Introduction to the HISTORIC project

This is a short introduction to the HISTORIC[1] project, written for patient research partners. A patient research partner (PRP) is a patient who participates in a research project on an equal basis with professional researchers, adding the benefit of her or his experiential knowledge. The HISTORIC project is focused on **outcomes** - the effect of treatment on a patient. We are working to establish standardized outcome measures in order to improve the quality of future research, within the framework of IDEOM[2].

Introduction to outcome measures and the HISTORIC project

Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease, characterised by repeated outbreaks of painful inflamed nodules or boils in armpits, genital area, groin, breasts and perianal region. It is well known that HS has a huge impact on the patients' quality of life. Yet, the treatment opportunities are insufficient, and there is a great need for more research in HS and its treatment.

Fortunately, research in HS is growing these years, and we see a number of new treatments and treatment strategies which may help HS patients to reduce the impact of the disease on the quality of life.

In order to find out which treatments actually benefit patients, clinical trials are carried out. A clinical trial is an experiment with the purpose to find out if a treatment works, if it works better than other treatments, and if it is safe to use. But how do we measure if the treatment works or not?

Until now, it has been up to the researchers in each clinical trial to decide how they measure disease activity and the impact on the patients' lives. Even though researchers have done their best to establish reliable measurements, the use of different measurements means that it is not possible to compare the effect between trials. Furthermore, there is always a risk that researchers tend to report the measures which show a positive effect of the actual treatment, and forget the measures that show no effect.

The HISTORIC group set out in 2016 to establish a Core Outcome Set (COS), a set of outcomes to be measured in each clinical trial. A new COS has the potential to become part of the fundament of each future clinical trial and thus contribute to the quality of future research. The involvement of patients in the defining the COS is very important, since outcomes must be patient centered and should reflect the impact of the disease on the patients' lives.

During the first year, six domains have been identified through a so-called Delphi process, involving 46 patients and 52 health care professionals (dermatologists, surgeons, nurses etc.) through internet voting procedures and face-to-face meetings. The six domains are: 1) Pain, 2) Physical Signs, 3) Progression of Course, 4) HS Specific Quality of Life, 5) Global Assessment, and 6) Symptoms.

The next step is to identify or develop one instrument for the measurement of each of these domains.

[1] The HIdradenitis SuppuraTiva cORe outcomes set International Collaboration (HISTORIC) is a collaboration between IDEOM, the Cochrane Skin Group - Core Outcome Set Initiative (CSG-COUSIN) and Zealand University Hospital, Roskilde.
[2] The 'International Dermatology Outcome Measures' (IDEOM) initiative is a non-profit organization seeking to develop and validate measures throughout dermatology, see www.dermoutcomes.org.

Six domains - six projects

All of the six projects initiated are the results of the identification of domains and items important enough to be mandatory for measurement in each clinical trial in the future. The items and domains have been decided upon regardless of whether there is already an instrument available for their measurement. Present status is different between the domains, and the six projects thus have different content and timeline.

There will be a common methodology and coordinate across the six projects, including a systematic review of current instruments, and if one or more appropriate instrument are identified, voting on this. Otherwise, it will be necessary to generate a new instrument in collaboration between patients and physicians.

In general, we will staff each of the projects with at least two patient research partners in order to take account of different experience, mutual support, and the fact that HS patients are not always available, due to other obligations (work, family) and disease activity.

The six domains are:

Domain: Pain

Pain is a patient reported outcome (PRO). Pain was seen as a stand-alone domain with only one item very early in phase one, and was top ranked by both clinicians and patients. There is very little research in pain for HS patients, and the most commonly used instruments for assessing pain are probably not suited for HS. This means that the concepts have to be established in the first place, and instruments developed thereafter. Other COS groups have considered pain intensity, frequency and interference with function.

Workgroup leads are John Ingram and Alexa Kimball.

Domain: HS Specific QOL

HS specific quality of life is patient a reported outcome. This domain includes the following items: Physical functioning, psychological functioning, psychosocial functioning, emotional well-being, ability to work or study, and sleep-disturbance.

This field is quite well-investigated, and the project builds on a large number of patient interviews and work from several universities. The workgroup has been formed, and it counts six patient research partners. Workgroup leads are Gregor Jemec/Linnea Thorlacius and Joslyn S Kirby.

Domain: Physical Signs

Physical signs is reported by clinicians. The Physical signs domain includes the following items: Anatomic location, surface area, total lesion count, inflammatory lesion count, number of abscesses, number of inflamed nodules, number of sinus tracts, and number of fistulae. A number of instruments that are all based on a lesion count of these individual types of lesions by the physician already exist, but recent research (not yet published) has shown that it is very difficult to assess physical signs of HS, and that even experienced HS experts do not assess the same patient equally.

