COA FULL QUALIFICATION PACKAGE

The COA Full Qualification Package (FQP) should be accompanied by a cover letter, the following completed sections, a copy of the instrument, the scoring algorithm, and the user manual. This package should contain the results of both the completed qualitative research and the quantitative research (measurement properties). Some sections may be less relevant for certain COAs (i.e., performance outcome [PerfO] instruments) than others. If literature is cited, please cite using the number assigned to the source in a numbered reference list.

Please do not leave any sections or subsections blank. If you do not have anything for that section or subsection, please explain the rationale (e.g. does not apply to this COA measure type).

Note: Sections 1 and 2 will be posted publicly under Section 507. **Sections 1-2 should be stand-alone sections; do not refer to or cross reference any appendices, attachments, or other FQP sections.** Section 507 refers to section 507 of the Federal Food, Drug, and Cosmetic Act [FD&C Act] which was created by Section 3011 of the 21st Century Cures Act.

Section 1: Plan for COA Qualification

1.1 Introduction and overview

- Concise description of the disease and the clinical trial setting in which the planned or existing COA would be used
- Limitations of existing assessments, brief description of the COA, and rationale for use in drug development

1.2 Concept of interest for meaningful treatment benefit

- Describe the meaningful aspect of patient experience that will represent the intended benefit of treatment (e.g., the specific symptom and/or sign presence or severity or limitations in performance or daily activities relevant in the targeted context of use).

1.3 Context of use

- Targeted study population, including a definition of the disease and selection criteria for clinical trials (e.g., baseline symptom severity, patient demographics, language/culture groups)
- Targeted study design; most commonly the COA will be used to assess the change (compared to a control) induced by a medical treatment
- Targeted study objectives and endpoint positioning (i.e., planned set of primary and secondary endpoints with hierarchy). Usually, the COA will serve to support a primary or secondary efficacy endpoint.

1.4 Critical details of the COA

- Type of COA (e.g., patient-reported outcome [PRO]) and intended respondent(s), if applicable

- Item content or description of the instrument (for existing instruments, provide the specific version of the instrument and a copy from which quantitative evidence has been or will be derived)
- Method of administration (i.e., self-administered, interview-administered, etc.)
- Mode of data collection (i.e., electronic, interactive voice response system, etc.)

1.5 Description of the involvement of external expertise, including scientific communities or other international regulatory agencies, if applicable (i.e., working group, consortium)

Section 2: Executive Summary

High-level summary of what is included in this FQP submission, including key results and brief descriptions of the sections below

Section 3: Qualitative Evidence and Conceptual Framework

Evidence of content validity provided in qualitative study reports with protocols (i.e., documentation that the COA measures the concept of interest in the context of use)

3.1 Literature review (summary of literature and main conclusions from review). Append key publications that support instrument development in the proposed context use

3.2 Expert input

3.3 Respondent input (e.g., for PRO instruments, concept elicitation, focus groups, or in-depth qualitative interviews to generate items, response options, recall period, and finalize item content; for PerfO instruments, evidence to support that the tasks being performed are representative of the meaningful health aspect of the concept of interest and are relevant to ability to function in day-to-day life)

3.4 Concept elicitation (e.g., concept saturation grid, summary of results, transcripts if available)

3.5 Item generation or task generation (for PerfO instruments), if applicable

3.6 Cognitive interviews (e.g., summary of results from cognitive interview and usability testing if applicable, transcripts, if available)

3.7 Item finalization (e.g., item tracking matrix)

3.8 Conceptual framework (for existing instruments, the final conceptual framework), if applicable

Sections 4, 5, and 6: Results from Quantitative Analyses

Evidence of psychometric properties provided in quantitative study reports with protocols

Section 4: Results from Evaluation of Cross-sectional Measurement Properties

Submit protocols and reports from the psychometric analysis study and include the following:

4.1 Study design and patient population

- 4.1.1 Inclusion/exclusion criteria of planned study population
- 4.1.2 Timing/schedule of planned assessments
- 4.1.3 Sample size and justification (including sample size of subgroups and justification, if applicable)
- 4.1.4 Summary of baseline demographic and clinical characteristics of study population

4.2 Item level description

- 4.2.1 Item descriptive statistics, including frequency distribution of both item response and overall scores, evaluation of floor and ceiling effects, and percentage of missing response
- 4.2.2 Inter-item relationships and dimensionality analysis (e.g., factor analysis or principal component analysis and evaluation of conceptual framework)
- 4.2.3 Results from item inclusion and reduction decision-making, identification of subscales (if any), and modification to conceptual framework

4.3 Scoring algorithm (e.g., include information about evaluation of measurement model assumptions, applicable goodness-of-fit statistics).

- 4.3.1 Description on handling missing data

4.4 Reliability

- 4.4.1 Test-retest reliability analysis (e.g., intraclass correlation coefficient)
- 4.4.2 Internal consistency reliability analysis (e.g., Cronbach's alpha)
- 4.4.3 Inter-rater reliability analysis (e.g., kappa coefficient), if clinician-reported outcome (ClinRO) or observer-reported outcome (ObsRO) instrument

4.5 Construct validity

- 4.5.1 Convergent and discriminant validity analysis (i.e., association with other instruments assessing similar or different concepts). Provide copies of the other administered instruments (and their scoring algorithms) and variable definitions and thresholds (or range).

4.5.2 Known- groups validity analysis (e.g., difference in scores between subgroups of subjects with known status). Provide copies of the anchor scales and group definitions and thresholds (or range).

4.6 Score reliability in the presence of missing item-level and if applicable scale-level data

4.7 Copy of instrument and any global scales used as anchors

4.8 User manual and plans for further revision and refinement (if applicable)

4.8.1 Administration procedures
4.8.2 Training administration
4.8.3 Scoring and interpretation procedures

Section 5: Results from Longitudinal Evaluation of Measurement Properties (if longitudinal analyses were conducted)

5.1 Results from the evaluation of the instrument's ability to detect change

5.2 Copies of anchor scales

Section 6: Results related to Interpretation of Scores (if longitudinal was analyses were conducted)

6.1 Evaluation and definition of meaningful within person change (improvement and worsening), including empirical cumulative distribution function (eCDF) and probability density function (PDF) curves (if applicable)

Section 7: Language Translation and Cultural Adaptation (if applicable)

7.1 Process for simultaneous development of versions in multiple languages or cultures

7.2 Process of translation/adaptation of original version

7.3 Evidence that content validity is similar for versions in multiple languages

Section 8: References

8.1 List of references cited in FQP

8.2 Copies of the most important and relevant supportive literature

Section 9: Appendices and Attachments

- Study documents (e.g., protocols, study reports, analysis plan, interview guide, data collection form(s), dataset(s) with data dictionaries)

- Programs for the analyses specified in the quantitative analysis plan and any additional analyses described in the FQP

Revision History Date	Description of Changes
6.11.20	Added to Instructions: Please do not leave any sections or subsections blank. If you do not have anything for that section or subsection, please explain the rationale (e.g. does not apply to this COA measure type).
5.28.20	Initial version