interpretation of the results



Convergent validity

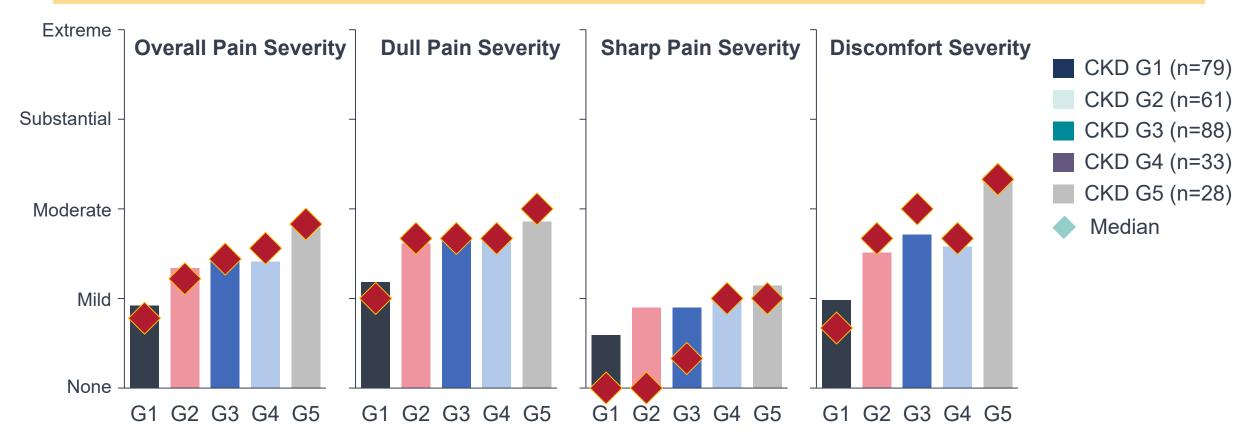
- ADPKD-PDS Pain Severity and Pain Interference scales were evaluated for convergent validity with instruments sharing similar constructs using Pearson product-moment correlation coefficients (Pearson's r)
- Correlations between the ADPKD-PDS Pain Severity scales and the BPI-SF Intensity scale (0.56-0.76) reflected strong convergence, as did correlations between the ADPKD-PDS Pain Interference scales and the BPI-SF Impact scale (0.59-0.84), likely because these scales have very similar measurement constructs
- Correlations with the SF-12v2 were lower due to less similar, yet related constructs.
 The Pain Interference scales correlated more strongly with the SF-12v2 Physical Component Scale and Mental Component Scale (-0.37 to -0.67) than did the Pain Severity scales (-0.35 to -0.58)
- Correlations were also moderate to high between ADPKD-PDS scales and the ADPKD-IS Physical, Fatigue, and Emotional scales (0.37-0.76 for ADPKD-PDS Pain Severity scales and 0.40-0.86 for ADPKD-PDS Pain Interference scales)

1. Glas CAW et al. Tests of fit for polytomous Rasch models. In: Fischer GH, Molenaar IW, eds. Rasch Models—Foundations, Recent Developments, and Applications. 325–352. Berlin, Germany: Springer, 1995. 2. Crane PK et al. Med Care. 2006;44(11 Suppl 3):S115–23.





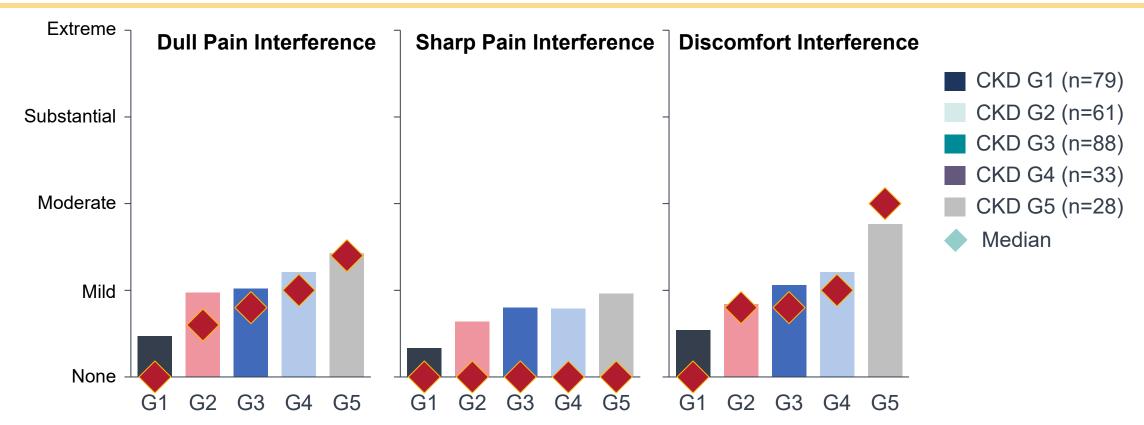
ADPKD-PDS Pain Severity by CKD Stage



The ADPKD-PDS showed greater overall pain severity in individuals with more advanced CKD



ADPKD-PDS Pain Interference by CKD Stage



• Dull Pain Interference aligned with worse CKD. Sharp Pain Interference differentiated slightly between CKD stages, and Discomfort Interference showed the most differentiation between CKD stages and the most difference in median values



