

A consortium approach for consumer-reported outcome measures for assessing tobacco and/or nicotine-containing products

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INTRODUCTION

- In tobacco harm reduction research, it is essential to understand people's behaviors, intentions, and motivations related to initiation, continuation, or quitting the use of tobacco- and/or nicotine-containing products (TNP) in order to measure the effects of these products (objective and subjective) on population health. Consumer-reported outcome measures (CROM) form part of the methods used for assessing subjective effects, behaviors, and motivations and inform on the switching behaviors of users and non-users. Regulatory agencies, such as the U.S. Food and Drug Administration (FDA) [1], have established robust standards on the type of science-based evidence required to demonstrate that a modified risk tobacco product (MRTP) can benefit public health. To support regulatory decision-making on such products, there is a need for developing scientifically credible standards to ensure that CROM are valid and reliable.
- A consortium is being built under the auspices of CORESTA to establish best practices and guidelines for the use of CROM in the tobacco regulatory process. The main objective of the consortium is to provide guidance on how to develop, validate, identify, access and use CROM to evaluate TNP for pre-market and post-market studies.
- Here we present the preliminary work conducted by the CROM consortium to define the research questions and scope of work agreed through a qualitative review.

METHODS

- A qualitative review of key literature on MRTP was initiated in November 2018, which included the U.S. FDA MRTP briefing documents (in the context of applications submitted by Altria Client Services (ALCS), Philip Morris International (PMI), Reynolds American Services Company, and Swedish Match North America (SMNA)), regulatory documents, selected review papers, and public health reports. See detailed list in Table 1.
- A data extraction form with definitions for each field was developed in order to ensure harmonized data extraction among the different CROM Task Force (TF) members, who reviewed one document each. Data relating to selfreported measures were extracted in pre-market and post-market contexts – that is, concepts to be measured (e.g., risk perceptions, dependence), populations to be assessed, methods recommended and/or used, psychometric information, and weight of self-reported data in decision-making.

Type of document	Title/source							
Briefing documents	February 6, 2019 – TPSAC meeting MRTPA - MR0000108 Altria Client Services LLC on behalf of US Smokeless Tobacco Company for Copenhagen [®] Snuff Fine Cut	February 6, 2019 – MRTPAs - MR00000 Match North Amer for General Snus Pi						
	September 13–14, 2018 – TPSAC meeting MRTPAs - MR0000068-MR0000073 Reynolds American Incorporated Services Company on behalf of R.J. Reynolds Tobacco (RJRT) for Camel Snus	January 24–25, 202 MRTPAs - MR0000 Philip Morris Produ						
	April 9-10, 2015 – TPSAC meeting MRTPAs - MR0000020-MR0000029 Swedish Match North America (SMNA) for General Snus Products							
Regulatory	US Department of Health and Human Services, FDA, CTP. Guidance for Inc	dustry. Premarket Toba						
documents	Delivery Systems – Draft Guidance. May 2016. <u>https://www.fda.gov/medi</u>	ia/97652/download						
	US Department of Health and Human Services, FDA, CTP. Guidance for Industry. Guidance for Ir							
	Draft Guidance. March 2012. <u>https://www.fda.gov/media/83300/download</u>							
	US Department of Health and Human Services, FDA, CTP. Guidance for Industry. Applications fo							
	guidance. September 2011. <u>https://www.fda.gov/media/81821/download</u>							
	US Department of Health and Human Services, FDA, CDER. Guidance for Industry Label Compre							
	August 2010. <u>https://www.fda.gov/media/75626/download</u>							
	DIRECTIVE 2014/40/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the approxin							
	provisions of the Member States concerning the manufacture, presentation and sale of tobacco							
	2001/37/EC. Official Journal of the European Union 29.4.2014. <u>https://ec.europa.eu/health/site</u>							
Review papers	Berman ML et al. Consortium on Methods Evaluating Tobacco: Research Tools to Inform US Foo							
	Nicotine Tob Res. 2018;20(11):1292-1300.							
	O'Connor RJ. Postmarketing surveillance for "modified-risk" tobacco prod	ucts. <u>Nicotine Tob Res</u>						
Reports	Institute of Medicine. Scientific Standards for Studies on Modified Risk Tobacco Products The N							
	https://www.nap.edu/catalog/13294							
	CTP. Tobacco Regulatory Science Research Program at FDA's Center for Tobacco Products: Summ							
	2018. <u>https://www.fda.gov/media/114538/download</u>							