Therefore, the HISTORIC initiative will work on investigating if it possible to identify a different and more reliable type of instrument to measure physical signs of HS. For this process, it is essential to include patient research partners who can share their insights and experience with different types of HS lesions.

Workgroup leads are Gregor Jemec/Linnea Thorlacius and Michelle Lowes.

Domain: Global Assessment

The global assessment domain consists of two items: Patient global and physician global. One is patient reported, the other assessed by the clinician.

There is very little research in global assessments for HS until now, but the workgroup may progress rapidly if an appropriate instrument is identified.

Workgroup leads are Amit Garg and Barbara Horvath.

Domain: Progression of Course

This domain consists of the items: Flare frequency and duration, time to recurrence, and possibly number of chronic areas. The latter was defined during phase one and is still not definitely designed. It is not yet clear how this domain will be reported, but it may be necessary with patient as well as physician inputs.

So far, there is very little research in this field, but it is important due to the fluctuating nature of the disease. The work will start with defining what a flare is – and continue from there. This part will be patient reported.

Workgroup leads for Flare frequency and duration are Joslyn S Kirby and Veronique del Marmol.

Workgroup leads for Time to recurrence are Hessel van der Zee and Falk Bechara.

Domain: Symptoms

The symptoms domain consisting of the items ‘drainage’ and ‘fatigue’ was voted in only by the patient stakeholder group (and not by the health care professionals stakeholder group) in the online consensus study. However, the HISTORIC Steering group reflected that, because symptoms is a patient reported domain and was considered critical by our patient participants, the patient view supersedes that of health care professionals in this instance. As a result, the HISTORIC Steering group has agreed that the symptoms domain should be included in step two of the COS process to search for a suitable instrument for the domain.

So far, there is very little research in this field.

Workgroup leads are Bente Villumsen and Afsaneh Alavi.

The work ahead of us

Each of the workgroups will start their work with the elaboration of a protocol for their project, i.e. a description of the purpose, method and expected outcomes of the project. This means that there is not yet a description of the work ahead, so we are not in a position to inform patient research partners in detail

about the work plan. On the other hand, patient research partners have the opportunity of giving their own inputs to the work plan for each project.

We are using the COMET guideline[3] to guide our approach.

Usually, the coordination and discussions are undertaken through teleconferences and e-mails. There will also be in-person meetings, and our preliminary plan is:

- Meetings during the IDEOM annual meeting, 4-5. May 2018, in Washington D.C.
- Probably one more meeting in 2018 which is not planned yet.

The work of a patient research partner (PRP)

A patient research partner (PRP) is defined as 'a person with a relevant disease who operates as active research team members on an equal basis with professional researchers, adding the benefit of their experiential knowledge to any phase of the project' (de Wit et al, 2011).

The work as PRP is a volunteer position, so there is no pay. When travelling for meetings, your expenses will be reimbursed within certain limits.

Most of the work is carried out by the professional researchers, but it is important that the PRP takes time to read and comment on written material, and that you participate actively in frequent teleconferences, sometimes up to once a week. In-person meetings are key to good collaboration, and it is best if you can participate in all of them. There may be opportunities to contribute further, depending on your wishes and your resources. As mentioned above, the timeline of each project varies, but we assess that the workgroups will all be working for at least a year.

What is in it for me?

First of all: You can make a difference for patients like yourself worldwide, and you support research in HS in a very concrete way. You will contribute to building new knowledge about your disease.

You will get the opportunity to learn a lot about HS, and to work with some of the world's leading researchers within HS. They will listen to you, and you will experience that what you regarded your own secret, or what you thought was common knowledge (for HS patients), is now important to a research project. This way you can turn your disease into an asset.

You will learn about research, get access to articles about HS and help to understand them, and you will gain experience as a researcher. You will also get the opportunity to travel and meet other PRPs, and exchange experience with them – about HS, about research, and a lot of other interesting topics.

[3] Guideline for selecting outcome measurement instruments for outcomes included in a Core Outcome Set. Cecilia AC Prinsen, Sunita Vohra, Michael R Rose, Maarten Boers, Peter Tugwell, Mike Clarke, Paula R Williamson, Caroline B Terwee, 2016.

Literature

de Wit M et al. (2011). European League Against Rheumatism recommendations for the inclusion of patient representatives in scientific projects.

Thorlacius, Linnea, John R Ingram, Amit Garg, Bente Villumsen, Solveig Esmann, Joslyn S Kirby, Alice B Gottlieb, Joseph F Merola, Robert Dellavalle, Robin Christensen, Gregor B E Jemec (2016). Protocol for the development of a core domain set for hidradenitis suppurativa trial outcomes

The steering group of HISTORIC is:

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