Limitations

- Whereas the focus groups were convened internationally, recruitment for the online survey was conducted only in the United States
- The psychometric measurement sample was approximately 80% female, whereas an even distribution between genders would have been ideal. However, analysis revealed no substantive differences between genders for item-level psychometrics
- The relatively short (7-day) recall period of the ADPKD-PDS was selected to facilitate good recall and was considered to be more practical for clinical trial use. Combined with the relatively short study period, however, the short recall window may have reduced the chance of capturing episodic or sporadic sharp pain symptoms
 - Due to the relative rarity of sharp kidney pain in the studied population, there was an inadequate structural basis for a multi-item Sharp Pain Interference domain, and a single item assesses this outcome
- The ADPKD-PDS was developed for use in an adult population only



Take-Aways (1/2)



- Patients and healthcare providers agree that pain is the most important patient-reported outcome in ADPKD
- The experience of pain/discomfort in ADPKD is distinct from other kidney diseases and consists of sharp pain, dull pain, and a feeling of fullness or discomfort
- Pain can be severe in ADPKD and can impede the ability to perform daily activities, create emotional distress, and affect relationships
- Pain-related symptoms are often unreported or minimized by patients to their healthcare providers
- Until development of the ADPKD-PDS, no validated, disease-specific instrument to assess pain in ADPKD was available



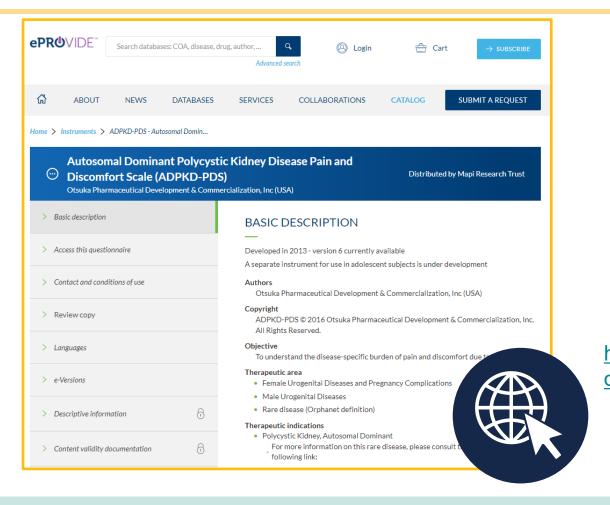
Take-Aways (2/2)



- The ADPKD-PDS enables standardized assessment of the severity and impact of pain/discomfort in clinical trials and practice settings
- The instrument exhibits robust psychometric properties and was developed using patient-centric focus groups to elicit pain concepts
- Pain-related data collected on the ADPKD-PDS differentiates patients by CKD stage
- The ADPKD-PDS can capture changes in the severity and impact of pain over time, as measured by clinically meaningful changes in score



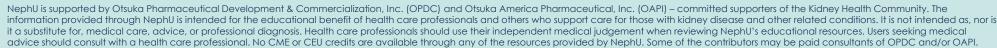
Licensing of ADPKD-PDS



- Otsuka receives royalty fees for licenses issued for commercial use
- MAPI Research Trust assesses distribution and administrative fees at varying levels for all users

https://eprovide.mapi-trust.org/instruments/autosomal-dominant-polycystic-kidney-disease-pain-and-discomfort-scale

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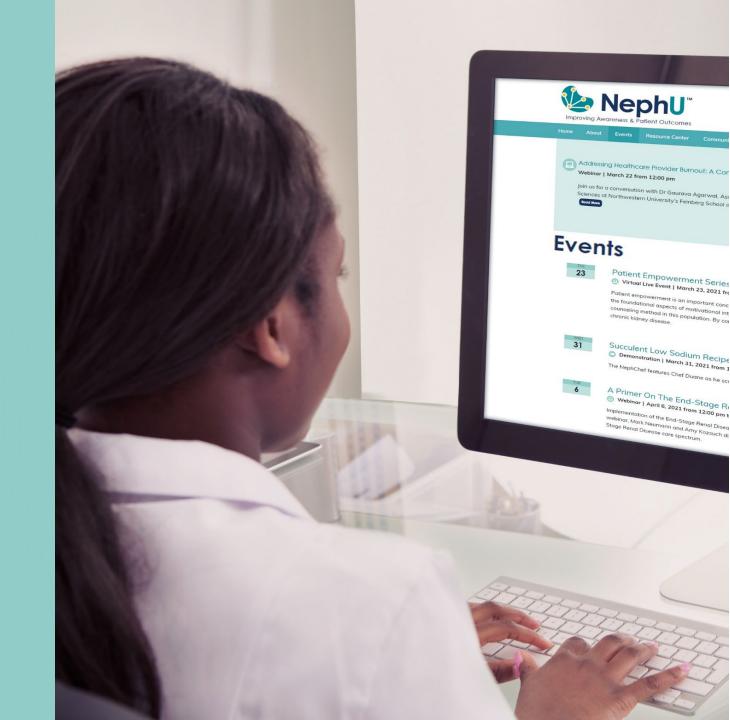
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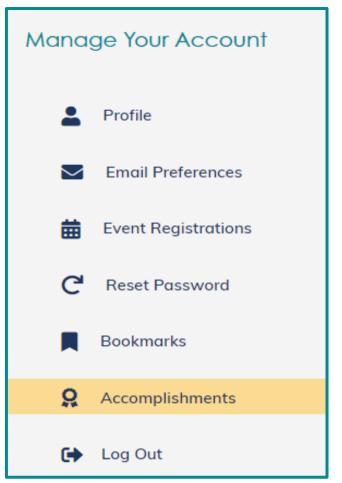






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Assessing Pain and Its Impact in Autosomal Dominant Polycystic Kidney Disease

The ADPKD Pain and Discomfort Scale (ADPKD-PDS)

Dr. Pranav Garimella, MBBS, MPH, FASN Dr. Josh Gariboldi, PharmD, BCPS

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