Table 1. List of documents reviewed by CROM TF members

Abbreviations: CDER: Centre for Drug Evaluation and Research; CTP: Centre for Tobacco Products; TPSAC: Tobacco Products Scientific Advisory Committee

RESULTS

Analysis of the qualitative review led to three main outcomes: 1) development of a consensus definition of consumer-reported outcomes (CRO); 2) a categorization scheme for the concepts of interest identified for assessing TNP; and 3) development of a common taxonomy and definitions to qualify them.

CROM Definition

The CROM TF adopted the following definition: Consumer-reported outcomes are data collected by self-report from the subject of research, whether it concerns perceived states, reports of behavior, or the combination of both, and understanding of messages.

Categorization Scheme and Taxonomy

A consensus taxonomy and related categorization (see Table 2) were developed. Basically, concepts were distributed within eight categories, including Product Perceptions, Behavioral Intentions, Responses to Product, Consumer Comprehension, Health Literacy, Believability, Product Use Behavior, and Impact on Health and Functioning. The development of definitions for each category and concept is currently on-going.

Of note, the list of concepts is not exhaustive of all concepts measured in tobacco research – only those found in the reviewed documents are listed.

How is risk perception measured?

To illustrate the heterogeneity identified across documents for the same concept, we present in Table 3 how risk perceptions for health in general and for specific diseases have been assessed in four distinct MRTPAs, in comparison to the recommendations made by the U.S. FDA and the Institute of Medicine on this specific type of assessment.

Table 2. Consensus taxonomy and categorization for CRO concepts used in TNP evaluation

Category	Subcategory
Product Perceptions	Risk Perceptions

– TPSAC meeting 0020-22; MR0000024-25; MR000027-29 Swedish nerica (amendment)

Products 2018 – TPSAC meeting 00059-MR0000061

oducts S.A.

Ease of use Product appeal **Outcome expectancies**

Behavioral Intentions

bacco Product Applications for Electronic Nicotine

Industry. Modified Risk Tobacco Product Applications –

for Premarket Review of New Tobacco Products - Draft

prehension Studies for Nonprescription Drug Products.

kimation of the laws, regulations and administrative cco and related products and repealing Directive ites/health/files/tobacco/docs/dir_201440_en.pdf

ood and Drug Administration Regulation of Snus.

es. 2012;14(1):29-42.

National Academies Press: Washington DC, USA.

nmary and Highlights. FISCAL YEARS 2010 2017. June

Responses to Product Linked to the use of the produc Linked to the absence of the product Consumer Comprehension Health Literacy **Believability Product Use Behaviour**

Impact on Health and Functioning

References

Health-related Quality of Life Physical Functioning Mental Health

Cognitive Functioning Social Functioning Health Status

Symptoms

U.S. Department of Health and Human Services, FDA, CTP. Guidance for Indus Guidance. March 2012. https://www.fda.gov/media/83300/download Cano, S. et al. <u>Development and validation of a new instrument to measure</u> products. Health Qual. Life Outcomes **16** (1), 192 (2018).

