Clinical Outcome Assessments (COA) Qualification Program
DDT COA #000092: PROMIS® Pediatric Crohn's Disease Short Form - Fatigue 10
Letter of Intent

Administrative Structure:

Description of the submitter including, but not limited to, principal investigator(s), working group member(s), institutions, and contact information not contained within the cover letter.

PEPR – FDA Workgroup Lead:
Carole A Tucker PhD
Temple University - College of Public Health

PEPR Principal Investigator
Christopher B Forrest MD, PhD
The Children's Hospital of Philadelphia

PEPR-FDA Workgroup Members:

Christopher Forrest MD, PhD	forrestc@email.chop.edu	The Childrens Hospital of Philadelphia
Carole A Tucker PhD	tucker@temple.edu	Temple University
Michelle Campbell PhD	Michelle.Campbell@fda.hhs.gov	FDA
Adam Carle PhD	adam.carle.cchmc@gmail.com	Cincinnati Childrens Medical Center
Pamela S Hinds PhD	PSHinds@childrensnational.org	Childrens National Health System
Jin-Shei Lai PhD	js-lai@northwestern.edu	Northwestern University
Bryce Reeve PhD	bbreeve@email.unc.edu	University of North Caroline – Chapel Hill
Dennis Revicki PhD	dennis.revicki@evidera.com	Evidera
Ellen Werner	wernere@nhlbi.nih.gov	NIH
Elissa Weitzman ScD	elissa.weitzman@childrens.harvard.edu	Boston Childrens Hospital/ Harvard Medical School
James Witter	witterj@mail.nih.gov	NIH/NIAMS
Jennifer Chi	jennifer.chi@nih.gov	NIH/NIAMS

Concept(s) of interest (COI) for meaningful treatment benefit:

A description of the meaningful aspect of patient experience that will represent the intended benefit of treatment (e.g., presence/severity of symptoms, limitations in performance of daily activities)

Fatigue is assessed by the **PROMIS® Pediatric Crohn's Disease Short Form - Fatigue 10 which** evaluates a range of self-reported symptoms of fatigue, from mild feelings of tiredness to an overwhelming, debilitating and sustained sense of exhaustion that decreases one's ability to execute daily activities and function normally in family and social roles. The measure includes concepts of experiences of fatigue (frequency, duration and intensity), and the impact of fatigue on physical, mental, and social activities.

Targeted labeling or promotional claim(s) based on the COA to be developed (i.e., proposed wording)

Pediatric patients with Crohn's disease treated with TXa compared to placebo reported improvement in **fatigue, as measured by the PROMIS® Pediatric Crohn's Disease Short Form-Fatigue 10,** at time point X.

COU for COA qualification:

Targeted study population including a definition of the disease and selection criteria for clinical trials (e.g., baseline symptom severity, patient demographics, comorbidities, language/culture groups)

Definition of the disease: The targeted population is children diagnosed with Crohn's Disease (CD). Crohn's disease is a chronic relapsing inflammatory disorder. Children who are younger than 10 years at diagnosis are likely to have isolated colic disease and upper gastrointestinal involvement, and children with very early-onset CD [onset <6 years of age] are more likely to have severe colitis refractory to conventional treatments. In addition, nutritional issues and failure to thrive are common and significant clinical issues that can lead to growth failure.

Patient demographics – Children between 8 – 17 years of age, no restrictions on gender, race and ethnicity
Language/culture group – General US Population, English speaking
Baseline symptom severity – All levels of severity and disease activity
Comorbidities – No restrictions

Targeted study design and statistical analysis plan (includes the role of the planned COA in future drug development clinical trials, including the planned set of primary and secondary endpoints with hierarchy, if appropriate)

The PROMIS® Pediatric Crohn's Disease Short Form - Fatigue 10 can be used in future drug development trials as a primary or co-primary endpoint in studies that use pharmacological interventions to improve the fatigue associated with Crohns Disease (CD), and as a secondary endpoint in drug trials that reduce the overall symptom burden of CD as fatigue is a common clinical marker of symptom burden in this population.

Applicable study settings for future clinical trials

- ***Geographic location with language/culture groups***
  United States & Canada, all genders, races & ethnicities, English speaking

- ***Other study setting specifics (e.g., inpatient versus outpatient)***
  Outpatient setting only in our initial efforts

COA type: **Patient Reported Outcome (PRO)**