	Concepts
	Risk Perceptions – Health (own personal risk); Risk
	Perceptions – Diseases (own personal risk); Risk
	Perceptions – Health (general risk); Risk Perceptions
	 Diseases (general risk); Risk Perceptions –
	Addiction (own personal risk); Risk Perceptions –
	Addiction (general risk); Risk Perceptions – Harm to
	Others (risk linked to personal behaviour); Risk
	Perceptions – Harm to Others (risk linked to others'
	behaviour)
	Ease of use
	Product appeal
	Expectations of quitting; Positive reinforcement -
	Sensory satisfaction; Negative reinforcement -
	Negative affect reduction; Appetite/Weight control;
	Negative consequences
	Likelihood to try; Likelihood to use; Likelihood to
	dual use; Likelihood to poly-use; Likelihood to
	initiate; Likelihood to quit; Likelihood to switch
	Purchase intent
t	Dependence, Liking/Satisfaction; Taste/Sensory
	effects; Reinforcing Effects
	Craving; Withdrawal symptoms
	Claving, Withdrawal Symptoms
	Comprehension of messages
	Health literacy
	Believability of messages
	Cessation; Initiation; Product use pattern; Use not as
	intended; Use as intended; Tobacco use status;
	Purchase experience; Purchase behaviour
	Health-related quality of life
	Activities of daily living; Physical activities
	Anxiety; Depression; Irritability; Anhedonia; Mood
	states
	Attention; Decision-making; Memory
	Social activities
	Health status/health; Mental health status; Physical
	health status
	Fatigue; Pain; Sleep disorders
strv. G	uidance for Industry. Modified Risk Tobacco Product Applications – Draft
-	ed risks associated with the use of tobacco and nicotine-containing

stry.	Guid	lance	for	Industr	y. Mo	odifie	ed Ri	isk	Tobac	со Р	rodu	ct App	olicati	ons –	Draft
perce	eived	risks	asso	ociated	with	the	use	of 1	tobacc	o ar	nd nic	otine	-cont	aining	z

Table 3. Assessment of risk perception (health in general and specific diseases)

			Types of	of risks			Measures recommended or used				
Source	Health in general	Specific diseases	Own personal risk	Risk in general	Relative*	Absolute	One single item	Multi- items measure	None specified	Example provided (guidance and reports only)	
FDA Guidance – PMTA	\checkmark			✓	\checkmark	\checkmark			\checkmark		
FDA Guidance – MRTPA	\checkmark			\checkmark	\checkmark				\checkmark		
IOM Report 2012	✓	~	✓	✓	✓					 ✓ Likelihood estimates assessed through numerical scales 	
MRTPA submission: PMI – IQOS	•	✓	✓		✓	✓		✓ Perceived Health Risk calibrated scale of the ABOUT– Perceived Risk ²			
MRTPA submission: RJRT – Camel Snus	✓	✓		✓	✓	✓	 ✓ One single item for each product / disease combination 				
	✓	~		✓		~		✓ ALCS's Specific (Absolute) Risk Scales			
MRTPA submission: ALCS – Copenhagen Snuff	✓			✓	~			✓ ALCS's (Indirect) Relative Risk Scales			
	✓			✓		~	 ✓ Adapted from CDC (NATS, 2013-2014) 				
MRTPA original submission:	√	✓	✓			✓	✓ Ad hoc item				
SMNA– Snus	✓		✓		✓		Ad hoc item				
MRTPA submission -	✓	✓		✓		✓	✓ Adapted from the item used in the NCI HINTS				
amendment: SMNA– Snus	✓	~		✓	~		 ✓ Adapted from the item used in the NCI HINTS 				

Abbreviations: ABOUT: Assessment of Behavioral OUtcomes related to Tobacco and Nicotine Products: ALCS: Altria Clients Services; CDC: Center for Disease Control; NATS: National Adult Tobacco Survey; NCI HINTS: National Cancer Institute (NCI) Health Information National Trends Survey.

* Relative is defined as relative to risk perceptions associated with using other tobacco products, nicotine replacement therapy, quitting, and never using tobacco products.

CONCLUSIONS

- for CROM in tobacco and nicotine research.
- related science.

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• The key outcomes presented here form the foundations of the CROM consortium to address the needs for developing common terminology, standards, and best practices

The consortium might be used as a platform between the tobacco industry, academia, and regulatory and public health stakeholders to enhance harmonization in CROM-